

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2020 calendar year, or tax year beginning 08/01, 2020, and ending 07/31, 2021

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COLLEGE NOW GREATER CLEVELAND, INC. Doing Business As	D Employer identification number 34-6580096
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1500 WEST 3RD STREET, SUITE 125	E Telephone number (216) 241-5587
	City or town, state or province, country, and ZIP or foreign postal code CLEVELAND, OH 44113	G Gross receipts \$ <u>19,882,982.</u>
	F Name and address of principal officer: <u>LEE FRIEDMAN</u> 1500 WEST 3RD STREET SUITE 125, CLEVELAND, OH 44113	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ <u>WWW.COLLEGENOWGC.ORG</u>		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: <u>1967</u>		M State of legal domicile: <u>OH</u>

Part I Summary																					
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO INCREASE POSTSECONDARY EDUCATIONAL ATTAINMENT THROUGH COLLEGE AND CAREER ACCESS ADVISING, FINANCIAL AID COUNSELING AND SCHOLARSHIP AND RETENTION SERVICES.</u>																				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																				
	3	Number of voting members of the governing body (Part VI, line 1a)	3	54.																	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	52.																	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	326.																	
	6	Total number of volunteers (estimate if necessary)	6	2,000.																	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.																	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.																		
Revenue			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">Prior Year</th> <th style="width: 25%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">15,138,812.</td> <td style="text-align: right;">16,982,616.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">1,209,837.</td> <td style="text-align: right;">1,158,290.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">487,231.</td> <td style="text-align: right;">382,363.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">-120,068.</td> <td style="text-align: right;">-58,266.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">16,715,812.</td> <td style="text-align: right;">18,465,003.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	15,138,812.	16,982,616.	9 Program service revenue (Part VIII, line 2g)	1,209,837.	1,158,290.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	487,231.	382,363.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-120,068.	-58,266.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,715,812.	18,465,003.
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12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,715,812.	18,465,003.																			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,588,318.	5,883,112.																		
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)	8,303,102.	8,724,978.																		
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.																		
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>697,056.</u>																				
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,335,254.	2,408,433.																	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,226,674.	17,016,523.																	
	19	Revenue less expenses. Subtract line 18 from line 12	489,138.	1,448,480.																	
	Net Assets or Fund Balances			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">Beginning of Current Year</th> <th style="width: 25%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">20,920,536.</td> <td style="text-align: right;">24,271,314.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">4,381,135.</td> <td style="text-align: right;">4,605,124.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">16,539,401.</td> <td style="text-align: right;">19,666,190.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	20,920,536.	24,271,314.	21 Total liabilities (Part X, line 26)	4,381,135.	4,605,124.	22 Net assets or fund balances. Subtract line 21 from line 20	16,539,401.	19,666,190.					
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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 Lee Friedman (CEO)	Date	<u>5/25/22</u>	
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
Paid Preparer Use Only	DAVID M REAPE, CPA		5/23/2022	P00068117
	Firm's name ▶ HW&CO	Firm's EIN ▶ 34-1663157		
	Firm's address ▶ 144 HARRIS BLVD., SUITE 110 CLEVELAND, OH 44115-0100	Phone no. 216-831-1200		

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
COLLEGE NOW'S MISSION IS TO INCREASE POSTSECONDARY EDUCATIONAL
ATTAINMENT THROUGH COLLEGE AND CAREER ACCESS ADVISING, FINANCIAL AID
COUNSELING AND SCHOLARSHIP AND RETENTION SERVICES.

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 \$ 5,830,875. including grants of \$ 5,883,112.) (Revenue \$ 201,327.)
ATTACHMENT 1

4b (Code:) (Expenses \$ 3,450,969. including grants of \$) (Revenue \$ 956,963.)
ATTACHMENT 2

4c (Code:) (Expenses \$ 604,835. including grants of \$) (Revenue \$)
ADULT PROGRAMS AND SERVICES AND THE COLLEGE NOW RESOURCE CENTER:
IN COOPERATION WITH ABOUT 40 NEIGHBORHOOD-BASED COMMUNITY
PARTNERS, AT OUR RESOURCE CENTER IN CLEVELAND, AND VIRTUALLY,
COLLEGE -NOW GREATER CLEVELAND OFFERED OUTREACH, ONE-ON-ONE
SESSIONS, AND SMALL GROUP WORKSHOPS TO MORE APPROXIMATELY 11,000
PEOPLE FROM ACROSS NORTHEAST OHIO WITH A CONCENTRATION IN CUYAHOGA
AND SUMMIT COUNTIES. THE RESOURCE CENTER, LOCATED IN DOWNTOWN
CLEVELAND, IS FREE AND OPEN TO THE PUBLIC. VIRTUAL SERVICES ARE
ALSO FREE AND OPEN TO THE PUBLIC. CORE SERVICES TO ADULTS INCLUDE
COLLEGE AND CAREER ACCESS ADVISING, STUDENT FINANCIAL AID AND
STUDENT LOAN COUNSELING, MENTORING, AND SCHOLARSHIP SERVICES.

