### Form **990**

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

AF	or th	e 202	i calendar year, or tax year begin	ming 08/	01/2021	and er	iuing			31/2022	
B c	neck if ap	nlicable.	C Name of organization					D Employer id	entifica	ation number	
	_		COLLEGE NOW GREATER CI	LEVELAND, INC.							
	Addre chang		Doing Business As					34-658			
	Name	change	Number and street (or P.O. box if mail is a	not delivered to street address	s) [1	Room/su	ite	E Telephone n	umber		
	Initial	return	1500 WEST 3RD STREET,					(216)2	41-5	5587	
	Termi	inated	City or town, state or province, country, a	nd ZIP or foreign postal code							
	Amen		CLEVELAND, OH 44113					<b>G</b> Gross receip	ts \$	26,011	.,414.
	Applic pendir		F Name and address of principal officer:	LEE FRIEDMAN				H(a) Is this a gro subordinates		n for Yes	X No
			1500 WEST 3RD STREET SU	JITE 125, CLEVEI	LAND, OH	4411	L3	H(b) Are all subore		cluded? Yes	No
Ι.	Tax-exe	empt sta	atus: X 501(c)(3) 501(c) (	) <b>(</b> insert no.)	4947(a)(1) o	r	527	If "No," atta	ch a list.	(see instructions)	
J	Websit	te: 🕨	WWW.COLLEGENOWGC.ORG					H(c) Group exem	ption nu	mber <b>&gt;</b>	
K	Form o	of organ	ization: X Corporation Trust	Association Other		L Ye	ar of format	tion: 1967 <b>M</b>	State o	of legal domicile	: OH
Pa	art I	Sur	nmary			•		•			
	1	Briefly	describe the organization's mission or	most significant activities	: TO INC	CREAS	E POST	SECONDARY	EDU	CATIONAL	
ø			AINMENT THROUGH COLLEGE	-							
and			NSELING AND SCHOLARSHIP								
ern	2		this box								
Governance	3	Numb	er of voting members of the governing	body (Part VI. line 1a)	'				3		56
			er of independent voting members of the						4		 55
Activities &			number of individuals employed in cale						5		407
Ξ			number of volunteers (estimate if necess						6		2,000
Ac	-		unrelated business revenue from Part VI	**					7a		
			nrelated business taxable income from I						7b		
		140t ui	included business taxable income from t	01111 000 1, 11110 04				Prior Year	1.0	Current Y	ear
	8	Contri	butions and grants (Part VIII, line 1h)				_ —	16,982,63	16	21,844	
ne	9	Drogra	em service revenue (Part VIII, line 2a)		COPY	FOR		1,158,29			2,199.
Revenue	10	Invoct	am service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), line	os 2 4 and 7d)	PUBLIC IN	SPECTION	оN	382,3			5,239.
æ			revenue (Part VIII, column (A), lines 5,				┛├──	-58,2			
								18,465,00	_		7,133.
_			revenue - add lines 8 through 11 (must							24,635	
			s and similar amounts paid (Part IX, colu					5,883,13		7,500	3,638.
			its paid to or for members (Part IX, colu						ONE	10 446	NONE
Expenses			es, other compensation, employee bene					8,724,9		10,446	
Je l			ssional fundraising fees (Part IX, column					N	ONE		NONE
Ě			fundraising expenses (Part IX, column (I					0 400 4	22	2.05/	1
			expenses (Part IX, column (A), lines 11					2,408,43			1,581.
			expenses. Add lines 13-17 (must equal					17,016,52		21,210	
Ŀά	19	Reven	ue less expenses. Subtract line 18 from	i line 12				1,448,48		-	5,266.
ts o							Begin	ning of Current	_	End of Ye	
Net Assets or Fund Balances			assets (Part X, line 16)					24,271,33		27,547	
et A			iabilities (Part X, line 26)					4,605,1			5,352.
			ssets or fund balances. Subtract line 21	from line 20	<del></del>			19,666,19	90.	20,911	<u>.,227.</u>
	rt II		gnature Block								
Unc	ler per , corre	nalties o	of perjury, I declare that I have examined thit complete. Declaration of preparer (other than	s return, including accompa officer) is based on all inforn	nying schedul nation of whic	es and si h prepare	tatements, a er has any ki	and to the best o nowledge.	f my kı	nowledge and b	elief, it is
	-			,				Ī			
Sig	n		Signature of officer								
Her			Signature of officer					Date			
	•										
			Type or print name and title								
Paid		Print/	Type preparer's name	Preparer's signature		Date		Check	J "'	TIN	
Prep		DAV	ID M REAPE, CPA					self-employ	ed E	200068117	1
-	Only	Firm's	name ► HW&CO					Firm's EIN	34	1-1663157	
	J.11,	Firm's	address ▶ 23240 CHAGRIN BLVD.,	SUITE 700 CLEVELAND,	ОН 44122-5	450		Phone no.	21	6-831-12	00
May	the II	RS dis	cuss this return with the preparer showr	n above? (see instructions	) <u> </u>		<u> </u>			X Yes	No
For	Paper	rwork	Reduction Act Notice, see the separate	e instructions.							0 (2021)

