#### 990 Form

#### **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.

OMB No. 1545-0047 2020

Open to Public

Department of the Treasury Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. For the 2020 calendar year, or tax year beginning 2020, and ending 20 В Check if applicable: C Name of organizationNear Westside MultiService Corp. D Employer identification number Doing business as May Dugan Center 23-7061949 Address change Room/suite Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Initial return 4115 Bridge Ave (216)631-5800Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Cleveland, OH 44113 6,039,922 Application pending Name and address of principal officer: Rick A Kemm, MNO H(a) is this a group return for subordinates? Yes X No Yes No 4115 Bridge Ave. Cleveland OH 44113 H(b) Are all subordinates included? ☐ 501(c) ( ) **《** (insert no.) 4947(a)(1) or 527 If "No." attach a list. See instructions Tax-exempt status: Website: www.maydugancenter.org H(c) Group exemption number X Corporation Trust Association L Year of formation: 1969 M State of legal domicile: Form of organization: Part Summary Briefly describe the organization's mission or most significant activities: The mission of the May Dugan Center is to help people enrich and advance their lives and communities. This is fulfilled through six core Activities & Governance programs: food distribution, mental health counseling & case management, trauma recovery center, adult education, health & wellness and MomsFirst Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 43 Total number of volunteers (estimate if necessary) 6 . . . . . . . . . . . . . . . . 200 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0\_ b Net unrelated business taxable income from Form 990-T, Part I, line 11 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 2,485,307 5,155,687 <u>458,942</u> 441,376 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . 82,022 61,981 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 80,322 93,817 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,106,593 5,752,861 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 1,954,378 2,013,735 Expenses Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,123,189 2,155,836 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,077,567 4,169,571 19 29,026 1,583,290 Beginning of Current Year End of Year Net Assets o Fund Balanc 20 Total assets (Part X, line 16) 1,915,305 3,559,331 21 Total liabilities (Part X, line 26) 162,006 158,073 22 Net assets or fund balances. Subtract line 21 from line 20 1,753,299 3,401,258 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 # 111 officer) is based on all information of which preparer has any knowledge. Rick A Kemm Sign Here Rick A Kemm, Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date Check X ir Paid Janet M Allt self-employed P01361180 Preparer Firm's name Firm's EIN Janet M Allt, CPA Use Only Firm's address 24455 Barrett Rd Phone no Olmsted Twp OH 44138 440-234-8356

May the IRS discuss this return with the preparer shown above? (see instructions)

	n 990 (2020) Near Westside MultiService Corp. 23-7061949 Page 2
Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of the May Dugan Center is to help people enrich and advance their lives and
	communities. This is fulfilled through six core programs: food distribution, mental health
	counseling & case management, trauma recovery center, adult education, health & wellness and MomsFirst
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	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.
	(Code: ) (Expenses \$ 1,707,775 including grants of \$ ) (Revenue \$ 1,720,568.)
	In partnership with The Greater Cleveland Food Bank, Hunger Network, local churches and individual donations, there were over 19,325 visits to the Distributions at the May Dugan Center.
	Clients are eligible to receive a bag of non-perishable food items, fresh produce, PPE
	items, donated clothing and household goods through this program. All participants in the
	distributions live below 200% of the Federal Poverty Level. For safety concerns during the
	pandemic our food distribution moved to a drive-thru format, with in-person appointments for
	clients lacking vehicles and home delivery for especially vulnerable clients. There was a huge
	increase in need so food distributions were increased to twice monthly. The clothing room was
	shuttered and items remained available by request.
4b	(Code:) (Expenses \$621,600 including grants of \$) (Revenue \$ 726,486)
•••	The Center received a second three year CARF (Commission on Accreditation for Rehabilitation
	Facilities) accredidation to provide Outpatient Treatment; Mental Health for Children, Adolescents
	and Adults, Case Management Coordination (CPST) and Prevention Services to children, adolescents
	and adults. These services support individuals with basic human service needs (i.e.) employment,
	education, housing, food, clothing, and with behavioral health services and substance use
	disorder treatment. Nearly all participants live at or below the poverty level. Individual
	services were rendered via telemedicine and group services via Zoom.
	<del></del>
4c	(Code:) (Expenses \$565,532 including grants of \$) (Revenue \$566,955)
	The Trauma Recovery Center is a partnership with law enforcement, hospitals and other community
	agencies funded through the Ohio Attorney General's office. Primary services are immediate crisis
	management, safety planning, law enforcement advocacy and stabilization assistance. 377 clients
	were enrolled.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 766,146 including grants of \$ ) (Revenue \$ 875,570 )
4e	Total program service expenses ► 3,661,053

Part IV

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

			T	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	-	1	<del>  ^</del>
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	. 23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		<del>                                     </del>	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			Ì
	through 24d and complete Schedule K. If "No," go to line 25a	. 248		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		х
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?	1		1
	If "Yes," complete Schedule L, Part I	. 25b	<u> </u>	х
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 or any of these persons? If "Yes," complete Schedule L, Part II	. 26		х
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		l	
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			ı
28	persons? If "Yes," complete Schedule L, Part III	. 27		X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part		1.6	
а	IV instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		
а	"Yes," complete Schedule L, Part IV			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	1	<del></del>	Х
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	. 28b	-	X
•	"Yes," complete Schedule L, Part IV			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	Х	
	conservation contributions? If "Yes," complete Schedule M	20		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		$\vdash$	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	$\vdash$	Х
	complete Schedule N, Part II	1 22	li	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		32
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1 222		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			_
1	related organization?/f "Yes," complete Schedule R, Part V, line 2	36	l	x
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? If "Yes," complete Schedule R, Part VI	37		х
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.	38	х	
<u>Par</u>				
	Check if Schedule O contains a response or note to any line in this Part V		<u></u> .	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Form 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?	1c	х	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 43 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X ь 3Ь At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . . . . . . . . 4a X b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a X X C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? 6a X If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7c d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f **7**f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . q 7g h 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ....... Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? ....... 12a Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans Enter the amount of reserves on hand C 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O ...... b 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? \* 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . 16

If "Yes," complete Form 4720, Schedule O.