4d Other program services (Describe on Schedule O.) ATTACHMENT 3
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 15,714,096.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 21 main questions and sub-questions (a-f) regarding organizational activities, financial reporting, and compliance with various sections of the tax code.

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>	X	
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>	X	
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>		X
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>		X
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>		X
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>	X	
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>		X
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>	X	
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
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>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	X	

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		61
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0.
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
2a	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. 2a 326		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).</i>	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	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? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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 on 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 columns for question number, description, and Yes/No checkboxes. Includes questions 1a-1b, 2-9 regarding governing body composition and documentation.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a-16b regarding local chapters, conflict of interest, whistleblower, and compensation 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LEE FRIEDMAN ✓ CHIEF EXECUTIVE OFFICER	40.00 0.			X			454,916.	0.	34,371.	
(2) MICHELE SCOTT-TAYLOR ✓ CHIEF PROGRAMS OFFICER	40.00 0.			X			231,523.	0.	30,802.	
(3) ALENKA WINSLETT ✓ CHIEF OPERATING OFFICER	40.00 0.			X			239,964.	0.	21,925.	
(4) KITTIE WARSHAWSKY ✓ CHIEF DEVELOPMENT OFFICER	40.00 0.			X			223,092.	0.	30,456.	
(5) MARK MAGYAR ✓ CHIEF FINANCIAL OFFICER	40.00 0.			X			192,235.	0.	18,466.	
(6) GABE BRUNO ✓ TREASURER	2.00 0.	X	X				0.	0.	0.	
(7) MARK ROSS ✓ CHAIRMAN	2.00 0.	X	X				0.	0.	0.	
(8) BRIAN BARREN ✓ SECRETARY	2.00 0.	X	X				0.	0.	0.	
(9) SUZZANE APAL-BOUTROS ✓ DIRECTOR	1.00 0.	X					0.	0.	0.	
(10) ENID ROSENBERG ✓ DIRECTOR	1.00 0.	X					0.	0.	0.	
(11) SEAN STACK ✓ DIRECTOR	1.00 0.	X					0.	0.	0.	
(12) MICHAEL COGAN ✓ DIRECTOR	1.00 0.	X					0.	0.	0.	
(13) VEENA KHANNA ✓ DIRECTOR	1.00 0.	X					0.	0.	0.	
(14) MARGARET A KENNEDY ✓ DIRECTOR	1.00 0.	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) JD SULLIVAN JR ✓ ----- DIRECTOR	1.00 ----- 0.							0.	0.	0.
16) SUSAN M TYLER ✓ ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
17) JEFF M WASSERMAN ✓ ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
18) ADAM MYERS ✓ ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
19) ALAN S KOPIT ✓ ----- PAST CHAIR	1.00 ----- 0.	X						0.	0.	0.
20) INGRID TOLENTINO ✓ ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
21) JIMMY MALONE ✓ ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
22) MEGAN MEHALKO ✓ ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
23) KRISTEN BAIRD ADAMS ✓ ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
24) RITA ANDOLSEN ✓ ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
25) STEPHANIE ANTUNEZ ✓ ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								1,341,730.	0.	136,020.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,341,730.	0.	136,020.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 11

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) BRENT BUCKLEY ✓ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
27) DEBORAH VESY ✓ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
28) MATT CARROLL ✓ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
29) LAUREN RICH FINE ✓ ----- DIRECTOR	10.00 ----- 0.	X					0.	0.	0.	
30) TIMONTHY COSGROVE ✓ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
31) RICHARD GROSS ✓ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
32) WILLIAM KOEHLER ✓ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
33) MICHAEL JEANS ✓ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
34) SALLY STEWART ✓ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
35) EDDIE TAYLOR ✓ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
36) JENNIFER ALTSTADT ✓ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 11