Pa	Irt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Х
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 \( \sum_{2} \)	X 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	
		X 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 measur	ed by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 7,140,372. including grants of \$ 7,508,638. ) (Revenue \$ 202,500. )	
	SEE SCHEDULE O	
	SEE SCHEDULE O	
4b	(Code: ) (Expenses \$ 4,377,817. including grants of \$ ) (Revenue \$ 1,409,699. )	
	SEE SCHEDULE O	
4c	(Code: ) (Expenses \$ 575,894. including grants of \$ ) (Revenue \$	
	ADULT PROGRAMS AND SERVICES AND THE COLLEGE NOW RESOURCE CENTERS:	
	IN COOPERATION WITH ABOUT 40 NEIGHBORHOOD-BASED COMMUNITY	
	PARTNERS, AT OUR RESOURCE CENTERS IN CLEVELAND AND AKRON, AND	
	VIRTUALLY, COLLEGE NOW GREATER CLEVELAND OFFERED OUTREACH,	
	ONE-ON-ONE SESSIONS, AND SMALL GROUP WORKSHOPS TO SERVE JUST MORE	
	·	
	THAN 8,000 PEOPLE FROM ACROSS NORTHEAST OHIO WITH A CONCENTRATION	
	IN CUYAHOGA AND SUMMIT COUNTIES. THE RESOURCE CENTERS ARE 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.) SEE SCHEDULE O	
_	(Expenses \$ 7,492,562. including grants of \$ ) (Revenue \$ 26,575. )	
4e	Total program service expenses ► 19,586,645.	
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Part	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	1.0		
4.4	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X	
11	VII, VIII, IX, or X, as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	X	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	1 Tu	21	
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		3.5
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''		Х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part	IV Checklist of Required Schedules (continued)		•	ago .
rare	oncomic of Required Contanuou)		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? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? If "Yes," complete Schedule J	23	Х	
24 a	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.0	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
Dow	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1 ~	Enter the number reported in box 3 of Form 1006. Enter 0, if not applicable 4.2		162	NO
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) with backup withholding rules for reportable payments to vehiclis and	1c	x	

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Par	t 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 407			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	.		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	37	
_	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		v
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
t ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		Λ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. • Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ü	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		7.7
	excess parachute payment(s) during the year?	15		X
46	If "Yes," see the instructions and file Form 4720, Schedule N.	16		37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
<b>4</b> –	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	.,		

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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

Sect	ion A. Governing Body and Management	• • •		<del></del>		[21
					Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	1a	56			
ıu	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
b	committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent	1b	55			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ations	ship with	1		
_	any other officer, director, trustee, or key employee?		-	2	X	
3	Did the organization delegate control over management duties customarily performed by or ur					
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) r	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during			
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
01	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	`	X
Sect	ion B. Policies (This Section B requests information about policies not required by the Inte	ernai	Revenue	Coae	<i>.)</i> Yes	No
				100	163	
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of		-	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	•		11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form?	IIa	- 21	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			1.2u	- 21	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests trise to conflicts?			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the po					
·	describe on Schedule O how this was done	•		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review an					
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to ev	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to			401		
Soot	organization's exempt status with respect to such arrangements?			16b		
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH,	000	and 000 7	T /221	ion r	04/-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that applicable and the second of the s	oly.		(sec	ion 5	01(C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing document financial attempts available to the public during the toxy year.	nents,	conflict o	f inter	est p	olicy,
20	and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's to the public during the tax year.	ooks	and record	s <b>&gt;</b>		