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 19 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included in line 1a, above, who are independent . . . . . . . . . . . . . 19 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct X 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . . . . . X 6 Did the organization have members or stockholders? 6 X Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8b X is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . x c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 x 14 X Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 ▶ Ohio Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website ▼ Upon request Other (explain on Schedule O) Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records 20 Janet M. Allt (216) 631-5800, 4115 Bridge Ave, Cleveland, OH 44113

Form 990 (202	21002 1100 20 200 110	ultiService Corp.	23-7061949	Page 7
Part VII	Compensation of Officers, Di	irectors, Trustees, Key Employees, Highest Co	mpensated Employees	. and
	Independent Contractors		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	Check if Schedule O contains a respons	se or note to any line in this Part VII		П

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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		İ			(C)					Í
(A)	(B)				sition	han one		(D)	(E)	(F)
Name and title	Average					nan one s both a		Reportable	Reportable	Estimated amount
	hours					/trustee		compensation	compensation	of other
**	per week	<u> </u>						from the organization	from related organizations	compensation from the
	(list any hours for	우콩	ᇙ	ဋ	줎	I a, ∓	7		(W-2/1099-MISC)	organization and
	related	direc	\$	Officer	y em	ples	Former			related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	& g				
	below	Este	Tus I		8	l pe			i	
	dotted line)	"	8			Highest compensated employee				
						_ <u>a</u>				
(1) Rick A Kemm, MNO	40.00									
Executive Director				х	х			103,886	0	8,383
(2) Nancy C Schuster	0.50							, , ,		
Director		х						4,400	0	٥
(3) Pamela Charlton	0.50		П							
Secretary		X						٥	o	0
(4) Daniel P Karchmer	0.50						П			
Director	[	х						0	o	0
(5) Patrick Reynolds	0.50		П				П			
Director	<b></b>	х						0	٥	0
(6) Gale H Fluker	0.50		П				П	-		
Director		x						o	0	0
(7) Hillary R Sims-Piletz, CPA	0.50		П				П			
Director		X						0	٥	0
(8) Alexa Marinos	0.50						П			
Director		х						0	0	0
(9) Thomas J Marzella	0.50		П			_	П			
Director		x						0	ا ه ا	0
(10)Kimberly Heinen	0.50						П	·		
Director		x						o	ا ہ	0
(11)Matthew P Smith	0.50							-	-	<u>.</u>
Director		х						0	0	0
(12)Jeff Tennant	0.50									
Director		x			ļ			0	o Í	0
(13)Jeffrey M Ramsey	0.50		$\Box$		$\neg$		$\Box$			
Director		x						0	٥	0
(14)Frank Morel	0.50		$\Box$	$\neg$	$\dashv$		$\Box$			
Director		x						o	0	0
EEA									<u> </u>	Form <b>990</b> (2020)

Part VII Section A	. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hest	Com	pens	ated Employees	(continued)			
						(C)							
	(A)	(B)	(da			sition			(D)	(E)		(F)	
Nar	me and title	Average	1 '				han one s both a		Reportable	Reportable	Esti	imated a	mount
		hours	offic	er an	d a di	recto	r/trustee		compensation	compensation		of other	
		per week		_		,			from the organization	from related organizations	٥	ompense from the	
		(list any	우큐	豆	Officer	<u>~</u>	8 <u>F</u>	FQ	(W-2/1099-MISC)	(W-2/1099-MISC)	ong	ganizatio	-
		related		8	Č	Q Q	ploy	Former	29		relat	ed organ	izations
		organizations	호 화	anal	ĺ	Key employee	8 8				İ		
		below	Individual trustee or director	nstitutional trustee		8	pen						
		dotted line)		8			Highest compensated employee						
(48)		- 107		<u> </u>									
(15)Sharri Roper Co	omernisky	0.50											
Director (46)	·		X			_				0			0
(16)Karen_Ross		0.50											
Director	<del></del>		Х	Н	Н				0	0_	ļ		0
(17)Paolo Appley		0.50											
Vice President			Х	Ш	X			$\dashv$		0			0
(18)Rick_Weigle,_O	fficer	0.50	1										
Treasurer			X		X				0	0			0
(19)Angela Vannucci		0.50											
President			Х	Ш	X	-		$\dashv$	0	0			0
(20)Bob Rotatori		0.50											
Director	· · · ·		Х		X		$\Box$	$\Box$	0	0			0
(21)Jeff Neuman		0.50					i	İ					
Director-retired	4/20			$\blacksquare$	$\square$			X	0	0			0
(22)Ginny Petrie		0.50								ĺ			
Director-retired				$\Box$				X	0	0			0
(23)Matthew Kosarko		0.50											
Director-retired	4/20			$\Box$				X	0_	00			0
(24)Danika Kazmer		0.50											
Director-retired	4/20					_		Х	0	0			0
<u>(25)</u>				l									
4h Cubintal				Ш			ļ						
					• • •	• •		٠ •					
	uation sheets to Part VII, Secti		• • •	-	• • •	• •	• • •	•					
d Total (add lines 1b	b and 1c)			• • •		• •		• ▶	108,286	0		8,	383
	lividuals (including but not limite	d to those lis	ted ab	ove)	who	rec	eived	more	e than \$100,000 of				
reportable compen	sation from the organization											T	1
2 Did the association	- tiek amount effect - d' t											Yes	No
	n list any former officer, director				, or I	nigni	est cor	mper	nsated		DO:		
	a? If "Yes," complete Schedule				• •		• • • •	• • •			3	X	<u> </u>
	isted on line 1a, is the sum of re												
	elated organizations greater than			." COI	mple	ite S	chedu	le J	for such				2011
				• • •				4			4	-	х
	ed on line 1a receive or accrue							iniza	tion or individual				1
for services render Section B. Independ	ed to the organization? If "Yes,"	complete Sc	hedule	J fo	r su	ch p	erson			· · · · · · · · · · · · · · · · · · ·	5	$\bot$	Х
<del></del>													
	for your five highest compensa												
compensation from	the organization. Report compo	ensation for t	he cal	<u>enda</u>	ar ye	ar e	nding v	with (	or within the organ	zation's tax year.			
	(A)						1		(B)		(C)		
	Name and business address							Description of service	98	Compen	sation		
	· · · · · · · · · · · · · · · · · · ·												
<del></del>									<del>.</del>				
9 Tatal constant of 1 = 4	annudest annuaret #t #	. b. a • 10 ···	1 61					_					
	ependent contractors (including					ed al	pove) i	wno		12,213			
received more than	\$100,000 of compensation from	m the organia	ation		•								