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
37) PATRICIA INGLIS ✓ ----- DIRECTOR	1.00 0.							0.	0.	0.
38) JUDITH EMBRESCIA ✓ ----- DIRECTOR	1.00 0.	X						0.	0.	0.
39) JAMES GEUTHER ✓ ----- DIRECTOR	1.00 0.	X						0.	0.	0.
40) JOSEPH MORFORD ✓ ----- DIRECTOR	1.00 0.	X						0.	0.	0.
41) SHELLY CAYETTE ✓ ----- DIRECTOR	1.00 0.	X						0.	0.	0.
42) PATRICK S MULLIN ✓ ----- DIRECTOR	1.00 0.	X						0.	0.	0.
43) KATINKA DOMOTORFFY ✓ ----- DIRECTOR	1.00 0.	X						0.	0.	0.
44) WARD DUMM ✓ ----- DIRECTOR	1.00 0.	X						0.	0.	0.
45) ASHELY GEORGE ✓ ----- DIRECTOR	1.00 0.	X						0.	0.	0.
46) RUSS MITCHELL ✓ ----- DIRECTOR	1.00 0.	X						0.	0.	0.
47) JULIE ADLER RASKIND ✓ ----- DIRECTOR	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 11

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
48) HARRY CARLSON ✓ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
49) TRACI ROURKE ✓ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
50) KATIE KENNEDY ✓ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
51) CHRISTOPHER WILLIAMS ✓ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
52) KEVIN KELLEY ✓ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
53) A.D. NAIK ✓ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
54) RICHARD POHLE ✓ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
55) SAM PRENTIS ✓ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
56) DARNELLA ROBERTSON ✓ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
57) DALITHIA SMITH ✓ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
58) ANDREW WATTERSON ✓ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total ▶							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 11

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	936,857.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	4,763,127.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,282,632.			
	g	Noncash contributions included in lines 1a-1f.	1g	\$			
	h	Total. Add lines 1a-1f ▶		16,982,616.			
	Program Service Revenue	2a	REIMBURSEMENT BY SCHOOLS	Business Code	900099	956,963.	956,963.
b		SCHOLARSHIP ADMIN FEE	900099	201,327.	201,327.		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f ▶		1,158,290.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶		81,526.		81,526.	
	4	Income from investment of tax-exempt bond proceeds ▶		0.			
	5	Royalties ▶		0.			
	6a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss). ▶		0.			
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
					1,654,076.		
	b	Less: cost or other basis and sales expenses	7b	1,311,624.	41,615.		
	c	Gain or (loss)	7c	342,452.	-41,615.		
d	Net gain or (loss) ▶		300,837.	-41,615.	342,452.		
8a	Gross income from fundraising events (not including \$ <u>936,857.</u> of contributions reported on line 1c). See Part IV, line 18	8a		0.			
			b	Less: direct expenses	8b	64,740.	
			c	Net income or (loss) from fundraising events. ▶		-64,740.	
9a	Gross income from gaming activities. See Part IV, line 19	9a		0.			
			b	Less: direct expenses	9b	0.	
			c	Net income or (loss) from gaming activities. ▶		0.	
10a	Gross sales of inventory, less returns and allowances	10a		0.			
			b	Less: cost of goods sold	10b	0.	
			c	Net income or (loss) from sales of inventory. ▶		0.	
Miscellaneous Revenue	11a	OTHER REVENUE	Business Code	900099	6,474.	6,474.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d ▶		6,474.			
12	Total revenue. See instructions ▶		24,441,085.	1,103,149.	308,086.		