MARK MAGYAR 1500 WEST 3RD STREET, SUITE 125 CLEVELAND, OH 44113 216-241-5587

Form 990 (2021) Page **7** 

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

#### 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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 the 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.

Control for more than one house per week relationship of the relation of per week relationship of the re					(0	C)					
Company   Comp	(A)	(B)	Position						(D)	(E)	(F)
Compensation   Comp	Name and title		,						'	•	
Companies of the comp									•		
Note   Page		1 '								•	
Comparizations   Comp		, ,	ndi or di	nsti	Offic	(ey	ᄬᅘ	mo-	,	,	
(1) LEE FRIEDMAN CHIEF EXECUTIVE OFFICER NONE (2) ALENKA WINSLETT 40.00 CHIEF OPERATING OFFICER NONE (3) MICHELE SCOTT-TAYLOR (4) KITTIE WARSHAWSKY 40.00 CHIEF PROGRAMS OFFICER NONE (5) MARK MAGYAR CHIEF FINANCIAL OFFICER NONE (6) MARGARET ARMOUR HIED COMPACT PROJECT DIRECTOR NONE (7) KAUSER RAZVI (8) ROBERT DURHAM 40.00 CRIEF SCHOLARSHIP SERVICES OFF NONE (8) ROBERT DURHAM 40.00 SR. DIRECTOR, ADVISING PROGRAM 40.00 SR. DIRECTOR, ADVISING PROGRAM (8) ROBERT DURHAM 40.00 SR. DIRECTOR, ADVISING PROGRAM (9) SR. DIRECTOR, ADVISING PROGRAM (10) KATHARYN SCHWAB (10) KATHARYN SCHWAB (10) KATHARYN SCHWAB (10) KATHARYN SCHWAB (11) MICHAEL COGAN (20) CHIEF SCHOLARSHIP SERVICES OFF NONE (21) KAUSER RAZVI (3) STEPHANIE BUNSEY (40.00 SR. DIRECTOR, ADVISING PROGRAM (40.00 SR. DIRECTOR, ADVISING			rect	tutio	ĕ	emp	est	ler	1099-NEC)	1099-NEC)	related organizations
(1) LEE FRIEDMAN CHIEF EXECUTIVE OFFICER NONE (2) ALENKA WINSLETT 40.00 CHIEF OPERATING OFFICER NONE (3) MICHELE SCOTT-TAYLOR (4) KITTIE WARSHAWSKY 40.00 CHIEF PROGRAMS OFFICER NONE (5) MARK MAGYAR CHIEF FINANCIAL OFFICER NONE (6) MARGARET ARMOUR HIED COMPACT PROJECT DIRECTOR NONE (7) KAUSER RAZVI (8) ROBERT DURHAM 40.00 CRIEF SCHOLARSHIP SERVICES OFF NONE (8) ROBERT DURHAM 40.00 SR. DIRECTOR, ADVISING PROGRAM 40.00 SR. DIRECTOR, ADVISING PROGRAM (8) ROBERT DURHAM 40.00 SR. DIRECTOR, ADVISING PROGRAM (9) SR. DIRECTOR, ADVISING PROGRAM (10) KATHARYN SCHWAB (10) KATHARYN SCHWAB (10) KATHARYN SCHWAB (10) KATHARYN SCHWAB (11) MICHAEL COGAN (20) CHIEF SCHOLARSHIP SERVICES OFF NONE (21) KAUSER RAZVI (3) STEPHANIE BUNSEY (40.00 SR. DIRECTOR, ADVISING PROGRAM (40.00 SR. DIRECTOR, ADVISING		"	or tr	nal		loye	<sup>e</sup> 8				
(1) LEE FRIEDMAN CHIEF EXECUTIVE OFFICER NONE (2) ALENKA WINSLETT 40.00 CHIEF OPERATING OFFICER NONE (3) MICHELE SCOTT-TAYLOR (4) KITTIE WARSHAWSKY 40.00 CHIEF PROGRAMS OFFICER NONE (5) MARK MAGYAR CHIEF FINANCIAL OFFICER NONE (6) MARGARET ARMOUR HIED COMPACT PROJECT DIRECTOR NONE (7) KAUSER RAZVI (8) ROBERT DURHAM 40.00 CRIEF SCHOLARSHIP SERVICES OFF NONE (8) ROBERT DURHAM 40.00 SR. DIRECTOR, ADVISING PROGRAM 40.00 SR. DIRECTOR, ADVISING PROGRAM (8) ROBERT DURHAM 40.00 SR. DIRECTOR, ADVISING PROGRAM (9) SR. DIRECTOR, ADVISING PROGRAM (10) KATHARYN SCHWAB (10) KATHARYN SCHWAB (10) KATHARYN SCHWAB (10) KATHARYN SCHWAB (11) MICHAEL COGAN (20) CHIEF SCHOLARSHIP SERVICES OFF NONE (21) KAUSER RAZVI (3) STEPHANIE BUNSEY (40.00 SR. DIRECTOR, ADVISING PROGRAM (40.00 SR. DIRECTOR, ADVISING			stee	trust		Ф	pens				