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) Total revenue Revenue excluded Related or exempt Unrelated function revenue business revenue from tax under sections 512-514 1a 7,561 1b Contributions, Gifts, Grants and Other Similar Amounts 1c Related organizations . . . . . . . . . 1d Government grants (contributions) . . 10 <u>1,679,7</u>80 f All other contributions, gifts, grants. and similar amounts not included above 1f 3,468,346 g Noncash contributions included in 1g \$ 1,514,520 h Total. Add lines 1a-1f · · · · · · · · · · . . . . . . . . ▶ 5,155,687 **Business Code** 314<u>,959</u> 2a Mental Health Consult 621300 314,959 Program Service Revenue b Community Rent 5<u>31120</u> 126,417 126,417 f All other program service revenue . . . . . . 624100 441,376 3 Investment income (including dividends, interest, and 24,994 24,994 Income from investment of tax-exempt bond proceeds (i) Real 6a Gross rents . . . . . 6a **b** Less: rental expenses . . 6b 6c c Rental income or (loss) d Net rental income or (loss) . . . . . . . . . . . . . . . 7a Gross amount from (i) Securities (iii) Other sales of assets other than inventory 7a 314,869 b Less: cost or other basis Other Revenue and sales expenses . . 7b <u>27</u>7,882 c Gain or (loss) .... 7c 36,987 d Net gain or (loss) . . . . . . 36,987 36,987 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 ..... 8a 39,442 b Less: direct expenses ...... 8b 9,179 c Net income or (loss) from fundraising events 30,263 30,263 9a Gross income from gaming activities, See Part IV, line 19 . . . . . . 9a 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 10a returns and allowances . . . 10b c Net income or (loss) from sales of inventory . . . . . . **Business Code** liscellanous Revenue 11a b Miscellaneous Income 624100 11,378 11,378 C Ohio WorkersComp Rebate 624100 52,176 52,176 63,554 Total revenue. See instructions · · · · · · · · . . . . . . ▶ 5,752,861 566,911 0 30,263

#### 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, (C) (D) Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 . . . . Compensation of current officers, directors, trustees, and key employees ........ 103,866 49,827 22,130 31,909 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... Other salaries and wages 1,604,984 1,360,763 98,145 146,076 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) <u>7,5</u>11 183,088 163,906 11,671 10 121,797 94,729 15,269 11,799 Fees for services (nonemployees): Legal 7,219 7,219 24,530 4,328 15,702 4,500 d Professional fundraising services. See Part IV. line 17 11,363 11,363 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 88,638 32,556 14,065 42,017 12 1,095 1,095 13 60,211 34,545 2,292 23,374 14 53,789 43,249 3,764 6,776 15 16 118,364 103,946 13,088 1,330 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 4,314 3,613 550 151 20 2,511 2,511 21 22 Depreciation, depletion, and amortization ..... 19,638 16,752 2,487 399 23 20,848 13,607 7,062 179 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Program supplies 1,708,642 1,708,642 Transportation 19,216 19,140 6 70 C Miscellaneous 4,760 3,674 536 550 Bad Debt/ Reserve 10,698 557 10,141 All other expenses Total functional expenses. Add lines 1 through 24e . . 4,169,571 3,661,053 217,576 290,942 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

following SOP 98-2 (ASC 958-720) . . . . . . . . . . . .