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	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,883,112.	5,883,112.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,380,111.	1,097,270.	135,889.	146,952.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	5,788,441.	5,304,377.	128,640.	355,424.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	208,949.	186,002.	8,637.	14,310.
9 Other employee benefits	857,225.	770,264.	32,733.	54,228.
10 Payroll taxes	490,252.	446,368.	15,844.	28,040.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	14,326.		14,326.	
9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	413,659.	344,201.	52,320.	17,138.
12 Advertising and promotion	154,997.	58,024.	83,455.	13,518.
13 Office expenses	139,263.	111,598.	17,930.	9,735.
14 Information technology	167,631.	155,446.	5,174.	7,011.
15 Royalties	0.			
16 Occupancy	399,833.	338,470.	31,863.	29,500.
17 Travel	25,189.	12,981.	8,916.	3,292.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	65,666.	50,637.	13,892.	1,137.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	76,230.	62,247.	6,086.	7,897.
23 Insurance	0.			
24 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 STUDENT ACTIVITIES	790,478.	787,505.	1,323.	1,650.
b EQUIPMENT RENTAL & MAINTENAN	63,615.	53,160.	7,053.	3,382.
c MISC EXPENSES	62,354.	42,962.	15,550.	3,842.
d BAD DEBT EXPENSE	25,740.		25,740.	
e All other expenses	9,452.	9,452.		
25 Total functional expenses. Add lines 1 through 24e	17,016,523.	15,714,096.	605,371.	697,056.
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)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	250.	1	250.
	2 Savings and temporary cash investments.	7,643,308.	2	7,412,988.
	3 Pledges and grants receivable, net	2,620,907.	3	3,944,513.
	4 Accounts receivable, net.	885,737.	4	1,105,186.
	5 Loans and other receivables from 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	755,457.	5	853,893.
	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).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	88,878.	9	129,715.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 526,532.		
	b Less: accumulated depreciation.	10b 295,466.		
	11 Investments - publicly traded securities. <i>ATCH 4</i>	8,345,674.	11	10,308,079.
	12 Investments - other securities. See Part IV, line 11.	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	245,013.	15	285,624.
16 Total assets. Add lines 1 through 15 (must equal line 33)	20,920,536.	16	24,271,314.	
Liabilities	17 Accounts payable and accrued expenses.	457,374.	17	351,878.
	18 Grants payable	2,501,725.	18	2,434,732.
	19 Deferred revenue.	697,336.	19	1,818,514.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	724,700.	24	0.
	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	0.
	26 Total liabilities. Add lines 17 through 25.	4,381,135.	26	4,605,124.
Net Assets or Fund Balances	27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> X and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,289,763.	27	3,931,699.
	28 Net assets with donor restrictions.	14,249,638.	28	15,734,491.
	29 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	16,539,401.	32	19,666,190.
33 Total liabilities and net assets/fund balances.	20,920,536.	33	24,271,314.	

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	18,465,003.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,016,523.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,448,480.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,539,401.
5	Net unrealized gains (losses) on investments	5	1,678,309.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
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	19,666,190.

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		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

COLLEGE NOW GREATER CLEVELAND, INC.

Employer identification number

34-6580096

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 **section 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,890,764.	10,939,659.	12,636,742.	15,138,812.	169,823,616.	219,429,593.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	10,890,764.	10,939,659.	12,636,742.	15,138,812.	169,823,616.	219,429,593.
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).						0.
6 Public support. Subtract line 5 from line 4						219,429,593.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	10,890,764.	10,939,659.	12,636,742.	15,138,812.	169,823,616.	219,429,593.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	272,952.	250,717.	190,350.	115,907.	81,526.	911,452.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	25,719.	12,520.	19,868.	4,839.	6,474.	69,430.
11 Total support. Add lines 7 through 10						220,410,475.
12 Gross receipts from related activities, etc. (see instructions)					12	5,693,707.
13 First 5 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.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	99.56%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	98.15%
16a 33 1/3% support test - 2020. 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.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2020. 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.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2019. 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.		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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 lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described in line 11a above?	11b	
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

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)? 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).	1	

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?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<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 governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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):		
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):	1e	
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
MISCELLANEOUS INCOME	26,709.	12,520.	19,868.	4,839.	6,474.	69,430.
TOTALS	<u>26,709.</u>	<u>12,520.</u>	<u>19,868.</u>	<u>4,839.</u>	<u>6,474.</u>	<u>69,430.</u>

Schedule of Contributors

2020

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization COLLEGE NOW GREATER CLEVELAND, INC.	Employer identification number 34-6580096
---	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization COLLEGE NOW GREATER CLEVELAND, INC.

Employer identification number
34-6580096

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 1,439,658.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 803,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 840,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 1,795,356.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 994,209.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COLLEGE NOW GREATER CLEVELAND, INC.

Employer identification number
34-6580096

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 1,150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 586,484.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 715,908.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A	\$ 477,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A	\$ 724,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **COLLEGE NOW GREATER CLEVELAND, INC.**

Employer identification number

34-6580096

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **COLLEGE NOW GREATER CLEVELAND, INC.**

Employer identification number

34-6580096

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2020

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

COLLEGE NOW GREATER CLEVELAND, INC.

Employer identification number

34-6580096

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	70.	
2 Aggregate value of contributions to (during year)	1,385,505.	
3 Aggregate value of grants from (during year) . .	1,515,762.	
4 Aggregate value at end of year	4,041,768.	