(1) LEE FRIEDMAN CHIEF EXECUTIVE OFFICER NONE X 40.00 CHIEF OPERATING OFFICER NONE X 251,128. NONE 22,748.  (3) MICHELE SCOTT-TAYLOR 40.00 CHIEF PROGRAMS OFFICER NONE X 237,242. NONE 33,097.  (4) KITTIE WARSHAWSKY 40.00 CHIEF DEVELOPMENT OFFICER NONE X 228,371. NONE 33,652.  (5) MARK MAGYAR 40.00 CHIEF FINANCIAL OFFICER NONE X 194,648. NONE 19,580.  (6) MARGARET ARMOUR 40.00 HIED COMPACT PROJECT DIRECTOR NONE X 153,485. NONE 15,823.  (7) KAUSER RAZVI 40.00 SR. DIRECTOR, ADVISING PROGRAM 40.00 SR. DIRECTOR OF GRANT DEVELOPM NONE X 114,656. NONE 23,427.  (9) STEPHANIE BUNSEY 40.00 SR. DIRECTOR OF GRANT DEVELOPM NONE X 111,892. NONE 1,149.  (11) MICHAEL COGAN 2.00 CHAIFMAN NONE X NO		,		ee			sate				
CHIEF EXECUTIVE OFFICER							- 0				
C2 ALENKA WINSLETT	(1) LEE FRIEDMAN	40.00									
CHIEF OPERATING OFFICER	CHIEF EXECUTIVE OFFICER	NONE			Х				469,859.	NONE	37,158.
CHIEF PROGRAMS OFFICER	(2) ALENKA WINSLETT	40.00									
CHIEF PROGRAMS OFFICER	CHIEF OPERATING OFFICER	NONE			Х				251,128.	NONE	22,748.
(4) KITTIE WARSHAWSKY       40.00         CHIEF DEVELOPMENT OFFICER       NONE       X       228,371.       NONE       33,652.         (5) MARK MAGYAR       40.00       X       194,648.       NONE       19,580.         CHIEF FINANCIAL OFFICER       NONE       X       194,648.       NONE       19,580.         (6) MARGARET ARMOUR       40.00       X       153,485.       NONE       15,823.         (7) KAUSER RAZVI       40.00       X       125,776.       NONE       15,276.         (8) ROBERT DURHAM       40.00       X       114,656.       NONE       23,427.         (9) STEPHANIE BUNSEY       40.00       X       102,504.       NONE       23,883.         (10) KATHARYN SCHWAB       40.00       X       111,892.       NONE       1,149.         (11) MICHAEL COGAN       2.00       X       NONE	(3) MICHELE SCOTT-TAYLOR	40.00									
CHIEF DEVELOPMENT OFFICER	CHIEF PROGRAMS OFFICER	NONE			Х				237,242.	NONE	33,097.
C5   MARK MAGYAR	(4) KITTIE WARSHAWSKY	40.00									
CHIEF FINANCIAL OFFICER NONE X 194,648. NONE 19,580.  (6) MARGARET ARMOUR 40.00 HIED COMPACT PROJECT DIRECTOR NONE X 153,485. NONE 15,823.  (7) KAUSER RAZVI 40.00 SR. DIRECTOR, ADVISING PROGRAM NONE X 125,776. NONE 15,276.  (8) ROBERT DURHAM 40.00 CHIEF SCHOLARSHIP SERVICES OFF NONE X 114,656. NONE 23,427.  (9) STEPHANIE BUNSEY 40.00 SR. DIRECTOR OF GRANT DEVELOPM NONE X 102,504. NONE 23,883.  (10) KATHARYN SCHWAB 40.00 SR. DIRECTOR, ADVISING PROGRAM NONE X 111,892. NONE 1,149.  (11) MICHAEL COGAN 2.00 CHAIRMAN NONE X X NONE NONE NONE NONE NONE 120 MARK ROSS 1.00 IMMEDIATE PAST CHAIRMAN NONE X X NONE NONE NONE NONE 130 BRIAN BARREN 2.00 SECRETARY NONE X X NONE NONE NONE NONE NONE NONE	CHIEF DEVELOPMENT OFFICER	NONE			Х				228,371.	NONE	33,652.
(6) MARGARET ARMOUR       40.00         HIED COMPACT PROJECT DIRECTOR       NONE       X       153,485.       NONE       15,823.         (7) KAUSER RAZVI       40.00       X       125,776.       NONE       15,276.         (8) ROBERT DURHAM       40.00       X       114,656.       NONE       23,427.         (9) STEPHANIE BUNSEY       40.00       X       102,504.       NONE       23,883.         (10) KATHARYN SCHWAB       40.00       X       111,892.       NONE       1,149.         SR. DIRECTOR, ADVISING PROGRAM       NONE       X       111,892.       NONE       1,149.         (11) MICHAEL COGAN       2.00       X       NONE       N	(5) MARK MAGYAR	40.00									
HIED COMPACT PROJECT DIRECTOR   NONE   X   153,485.   NONE   15,823.	CHIEF FINANCIAL OFFICER	NONE			Х				194,648.	NONE	19,580.
(7) KAUSER RAZVI       40.00         SR. DIRECTOR, ADVISING PROGRAM       NONE       X       125,776.       NONE       15,276.         (8) ROBERT DURHAM       40.00       X       114,656.       NONE       23,427.         (9) STEPHANIE BUNSEY       40.00       X       102,504.       NONE       23,883.         (10) KATHARYN SCHWAB       40.00       X       111,892.       NONE       1,149.         (11) MICHAEL COGAN       2.00       X       NONE       NONE <td>(6) MARGARET ARMOUR</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(6) MARGARET ARMOUR	40.00									