Part X **Balance Sheet** 

Гаі	LA	Dalance Sileet					
		Check if Schedule O contains a response or note to any	line in	this Part X		· · · ·	<u></u>
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			96,186	1	1,713,439
	2	Savings and temporary cash investments		<b>-</b>		2	<u></u>
	3	Pledges and grants receivable, net		-	509,243	3	314,206
	4	Accounts receivable, net		<u> </u>	149,734	4	220,481
	5	Loans and other receivables from any current or former					
		trustee, key employee, creator or founder, substantial co		or, or 35%			
		controlled entity or family member of any of these persor	าร		<u></u>	5	
	6	Loans and other receivables from other disqualified pers				Sec.	
		under section 4958(f)(1)), and persons described in sect		-	· · · · · · · · · · · · · · · · · · ·	6	
9	7			. <i></i> <u>.</u>		7	
Assets	8	Inventories for sale or use				8	
A.	9	Prepaid expenses and deferred charges	. · · .		20,438	9	32,997
	10a	Land, buildings, and equipment: cost or other				1000	BURG SERVE WEEK
		basis. Complete Part VI of Schedule D	10a	501,969			
	b	Less: accumulated depreciation	10b	356,528	96,222	10c	145,441
	11	Investments - publicly traded securities		<del></del> _	1,043,482	11	1,132,767
	12	Investments - other securities. See Part IV, line 11		. <b>.</b> [		12	
	13	Investments - program-related. See Part IV, line 11		<i>.</i> [		13	_
	14	Intangible assets		. <i>.</i>		14	
	15	Other assets. See Part IV, line 11		[		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	) .	[	1,915,305	16	3,559,331
	17	Accounts payable and accrued expenses			162,006	17	158,073
	18	Grants payable	[	-	18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		<i></i>	_	20	
	21	Escrow or custodial account liability. Complete Part IV of	Sched	ule D · · · · ·		21	
S	22	Loans and other payables to any current or former officer	r, direct	or,	THE SHEET SHEET	STATE OF	III OF MASSELLINATION
Liabilities		trustee, key employee, creator or founder, substantial co	ntributo	or, or 35%			
jab		controlled entity or family member of any of these person				22	
	23	Secured mortgages and notes payable to unrelated third	parties	·		23	
	24	Unsecured notes and loans payable to unrelated third pa		<u>.</u> [		24	
	25	Other liabilities (including federal income tax, payables to	relate	d third			
		parties, and other liabilities not included on lines 17-24).					
		of Schedule D		<i></i>		25	
	26	Total liabilities. Add lines 17 through 25			162,006	26	158,073
		Organizations that follow FASB ASC 958, check here		x		F-04	
Se .		and complete lines 27, 28, 32, and 33.					
ě	27	Net assets without donor restrictions			154,269	27	706,265
Ba	28	Net assets with donor restrictions			1,599,030	28	2,694,993
ם		Organizations that do not follow FASB ASC 958, chec	k here	• ▶□ □		roen s	15 San 330 4 1 1 1 3
급		and complete lines 29 through 33.		_		100	
9	29	Capital stock or trust principal, or current funds				29	
ts:	30	Paid-in or capital surplus, or land, building, or equipment	fund			30	
488	31	Retained earnings, endowment, accumulated income, or				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,753,299	32	3,401,258
Z	33	Total liabilities and net assets/fund balances	<u></u> .	<u></u> [	1,915,305	33	3,559,331
EΑ							Form <b>990</b> (2020)

For	n 990 (2020) Near Westside MultiService Corp.	23-70619	49	Р	age 1
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		,752	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		169	
3	Revenue less expenses. Subtract line 2 from line 1	. 3		, 583	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		,753	
5	Net unrealized gains (losses) on investments	. 5	_		, 669
6	Donated services and use of facilities	. 6			
7	investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	3.	401	. 258
Pa	rt XII Financial Statements and Reporting	-			
	Check if Schedule O contains a response or note to any line in this Part XII				. $\Box$
				Yes	No
1	Accounting method used to prepare the Form 990:			655	
	if the organization changed its method of accounting from a prior year or checked "Other," explain in			LIST.	11000
	Schedule O.			330	PAL
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			E 20	0 013
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1000	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				postal and
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on		9 11	HES	
	Schedule O.			FE	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				-
	Single Audit Act and OMB Circular A-133?		3a	x	

Form 990 (2020)

**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 on Schedule O and describe any steps taken to undergo such audits

EEA

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

**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.

OMB No. 1545-0047 2020

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Nam	of th	e organization					Employer identificat	ion number						
		estside MultiService Cor					23-706194	19						
	ırt I						t.) See instruction:	S						
The	orga	nization is not a private foundation bed												
1	Ц	A church, convention of churches, or	association of chur	ches described in sectio	n 170(b)(1	)(A)(i).								
2	Ш	A school described in section 170(b)	)(1)(A)(ii). (Attach S	chedule E (Form 990 or 9	990-EZ).)									
3		A hospital or a cooperative hospital s	ervice organization	described in section 170	(b)(1)(A)(i	ii).								
4		A medical research organization oper	rated 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 beni	efit of a college or u	niversity owned or opera	ted by a go	vernmenta	al unit described in	_						
		section 170(b)(1)(A)(iv). (Complete F												
6		A federal, state, or local government	or governmental un	it described in section 17	70(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														
		or university or a non-land-grant colle												
		university:		, <u> </u>		<b>,</b> ,								
10		An organization that normally receive	s: (1) more than 33	1/3% of its support from	contributio	ns. membe	ership fees, and gross							
		receipts from activities related to its e												
		support from gross investment incom												
		acquired by the organization after Jun					om businesses							
11	П	An organization organized and operat												
12	Ħ	An organization organized and operat					carry out the numoses							
	_	of one or more publicly supported org												
		Check the box in lines 12a through 12						20						
	а	Type I. A supporting organization						.y.						
9	_	the supported organization(s) the												
		supporting organization. You must			y or the un	eciois oi ii	ustees of the							
	b	Type II. A supporting organization			ita aumanad		ation/a\ b., ba.,i							
	~													
		control or management of the sup			sons (nat o	control or n	nanage the supported							
	_	organization(s). You must compl	107		-41 111-									
	С	Type III functionally integrated.												
	a	its supported organization(s) (see												
	d	Type III non-functionally integra												
		that is not functionally integrated.					t and an attentiveness							
		requirement (see instructions). You												
	е	Check this box if the organization				a Type I, T	ype II, Type III							
		functionally integrated, or Type III						<del></del>						
	f	Enter the number of supported organi				• • • • •	• • • • • • • • • • • • •							
	g	Provide the following information about	2850											
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the o	rganization Ir governing	(v) Amount of monetary	(vi) Amount of						
				above (see instructions))	docum		support (see instructions)	other support (see instructions)						
						<del>,</del> .	,							
					Yes	No		<u> </u>						
<b>A</b> )														
		<del></del>			ļ									
B)														
C)		i												
D)														
					_									
E)														
[otal														
OTAL														