- 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).
- | | |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> 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 Tax 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 FASB 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 FASB 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 FASB 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 make 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 program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------------|
| c Beginning balance | 1c _____ |
| d Additions during the year | 1d _____ |
| e Distributions during the year | 1e _____ |
| f Ending balance | 1f _____ |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	8,525,120.	8,303,252.	8,245,810.	8,102,079.	7,233,800.
b Contributions	701,432.	107,908.	203,675.	134,901.	330,065.
c Net investment earnings, gains, and losses	2,179,904.	450,616.	178,581.	490,722.	854,359.
d Grants or scholarships					
e Other expenditures for facilities and programs	288,005.	273,120.	261,739.	417,712.	258,200.
f Administrative expenses	71,299.	63,536.	63,075.	64,180.	57,945.
g End of year balance	11,047,152.	8,525,120.	8,303,252.	8,245,810.	8,102,079.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 30.0000 %
 - b** Permanent endowment ▶ 70.0000 %
 - c** Term 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) <input type="checkbox"/> | X |
| (ii) Related organizations | 3a(ii) <input type="checkbox"/> | X |
- b** If "Yes" on line 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				
b Buildings				
c Leasehold improvements		56,600.	10,538.	46,062.
d Equipment		469,932.	284,928.	185,004.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				231,066.

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) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, #4

INTENDED USE OF ENDOWMENT FUNDS

THE PURPOSE OF THE ENDOWMENT IS TO PROVIDE A FINANCIAL SUPPLEMENT TO THE CONTRIBUTED INCOME OF COLLEGE NOW GREATER CLEVELAND, INC. (COLLEGE NOW) TO BE USED FOR STUDENT GRANTS AND RELATED PURPOSES IN THE FUTURE, AND TO SERVE AS AN ADDITIONAL SOURCE FROM BOARD DESIGNATED FUNDS FOR OPERATING OR CAPITAL NEEDS AS DETERMINED BY COLLEGE NOW GREATER CLEVELAND'S BOARD OF DIRECTORS.

SCHEDULE D, PART XI, #2D

OTHER REVENUE SPECIAL EVENTS EXPENSES \$64,740

SCHEDULE D, PART XII, #2D

OTHER EXPENSES SPECIAL EVENTS EXPENSES \$64,740

SCHEDULE D, PART XI, #4B

FORGIVENESS OF PAYCHECK PROTECTION \$724,700

LOSS ON DISPOSAL OF FIXED ASSETS \$-41,615

STUDENT AWARDS AND GRANTS DESIGNATED

BY DONORS FOR SPECIFIC BENEFICIARIES \$1,047,347

SCHEDULE D, PART XII, #4B

LOSS ON DISPOSAL OF FIXED ASSETS \$-41,615

Part XIII Supplemental Information *(continued)*

STUDENT AWARDS AND GRANTS DESIGNATED

BY DONORS FOR SPECIFIC BENEFICIARIES \$1,047,347

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

		(a) Event #1		(b) Event #2		(c) Other events		(d) Total events		
		GOLF OUTING		LUNCHEON				(add col. (a) through col. (c))		
	Revenue	(event type)		(event type)		(total number)				
1	Gross receipts	288,354.		648,503.				936,857.		
2	Less: Contributions	288,354.		648,503.				936,857.		
3	Gross income (line 1 minus line 2)									
4	Cash prizes									
5	Noncash prizes									
6	Rent/facility costs									
7	Food and beverages	1,794.		29,326.				31,120.		
8	Entertainment									
9	Other direct expenses	33,471.		149.				33,620.		
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶								64,740.	
11	Net income summary. Subtract line 10 from line 3, column (d) ▶								-64,740.	

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

		(a) Bingo		(b) Pull tabs/instant bingo/progressive bingo		(c) Other gaming		(d) Total gaming (add col. (a) through col. (c))		
1	Gross revenue									
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	<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: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Department of the Treasury
Internal Revenue Service

Name of the organization

COLLEGE NOW GREATER CLEVELAND, INC.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

34-6580096

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

1	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	SCHOLARSHIP AWARDS	2,396	5,663,112.			
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PROCEDURES FOR MONITORING USE OF GRANT FUNDS:

ALL FUNDS ARE TRACKED AT THE PROGRAM/PROJECT LEVEL IN THE GENERAL LEDGER. THE REPORTS ARE THEN RUN FROM THE SYSTEM TO COMPLETE THE REQUIRED GRANT REPORTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

COLLEGE NOW GREATER CLEVELAND, INC.