SR. DIRECTOR, ADVISING PROGRAM         NONE         X         125,776.         NONE         15,276.           (8) ROBERT DURHAM         40.00         X         114,656.         NONE         23,427.           CHIEF SCHOLARSHIP SERVICES OFF         NONE         X         114,656.         NONE         23,427.           (9) STEPHANIE BUNSEY         40.00         X         102,504.         NONE         23,883.           (10) KATHARYN SCHWAB         40.00         X         111,892.         NONE         1,149.           (11) MICHAEL COGAN         2.00         X         NONE	HIED COMPACT PROJECT DIRECTOR	NONE					Х		153,485.	NONE	15,823.
(8) ROBERT DURHAM       40.00         CHIEF SCHOLARSHIP SERVICES OFF       NONE       X       114,656.       NONE       23,427.         (9) STEPHANIE BUNSEY       40.00       X       102,504.       NONE       23,883.         (10) KATHARYN SCHWAB       40.00       X       111,892.       NONE       1,149.         (11) MICHAEL COGAN       2.00       X       NONE       NON	(7) KAUSER RAZVI	40.00									
CHIEF SCHOLARSHIP SERVICES OFF   NONE   X   114,656.   NONE   23,427.	SR. DIRECTOR, ADVISING PROGRAM	NONE					Х		125,776.	NONE	15,276.
STEPHANIE BUNSEY	(8) ROBERT DURHAM	40.00									
SR. DIRECTOR OF GRANT DEVELOPM         NONE         X         102,504.         NONE         23,883.           (10) KATHARYN SCHWAB         40.00         X         111,892.         NONE         1,149.           SR. DIRECTOR, ADVISING PROGRAM         NONE         X         111,892.         NONE         1,149.           (11) MICHAEL COGAN         2.00         X         X         NONE	CHIEF SCHOLARSHIP SERVICES OFF	NONE					Х		114,656.	NONE	23,427.
(10) KATHARYN SCHWAB         40.00           SR. DIRECTOR, ADVISING PROGRAM         NONE         X         111,892.         NONE         1,149.           (11) MICHAEL COGAN         2.00         X         X         NONE	(9) STEPHANIE BUNSEY	40.00									
SR. DIRECTOR, ADVISING PROGRAM         NONE         X         111,892.         NONE         1,149.           (11) MICHAEL COGAN         2.00         X         X         NONE	SR. DIRECTOR OF GRANT DEVELOPM	NONE					Х		102,504.	NONE	23,883.
(11) MICHAEL COGAN         2.00           CHAIRMAN         NONE         X         X         NONE	(10) KATHARYN SCHWAB	40.00									
CHAIRMAN         NONE         X         X         NONE         NONE         NONE           (12) MARK ROSS         2.00         X         X         NONE	SR. DIRECTOR, ADVISING PROGRAM	NONE					X		111,892.	NONE	1,149.
(12) MARK ROSS         2.00           IMMEDIATE PAST CHAIRMAN         NONE         X         X         NONE         N	(11) MICHAEL COGAN	2.00									
IMMEDIATE PAST CHAIRMANNONEXXNONENONENONE(13) BRIAN BARREN2.00SECRETARYNONEXXNONENONENONE(14) GABE BRUNO2.00	CHAIRMAN	NONE	X		Х				NONE	NONE	NONE
(13) BRIAN BARREN         2.00           SECRETARY         NONE         X         X         NONE	(12) MARK ROSS	2.00									
SECRETARY NONE X X NONE NONE (14) GABE BRUNO 2.00	IMMEDIATE PAST CHAIRMAN	NONE	Х		Х				NONE	NONE	NONE
(14) GABE BRUNO 2.00	(13) BRIAN BARREN	2.00									
	SECRETARY	NONE	Х		Х				NONE	NONE	NONE
TREASURER NONE NONE NONE NONE	(14) GABE BRUNO	2.00									
TOTAL II	TREASURER	NONE	Х		Х				NONE	NONE	NONE