990 or 990-EZ) 2020 Near Westside MultiService Corp. 23-7061949
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support			,			
	lendar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1			1-7 ==	(-)	(=, =0.0	10, _0_0_	(i) iotal
	membership fees received. (Do not	[					
	include any "unusual grants.")	1,338.025	1.923.778	2,485 307	2.854 000	5.155 697	13,756,896
2	Tax revenues levied for the	2,550,520			2,034,033	0,200,001	13,130,636
	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	1,338,025	1,923.778	2,485,307	2.854 000	5,155,687	13,756,896
5	The portion of total contributions by			2,000,007		5,255,007	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	each person (other than a	37834	E 3 7 2			UI AMINES	
	governmental unit or publicly	William III					
	supported organization) included on				E 870		
	line 1 that exceeds 2% of the amount			ii v jie pre	E ITTE	200	
	shown on line 11, column (f)	The sale	wild New 1	0 8 7 230		many -	634,284
6	Public support. Subtract line 5 from line 4	CHRISHING.	5 0 0000			Lagran en en en en en en en en en en en en en	13,122,612
	ction B. Total Support						
Ca	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,338,025					13,756,896
8	Gross income from interest, dividends,					,,	
	payments received on securities loans,	[					
	rents, royalties, and income from						
	similar sources	32,006	19,624	105,906	82,022	50,618	290,176
9	Net income from unrelated business					7, 5-0	
	activities, whether or not the business						
	is regularly carried on	37,887	38,227	43,348	63,260	30,263	212,985
10	Other income. Do not include gain or						
	loss from the sale of capital assets	]					
	(Explain in Part VI.)	1,732	6,117				7,849
	Total support. Add lines 7 through 10	X == == 4	MERINE DE		CAN LEGISLA		14,267,906
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
	First five years. If the Form 990 is for the or	ganization's firs	t, second, third	d, fourth, or fift	h tax year as a	section 501(c)	(3)
	organization, check this box and stop here					· · · · · · · · · · · ·	<u>``·</u> ▶ 🔲
Se	ction C. Computation of Public Suppor	t Percentage	)				
	Public support percentage for 2020 (line 6, o					14	91.97 %
15	Public support percentage from 2019 Schede	ule A, Part II, lii	ne 14		[	15	94.80 %
16a	33 1/3% support test - 2020. If the organizat	tion did not che	ck the box on	line 13, and lin	e 14 is 33 1/3 <sup>9</sup>	% or more, che	ck this
	box and stop here. The organization qualifies	s as a publicly :	supported orga	anization	·		▶ 🕱
Ŀ	33 1/3% support test - 2019. If the organizat	tion did not che	ck a box on lin	ie 13 or 16a, a	nd line 15 is 33	3 1/3% or more	, check
	this box and stop here. The organization qua	alifies as a publ	icly supported	organization .			▶ □
17a	10%-facts-and-circumstances test - 2020.	If the organizat	ion did not che	ck a box on lir	ie 13, 16a, or 1	16b, and line 14	l is
	10% or more, and if the organization meets the	he facts-and-ci	rcumstances te	est, check this	box and stop	<mark>here.</mark> Explain ir	1
	Part VI how the organization meets the facts-						
	organization	<i></i>					▶ □
b	10%-facts-and-circumstances test - 2019.	If the organizat	ion did not che	ck a box on lin	ie 13, 16 <mark>a, 16</mark> t	o, or 17a, and li	ne
	15 is 10% or more, and if the organization me	eets the facts-a	nd-circumstan	ces test, check	this box and	stop here. Exp	lain
	in Part VI how the organization meets the fac	cts-and-circums	stances test. Ti	he organizatioi	n qualifies as a	publicly suppo	orted
	organization						
18	Private foundation. If the organization did no						<del></del>
	instructions						▶ □

#### SCHEDULE C

(Form 990 or 990-EZ)

#### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A, Do not complete Part II-B.

Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organ	nizations: Complete Part III.				
Nam	e of organization			Employer iden	tification number	
Ne	ar Westside MultiServ			23-7	061949	
Pa	rt I-A Complete if the	organization is exempt unde	r section 501(c	) or is a section 527 o	ganization.	
1		nization's direct and indirect political cam				
2	Political campaign activity expens	ditures (See instructions)		<b>&gt;</b> \$		
3	Volunteer hours for political camp	paign activities (See instructions)				
Pa	rt I-B Complete if the	organization is exempt under	section 501(c	)(3).		
1	Enter the amount of any excise to	ax incurred by the organization under sec	tion 4955	s		
2	Enter the amount of any excise to	ax incurred by organization managers un	der section 4955	<b>&gt;</b> \$		
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for this	year? N	(A		No
4a		• • • • • • • • • • • • • • • • • • • •			= =	No
b	If "Yes," describe in Part IV.					<b>.</b>
Pai	t I-C Complete if the	organization is exempt under	section 501(c	), except section 501(c	:)(3).	
1		ed by the filing organization for section 5				
	activities			<b>&gt;</b> \$		
2	Enter the amount of the filing orga	anization's funds contributed to other org	anizations for sectio	n		
	527 exempt function activities .			▶ \$		
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and on	Form 1120-POL,			
	line 17b			<b>&gt;</b> \$		
4		m 1120-POL for this year?				No
5	Enter the names, addresses and	employer identification number (EIN) of	all section 527 politic	al organizations to which the f		
		r each organization listed, enter the amor				
		ns received that were promptly and direc				
		a political action committee (PAC). If ad				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received a promptly and directly delivered to a separat political organization. If none, enter -0-	ind e
(1						
(2	2)					_
(3	3)					
(4	s)					
(5	5)					
(6			<del></del>			