Employer identification number

34-6580096

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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 must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LEE FRIEDMAN CHIEF EXECUTIVE OFFICER	344,416.	110,500.	0.	14,250.	20,121.	489,287.	0.
2 ALENKA WINSLETT CHIEF OPERATING OFFICER	194,464.	45,500.	0.	12,208.	9,717.	261,889.	0.
3 MICHELE SCOTT-TAYLOR CHIEF FINANCIAL OFFICER	171,023.	60,500.	0.	12,012.	18,790.	262,325.	0.
4 KITTIE WARSHAWSKY CHIEF INVESTMENT OFFICER	167,592.	55,500.	0.	11,668.	18,788.	253,548.	0.
5 MARK MAGYAR CHIEF FINANCIAL OFFICER	136,735.	55,500.	0.	9,773.	8,693.	210,701.	0.
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES

THE ORGANIZATION PURCHASES A CLUB MEMBERSHIP FOR THE CEO TO CONDUCT

MEETINGS/LUNCHEAS WITH POTENTIAL DONORS OR OTHER PARTIES. THIS COST IS

SUBJECT TO THE SAME PROCUREMENT AND EXPENSE REPORTING PROCEDURES THAT ARE

USED THROUGHOUT THE ORGANIZATION.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

THE ORGANIZATION AND ITS CHIEF EXECUTIVE OFFICER (CEO) ENTERED INTO AN

AGREEMENT WHEREAS THE CEO OWNS A SPLIT-DOLLAR LIFE INSURANCE POLICY. IN

ACCORDANCE WITH THE AGREEMENT, THE ORGANIZATION MAKES CONTRIBUTIONS TO

THIS POLICY THROUGHOUT THE CEO'S EMPLOYMENT WHICH PROVIDES SUPPLEMENTAL

LIFE INSURANCE BENEFITS TO THE CEO. IN ACCORDANCE WITH GENERALLY ACCEPTED

ACCOUNTING PRINCIPLES, CONTRIBUTIONS UNDER THIS TYPE OF ARRANGEMENT ARE

TREATED AS A LOAN RECEIVABLE AND ARE NOT EXPENSED BY THE ORGANIZATION.

THE ORGANIZATION WILL BE REPAID ALL CONTRIBUTIONS MADE TO THE POLICY PLUS

ACCRUED INTEREST UPON THE CEO'S DEATH AND THE ORGANIZATION CLASSIFIES

THESE CONTRIBUTIONS AS A LONG-TERM ASSET ON THE BALANCE SHEET. THE

ORGANIZATION ENTERED INTO A SIMILAR ARRANGEMENT WITH THE CHIEF OPERATING

OFFICER ALTHOUGH PARTICIPANT ONLY CONTRIBUTIONS ARE PERMITTED.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

COLLEGE NOW GREATER CLEVELAND, INC.

Employer identification number

34-6580096

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
ATTACHMENT 1												
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$	853,893.					

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2020

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) EDDIE TAYLOR	BOARD TRUSTEE	4,096.	INSURANCE COMMISSIONS		X
(2) JEFF M. WASSERMAN	BOARD TRUSTEE	4,096.	INSURANCE COMMISSIONS		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

LOANS TO INTERESTED PERSONS

THE ORGANIZATION AND ITS CHIEF EXECUTIVE OFFICER (CEO) ENTERED INTO AN AGREEMENT WHEREAS THE CEO OWNS A SPLIT-DOLLAR LIFE INSURANCE POLICY. IN ACCORDANCE WITH THE AGREEMENT, THE ORGANIZATION MAKES CONTRIBUTIONS TO THIS POLICY THROUGHOUT THE CEO'S EMPLOYMENT WHICH PROVIDES SUPPLEMENTAL LIFE INSURANCE BENEFITS TO THE CEO. IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, CONTRIBUTIONS UNDER THIS TYPE OF ARRANGEMENT ARE TREATED AS A LOAN RECEIVABLE AND ARE NOT EXPENSED BY THE ORGANIZATION. THE ORGANIZATION WILL BE REPAID ALL CONTRIBUTIONS MADE TO THE POLICY PLUS ACCRUED INTEREST UPON THE CEO'S DEATH AND THE ORGANIZATION CLASSIFIES THESE CONTRIBUTIONS AS A LONG-TERM ASSET ON THE BALANCE SHEET. THE ORGANIZATION ENTERED INTO A SIMILAR ARRANGEMENT WITH THE CHIEF OPERATING OFFICER ALTHOUGH PARTICIPANT ONLY CONTRIBUTIONS ARE PERMITTED.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II

ATTACHMENT 1

NAME LEE FRIEDMAN
 RELATIONSHIP WITH ORGANIZATION CEO
 PURPOSE OF LOAN LIFE INSURANCE
 LOAN TO OR FROM THE ORG.? TO X FROM
 ORIGINAL PRINCIPAL AMOUNT 573,658.
 BALANCE DUE 715,792.
 IN DEFAULT? YES X NO
 APPROVED BY BOARD OR COMMITTEE X YES NO
 WRITTEN AGREEMENT? X YES NO

NAME ALENKA WINSLETT
 RELATIONSHIP WITH ORGANIZATION COO
 PURPOSE OF LOAN LIFE INSURANCE
 LOAN TO OR FROM THE ORG.? TO X FROM
 ORIGINAL PRINCIPAL AMOUNT 130,000.
 BALANCE DUE 138,101.
 IN DEFAULT? YES X NO
 APPROVED BY BOARD OR COMMITTEE X YES NO
 WRITTEN AGREEMENT? X YES NO

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

COLLEGE NOW GREATER CLEVELAND, INC.