Form **990** (2021)

(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estima amour othe compens	ated at of er
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from to organize and rel organiza	the ation ated
( 15) ENID ROSENBERG	1.00										
DIRECTOR	NONE	Х						NONE	NONE		NON
( 16) SEAN STACK	1.00										
DIRECTOR	NONE	Х						NONE	NONE		NON
( 17) SUZANNE-ARAL BOUTROS	1.00										
DIRECTOR	NONE	X						NONE	NONE		NON
( 18) VEENA KHANNA	1.00										
DIRECTOR	NONE	X						NONE	NONE		NON
( 19) MARGARET A KENNEDY	1.00										
DIRECTOR	NONE	X						NONE	NONE		NON
( 20) JD SULLIVAN JR	1.00										
DIRECTOR	NONE	Х						NONE	NONE		NON
( 21) SUSAN M TYLER	1.00										
DIRECTOR	NONE	Х						NONE	NONE		NON
( 22) JOSH BAGSHAW	1.00										
DIRECTOR	NONE	Х						NONE	NONE		NON
( 23) APRIL MILLER BOISE	1.00										
DIRECTOR	NONE	Х						NONE	NONE		NON
( 24) ALAN S KOPIT	1.00										
PAST CHAIR	NONE	Х						NONE	NONE		NON
( 25) INGRID TOLENTINO	1.00										
DIRECTOR	NONE	Х						NONE	NONE		NON
1b Sub-total							<b></b>	1,989,561.	NONE	225	5,793
c Total from continuation sheets to Part VII, Se	ection A						<b>&gt;</b>	NONE	NONE		NON
d Total (add lines 1b and 1c)							$\blacktriangleright$	1,989,561.	NONE	225	5,793
2 Total number of individuals (including but not li	imited to t	hose	liste	d a	bov	e) who	o re	eceived more than	\$100,000 of		
reportable compensation from the organization	<b>▶</b>					10					
										Ye	s No
3 Did the organization list any former office	er, directo	r, or	tru	uste	e,	key e	emp	oloyee, or highes	t compensated		
employee on line 1a? If "Yes," complete Schedu										3	
<b>4</b> For any individual listed on line 1a, is the s organization and related organizations gre individual	ater than	\$15	0,0	00?	. If	"Yes	s,"	complete Schedu	le J for such	4	
5 Did any person listed on line 1a receive or											
for services rendered to the organization? <i>If "Ye</i>										5	
Section B. Independent Contractors											<b>'</b>
Complete this table for your five highest components compensation from the organization. Report coyear.											