2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

01. General Explanation Attachment

HILEG	<u>a</u>	Lobbyist	to	solicit	state	funding	for	capital	campaign	to	expand	<u>facilities</u>	to	
furth	er	provision	1 02	f exempt	purpos	ses								

	dule D (Form 990) 2020 Near Westside 1						23-70 <u>6</u>	1949	Page 2
Pa	rt III Organizations Maintaining							sets (con	tinued)
3	Using the organization's acquisition, accession	n, and other records,	check any	of the follo	owing that ma	ake signif	icant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan	or exchange	programs	s		
ь	Scholarly research		е		r				
¢	Preservation for future generations			_					
4	Provide a description of the organization's coll	ections and explain h	ow they fi	urther the o	roanization's	exempt r	ournose in Part		
	XIII.		,		9	· oxompt p	on pood in that		
5	During the year, did the organization solicit or	receive donations of :	art histori	cal treasur	es orothers	imilar			
	assets to be sold to raise funds rather than to							□ vaa	□No
Pa	rt IV   Escrow and Custodial Arra	ngements.	t or the or	ganization	a concentri			· 🔲 168	NO
	Complete if the organization a		on Form	1990 P	art IV line	Q or re	norted an ami	ount on E	orm.
	990, Part X, line 21.		OII I QIII	1000,11	uitiv, iiio	<b>5</b> , <b>6</b> 1 10	ported arrairi	Junit Off 1	Jilli
1a	Is the organization an agent, trustee, custodian	a or other intermedia		alle at lease of	45				
· ·		· · · · · · · · · · · · · · · ·						П.,	п.,
b	If "Yes," explain the arrangement in Part XIII ar					• • • • •		· · L Yes	∏ No
U	in les, explain the alrangement in Fart All al	na complete the follow	wing table	:			<del></del>		
_	Ossississ balance						<del>-</del>	nount	
C		• • • • • • • • • •					<del>-</del>		
d	Additions during the year					·			
8									
f	Ending balance					- <u>1f</u>	<u> </u>		
2a	Did the organization include an amount on For								☐ No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the expl	anation ha	as been pro	ovided on Pa	rt XIII			
Pa	rt V Endowment Funds.						<u> </u>		
	Complete if the organization a	answered "Yes" o	on Form	1990, Pa	art IV, line	10.			
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance	850,890	85	50,890	850	,890	850,890		50,890
b	Contributions								7000
С	Net investment earnings, gains, and	_	_					_	
	losses								
d	Grants or scholarships							+	
e	Other expenditures for facilities and							<del>  -</del>	
-	programs				,				
f	Administrative expenses							<del>                                      </del>	
g	End of year balance	050,000			2=0				
2	Provide the estimated percentage of the currer	850,890		0,890		,890	850,890	85	0,890
•	Board designated or quasi-endowment		ine ig, co	iumn (a)) t	ieid as.				
- L		%							
۰		•							
C	Term endowment  %	1.40004							
0-	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the possess	ion of the organizatio	n that are	held and a	administered	for the		_	
	organization by:							Y	es No
	(i) Unrelated organizations	• • • • • • • • • • •	• • • • •	• • • • •			• • • • • • •	3a(i)	x
	(ii) Related organizations			• • • • •			• • • • • • • •	3a(ii)	Х
þ	If "Yes" on line 3a(ii), are the related organization					· · · · ·	• • • • • • • •	3b	
4	Describe in Part XIII the intended uses of the o		nent funds	3.					
Pai	rt VI Land, Buildings, and Equipr		_						
	Complete if the organization a	inswered "Yes" o	n Form	990, Pa	art IV, line	11a. Se	<u>e Form 990, F</u>	art X, line	10.
	Description of property	(a) Cost or other		(b) Cost or	r other basis	(c) A	ccumulated	(d) Book v	alue
		(investmer	nt)	(0	other)	de	preciation		
1a	Land	•							
b	Buildings								
C	Leasehold improvements	4:	9,826	2	238,279		201,609	Я	6,496
d	Equipment		7,929		187,335		148,039		7,225
0	OtherSTMD1E		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8,600		6,880		1,720
Fotal	. Add lines 1a through 1e. (Column (d) must equ		column (	B), line 10c	:1				
4			AMMERICA (1	-/, 1.770 100	.,			1.4	5,441