Employer identification number

34-6580096

PAGE 6, PART VI, SECTION B, #11B

FORM 990 REVIEW PROCESS THE FORM 990 IS REVIEWED IN-DEPTH BY THE ORGANIZATION'S FINANCE COMMITTEE. THIS COMMITTEE IS COMPOSED OF PREDOMINANTLY FINANCIAL PROFESSIONALS FAMILIAR WITH THE REQUIREMENTS OF FORM 990. AFTER THE FINANCE COMMITTEE'S REVIEW, THE FORM 990 IS PROVIDED TO THE FULL BOARD.

PAGE 6, PART VI, SECTION B, #12C

MONITOR AND ENFORCE CONFLICT OF INTEREST POLICY
THE ORGANIZATION REQUIRES ANNUAL COMPLETION OF A CONFLICT OF INTEREST FORM BY DIRECTORS, OFFICERS, AND KEY EMPLOYEES.

PAGE 6, PART VI, SECTION B, #15A AND B

PROCESS FOR DETERMINING COMPENSATION

ALL POSITIONS ARE EVALUATED BY THE HUMAN RESOURCES DEPARTMENT BY COMPARISON WITH AVAILABLE DATA FOR SIMILAR POSITIONS IN THE INDUSTRY AND GEOGRAPHIC AREA. THIS PROCESS IS DOCUMENTED AT THE TIME THE DECISION IS MADE. A COMPENSATION COMMITTEE COMPRISED OF THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWS AND APPROVES COMPENSATION OF THE EXECUTIVE TEAM ON AN ANNUAL BASIS.

PAGE 6, PART VI, SECTION C, #19

DOCUMENTS AVAILABLE TO PUBLIC

Name of the organization COLLEGE NOW GREATER CLEVELAND, INC.	Employer identification number 34-6580096
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THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. COLLEGE NOW GREATER CLEVELAND'S FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THEIR WEBSITE.

PAGE 6, PART VI, SECTION A, #2
FAMILY OR BUSINESS RELATIONSHIP

EDDIE TAYLOR AND JEFFERY WASSERMAN HAVE A BUSINESS RELATIONSHIP.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

FINANCIAL AID: COLLEGE NOW GREATER CLEVELAND AWARDED SCHOLARSHIPS TO ABOUT 1,800 TRADITIONAL AGE AND ADULT STUDENTS FROM THE NORTHEAST OHIO AREA THROUGH ITS OWN SCHOLARSHIP PROGRAM AND THROUGH SCHOLARSHIP PROGRAMS THAT IT MANAGES. AWARDED SCHOLARSHIPS TOTALED \$5.9 MILLION IN THE 2020-2021 ACADEMIC YEAR. COLLEGE NOW HELPS TO ENSURE SUCCESSFUL TRANSITIONS TO AND THROUGH POSTSECONDARY ENROLLMENT VIA SCHOLARSHIP AND RETENTION SERVICES AND STRENGTHENS POSTSECONDARY PERSISTENCE AND COMPLETION FOR ITS TRADITIONAL AGE STUDENTS THROUGH ITS INNOVATIVE E-MENTORING PROGRAM. THIS PROGRAM IS LEVERAGED BY ABOUT 2,000 COMMUNITY VOLUNTEERS. ON AVERAGE, COLLEGE NOW TRADITIONAL STUDENTS ENROLL IN COLLEGE AT HIGHER RATES THAN STUDENTS FROM LOW-INCOME BACKGROUNDS ACROSS THE COUNTRY AND NEAR THE AVERAGE RATE FOR STUDENTS FROM ALL INCOME BACKGROUNDS ACROSS THE COUNTRY. COLLEGE NOW'S TRADITIONAL STUDENT SCHOLARSHIP RECIPIENTS GRADUATE FROM COLLEGE AT SIGNIFICANTLY HIGHER RATES THAN THEIR PEERS FROM LOW-INCOME BACKGROUNDS AND ABOVE THE RATES OF ALL US STUDENTS. SINCE 1967,