Schedule D (Form 990) 2020

		G (Form 990 or 990-EZ) 2020 Nea	r Westside Multis	Service Corp.	23-'	7061949 Page 2
P	art II					
		than \$15,000 of fundraising gross receipts greater than		a gross income on Forn	n 990-EZ, lines 1 and 6b	. List events with
_	T	gross receipts greater triali	(a) Event #1	(b) Event #2	(c) Other events	<del></del>
			TreeLighting	(D) EVent#2		(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
0					,, , , , , , , , , , , , , , , ,	
Revenue	1	Gross receipts	33,970		5,473	20 442
Š		,			3,473	39,443
	2	Less: Contributions		i		
	3	Gross income (line 1 minus				
		line 2)	33,970		5,473	39,443
	4	Cash prizes				
ses	5	Noncash prizes	<u> </u>			
						93
	6	Rent/facility costs				
ĕ	_				ļ	
X	7	Food and beverages				
Direct Expenses						
۵	8	Entertainment	8,942			<u> </u>
	9	Other direct expenses		1		
	"	Other direct expenses			237	
	10	Direct expense summary. Add lines	1 through Q in column (d)			
	11	Net income summary. Subtract line 1	. ,			9,179
Pa	art II	Gaming. Complete if the o				30,264
		\$15,000 on Form 990-EZ,			ir, mio 10, or reported in	iore triair
_				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
ě	3		12			
<u></u>	1	Gross revenue				
ų,	2	1				
enses		Cash prizes				
	1 -	·				
THE TE	3	Cash prizes				
	3	Noncash prizes				
Sire	3	·				
Direct Exp	4	Noncash prizes				
Direc	3 4 5	Noncash prizes				
Direc	4 5	Noncash prizes				
Direc	4	Noncash prizes	☐ Yes % ☐ No	☐ Yes %	%%	
Direc	5	Noncash prizes	No	=	= -	
Direc	4 5	Noncash prizes	No	=	= -	
Direc	4 5 6 7	Noncash prizes	No through 5 in column (d)	No No	No No No	
Direc	5	Noncash prizes	No through 5 in column (d)	No No	No No No	
	4 5 6 7 8	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2  Net gaming income summary. Subtra	No through 5 in column (d) act line 7 from line 1, column	nn (d)	No No No	
Direc	4 5 6 7 8	Noncash prizes	No through 5 in column (d) act line 7 from line 1, column	n (d)	No No▶	Yes No
9	4 5 6 7 8 Ent	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2  Net gaming income summary. Subtrater the state(s) in which the organization he organization licensed to conduct gate	No  through 5 in column (d)  to line 7 from line 1, column on conducts gaming activities aming activities in each of the	No in (d)	No No No	· · · · Yes No
9 a	4 5 6 7 8 Ent	Noncash prizes	No  through 5 in column (d)  to line 7 from line 1, column on conducts gaming activities aming activities in each of the	No in (d)	No No▶	· · · □ Yes □ No
9 a	4 5 6 7 8 Ent	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2  Net gaming income summary. Subtrater the state(s) in which the organization he organization licensed to conduct gate	No  through 5 in column (d)  to line 7 from line 1, column on conducts gaming activities aming activities in each of the	No in (d)	No No▶	· · · · Yes No
9	4 5 6 7 8 Entitle 15 th	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2  Net gaming income summary. Subtrater the state(s) in which the organization he organization licensed to conduct gate	No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activiti aming activities in each of t	No No no (d)	□ No ▶	· · ·  Yes  No
9 a b	4 5 6 7 8 Entities it is till it	Noncash prizes	No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activiti aming activities in each of t	No No no (d)	□ No ▶	
9 a b	4 5 6 7 8 Entities it is till it	Noncash prizes	No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activiti aming activities in each of t	No No no (d)	□ No ▶	
9 a b	4 5 6 7 8 Entities it is till it	Noncash prizes	No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activiti aming activities in each of t	No No no (d)	□ No ▶	

## SCHEDULE J (Form 990)

Department of the Treasury

#### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public** inspection

Internal Revenue Service Name of the organization

Employer Identification number

	r Westside MultiService Corp. 23-706194	9		
Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Formation Post of Post III to provide any relevant information regarding these items      First-class or charter travel	orm .	168	NO
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	. 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	. 2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Independent compensation consultant  Form 990 of other organizations  Written employment contract  Compensation survey or study  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			N N
	Receive a severance payment or change-of-control payment?			X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	. 4b		х
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
	The organization?			X
D	Any related organization?	5b	2.5	X
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
	The organization?			x
D	Any related organization?	6b		X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	3-0-10	1-50	
8	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		x
	in Part III	8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	31	provincia

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 23-7061949 Schedule J (Form 990) 2020 Near Westside MultiService Corp.

Part II Officers, Directors, Trustees. Kev Employees. and

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i),(iii) for each listed individual z

(B) Breakdown of W-2 and/or 1099-N	(B) Br	eakdown of V	(B) Breakdown of W-2 and/or 1099-MIS	AISC compensation	art VII, Section A, line 1a,	amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual AISC compensation	(E) amounts for that individ	dual.
(A) Name and Trite	compe	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Norkaxable benefits	(E) Total of cotumns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Matthew Kosarko	(i)	0	0	0	0		6	
1 Director-retired 4/20 (ii)	(1)	0	0	0	0	0	0	
Jeff Neuman	€	0	0	0	0	0	0	
2 Director-retired 4/20 (ii)	(II)	٥	0	0	0	0		
Danika Kazmer	€	0	0	0	0	0	0	
3 Director-retired 4/20 (ii)	<u> </u>	0	0	0	0	0	0	
Ginny Petrie	€	0	0	0	0	0	C	
4 Director-retired 4/20 (ii)	(ii)	0	0	0	0	c		
)	(ii)							
	()							:
9	<b></b>							
	€		į					
7	<u> </u>							
	€		•		3			
8	(ii)							
	(1)			l l				-
6	(ii)							
	(j)							
10	(ii)							
	(1)							
11	(ii)							
	€							
12 (i	(ii)							
	<b>②</b>							
13	(ii)							
	(i)							
14 (i	(ii)					*		
	€							
15	(ii)							
	<b>©</b>							
	(II)							
EEA							Sche	Schedule J (Form 990) 2020

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

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

2020

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

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

Open to Public Inspection

Employer Identification number

Near Westside MultiService Corp. 23-7061949

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	Metho noncash o	(d) d of dete ontributi		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household		Home in the second	1				
	goods	x		338,216	thrift	store	auic	de
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	х		1,176,304	wholesa	le pri	icino	7
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶()							
26	Other ►()							
27	Other ►()							
28	Other ►(							
29	Number of Forms 8283 received by the o	rganization d	luring the tax year for contribution	ons for				
	which the organization completed Form 8	3283, Part V,	Donee Acknowledgement		29			
							Yes	No
30a	During the year, did the organization rece	ive by contril	oution any property reported in f	Part I, lines 1 through			.Vez	437
	28, that it must hold for at least three yea	rs from the d	ate of the initial contribution, an	d which isn't required		ELL	2	
	to be used for exempt purposes for the e	ntire holding	period?			30a		
b	If "Yes," describe the arrangement in Par-	t II.						
31	Does the organization have a gift accepta	ance policy th	at requires the review of any no	onstandard				
	contributions?					31		-
32a	Does the organization hire or use third pa	irties or relate	ed organizations to solicit, proce	ess, or sell noncash				
						32a		
b	If "Yes," describe in Part II.					1		
33	If the organization didn't report an amoun	t in column (	c) for a type of property for whic	h column (a) is checked,		13.4		
	describe in Part II.	,		• •				
							-	

#### 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.

OMB No. 1545-0047 2020

Open to Public Inspection

Employer identification number

Name of the organization

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service

Near Westside MultiService Corp. 23-7061949 01. Form 990 governing body review (Part VI, line 11) Form 990 is reviewed by top management and financial personnel then sent to the board of directors prior to filing. 02. Conflict of interest policy compliance (Part VI, line 12c) Monitoring conflicts of interest is done through communications with the board at board meetings and through email. 03. CEO, executive director, top management comp (Part VI, line 15a) Compensation is determined by the board based on comparability data and other criteria. 04. Other officer or key employee compensation (Part VI, line 15b Compensation is determined by the board based on comparability data and other criteria. 05. Governing documents, etc, available to public (Part VI, line 19) Governing Documents disclosure Explanation-Annual Report is available on the Center's website. Governing Documents are available from the State of Ohio. 06. Cessation of, or significant change to, any program service (Part III, line 3) Added home delivery services to food distribution program for vulnerable populations

#### **Statement of Program Service Accomplishments** 2020 PG01 Your Social Security Number Near Westside MultiService Corp. 23-7061949

Form 990-Part III(a) Statement of Service Accomplishment

Statement #4

Program Service Code Program Service Expenses \$313374 Grants and allocations included in above expense \$0 Program Services Revenue \$352057

#### Explanation

Name(s) as shown on return

May Dugan is a provider of the Moms First Program through the City of Cleveland Department of Public Health. Social Services are provided to parenting and pregnant teens throughout the Cleveland School District and Charter Schools, as well as incarcerated women and those in homeless shelters. Over 150 teens were enrolled in 2020. The overall goal is to ensure healthy pregnancy, education and prevent infant mortality. The majority of the teens live at the poverty level.

# Statement of Program Service Accomplishments 2020 PG01 Name(s) as shown on return Near Westside MultiService Corp. 23-7061949

## Form 990-Part III (b) Statement of Service Accomplishment

Statement #4

Program Service Code

Program Service Expenses \$240392

Grants and allocations included in above expense \$0

\$278507

#### Explanation

Program Services Revenue

The Education Resource Center offers Community Education which includes Adult Basic Literacy, test preparation, and Workforce Development in a Trauma-Informed Classroom. This program emphasizes adaptability and resilience as students establish goals and then work on a targeted plan to gain the skills necessary to achieve them. This unique Trauma-Informed approach recognizes the mental and emotional barriers that can prevent individuals from finding sustainable educational, economic, and personal success. In 2020 the programming had to go virtual. The ERC assisted 153 students, 82 individuals were placed in jobs, and 32 clients enrolled in ESOL classes. The majority of the students live at the poverty level.

	Statement of Program Service Accomplishments	2020 PG01
Name(s) as shown on return		Your Social Security Number
Near Westside N	fultiService Corp.	23-7061949

Form 990-Part III(c) Statement of Service Accomplishment

\$155369 \$0

Statement #4

Grants and allocations included in above expense Program Services Revenue

\$179628

Explanation

Program Service Code Program Service Expenses

Community Rents-Under the terms of lease with the City of Cleveland, the Center is required to manage the building and lease space exclusively to human service oriented non-profits. Current lessee's include Council for Economic Opportunities in Greater Cleveland HEAP utility assistance, Neighborhood Family Practice, and Cuyahoga County Adult Probation.

Statement of Program Service Acco	omplishments 2020 PG01
Name(s) as shown on return	Your Social Security Number
Near Westside MultiService Corp.	23-7061949

## Form 990-Part III(d) Statement of Service Accomplishment

Statement #4

Program Service Code

Program Service Expenses \$57011
Grants and allocations included in above expense \$0
Program Services Revenue \$65378

#### Explanation

Our normal preventive health screenings for blood pressure, cholesterol, glucose and Type II diabetes were put on hiatus until we can safely gather together again. Seniors on the Move engaged seniors through Zoom meetings, phone calls and a FaceBook group to counter the effects of isolation and ensure access to food and PPE. Nearly all of the participants live at or below the poverty level.

### Form 8868

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Form 8868 (Rev. 1-2020)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed) All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print Near Westside MultiService Corp. 23-7061949 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 1115 Bridge Ave filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return, See instructions. Cleveland OH 44113 Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 The books are in the care of ► <u>Janet M. Allt, 4115 Bridge Ave Cleveland OH 44113</u> Telephone No. ► 216-631-5800 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box · · · · · · · 🕨 🗌 . If it is for part of the group, check this box · · · · 🕨 🗌 and attach a list with the names and TINs of all members the extension is for. 11-15 , 20 21 , to file the exempt organization return for 1 I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 20 20 or ► ☐ tax year beginning \_\_\_\_\_ , 20 \_\_\_\_ , and ending \_\_\_ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

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