Name of the organization COLLEGE NOW GREATER CLEVELAND, INC.	Employer identification number 34-6580096
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ATTACHMENT 1 (CONT'D)

COLLEGE NOW HAS SERVED HUNDREDS OF THOUSANDS OF INDIVIDUALS AND AWARDED OVER \$88 MILLION IN SCHOLARSHIPS TO NORTHEAST OHIO STUDENTS AND ADULT LEARNERS.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4B

ADVISORY SERVICES: COLLEGE NOW GREATER CLEVELAND PROVIDED COLLEGE AND CAREER ACCESS ADVISING, STUDENT FINANCIAL AID COUNSELING AND SCHOLARSHIP SERVICES TO OVER 30,000 NORTHEAST OHIO STUDENTS AND INDIVIDUALS IN ONE-ON-ONE AND GROUP SESSIONS. DURING THE 2020-2021 ACADEMIC YEAR, COLLEGE NOW SERVED STUDENTS VIRTUALLY AND IN APPROXIMATELY 185 VENUES, INCLUDING MORE THAN 85 MIDDLE AND HIGH SCHOOLS IN CUYAHOGA, LAKE, LORAIN, MEDINA, AND SUMMIT COUNTIES. COLLEGE NOW PROVIDES VIRTUAL, IN-SCHOOL, NEED-BASED SERVICES THROUGHOUT THE SCHOOL YEAR, AFTER SCHOOL, AND DURING THE SUMMER. CORE SERVICES INCLUDE: ACADEMIC ADVISING - GUIDANCE ON HIGH SCHOOL COURSE PLANNING; GRADUATION REQUIREMENTS; COURSE REQUIREMENTS FOR SPECIFIC COLLEGE MAJORS AND COURSES OF STUDY; AND TIPS ON TIME MANAGEMENT SKILLS NECESSARY FOR POSTSECONDARY SUCCESS; CAREER EXPLORATION - GUIDING STUDENTS AS THEY EXPLORE THEIR OWN INTERESTS AND VARIOUS CAREER OPPORTUNITIES AND THE TRAINING/EDUCATION THAT IS REQUIRED TO BE SUCCESSFUL IN A PARTICULAR FIELD, SHARING INFORMATION ON SPECIFIC CAREERS IN DEMAND IN NORTHEAST OHIO, AS WELL AS EXTENDING OPPORTUNITIES FOR FIELD VISITS AND VISITS FROM PROFESSIONALS; COLLEGE EXPLORATION, APPLICATIONS AND ENROLLMENT -

Name of the organization COLLEGE NOW GREATER CLEVELAND, INC.	Employer identification number 34-6580096
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ATTACHMENT 2 (CONT'D)

ASSISTING STUDENTS WITH RESEARCHING POSTSECONDARY OPTIONS, COMPLETING COLLEGE APPLICATIONS, PROVIDING APPLICATION FEE WAIVERS, VISITING COLLEGE CAMPUSES, AND ENSURING THAT STUDENTS WHO HAVE BEEN ACCEPTED INTO COLLEGE ENROLL AND REGISTER FOR CLASSES; AND STUDENT FINANCIAL AID COUNSELING - GUIDING STUDENTS AND THEIR FAMILIES THROUGH THE OFTEN-ARDUOUS PROCESS OF FILING FOR FINANCIAL AID AND SCHOLARSHIPS, INCLUDING THE FAFSA (FREE APPLICATION FOR FEDERAL STUDENT AID), ASSISTING WITH SPECIAL CIRCUMSTANCE APPEALS AND REQUESTS FOR VERIFICATION, IDENTIFYING OTHER FINANCIAL AID SOURCES, PROVIDING PERSONALIZED STRATEGIES SECURE MAXIMUM FINANCIAL AID TO HELP STUDENTS PERSIST TO GRADUATION WITH MINIMAL STUDENT LOAN DEBT, INTERPRETING THE STUDENT AID REPORT AND FINANCIAL AID AWARD LETTERS, AND DETERMINING FINAL COLLEGE COSTS.

ATTACHMENT 3

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
SPECIAL SERVICES		5,827,417.	-35,141.
TOTALS		<u>5,827,417.</u>	<u>-35,141.</u>

ATTACHMENT 4

Name of the organization

COLLEGE NOW GREATER CLEVELAND, INC.

Employer identification number

34-6580096

ATTACHMENT 4 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
FIXED INCOME FUNDS	2,069,399.	FMV
EQUITY FUNDS	6,943,203.	FMV
ALTERNATIVE INVESTMENT FUNDS	1,295,477.	FMV
TOTALS	<u>10,308,079.</u>	