(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, Tru	<u>ıstees, Ke</u>	y En	plc	yee	es,	and F	lig	hest Compensat	ed Employ	yees (d	continued)
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average				sition			Reportable	Reportable		Estimated
	hours per week (list any	,				e than o is both		compensation	compensation from related		amount of other
	hours for	1				or/trust		from the	organiza		compensation
	related	or o	Ins	Officer	<u>6</u>	Hig em	For	organization	(W-2/1099		from the
	organizations	ivid	<u>f</u>	icer	/ em	hes ploy	Former	(W-2/1099-MISC)		,	organization
	below dotted line)	tor t	iona		Key employee	t cor					and related organizations
		Individual trustee or director	2		/ee	npe					g
		ee	Institutional trustee			Highest compensated employee					
						ted					
( 26) JIMMY MALONE	1.00										
DIRECTOR	NONE	X						NONE		NONE	NONE
( 27) MEGAN MEHALKO	1.00										
DIRECTOR	NONE	Х						NONE		NONE	NON
( 28) KRISTEN BAIRD ADAMS	1.00										
DIRECTOR	NONE	Х						NONE		NONE	NONE
29) RITA ANDOLSEN	1.00										
DIRECTOR	NONE	Х						NONE		NONE	NONE
30) STEPHANIE ANTUNEZ	1.00										
DIRECTOR	NONE	Х						NONE		NONE	NONE
31) BRENT BUCKLEY	1.00										
DIRECTOR	NONE	Х						NONE		NONE	NONE
32) DEBORAH VESY	1.00										
DIRECTOR	NONE	Х						NONE		NONE	NONE
33) MATT CARROLL	1.00										
DIRECTOR	NONE	Х						NONE		NONE	NONE
( 34) LAUREN RICH FINE	1.00										
DIRECTOR	NONE	Х						NONE		NONE	NONE
35) TIMOTHY COSGROVE	1.00										
DIRECTOR	NONE	Х						NONE		NONE	NONE
( 36) RICHARD GROSS	1.00										
DIRECTOR	NONE	x						NONE		NONE	NONE
	1						<b></b>				
1b Sub-total c Total from continuation sheets to Part VII, S	ection A		• •	• •	• •		•				
d Total (add lines 1b and 1c)	-						<b>•</b>				
2 Total number of individuals (including but not							o re	eceived more than	\$100,000	of	
reportable compensation from the organization						,					
											Yes No
3 Did the organization list any former offic	er. directo	or. or	trı	ıste	e.	kev e	emn	olovee, or highest	compens	ated	
employee on line 1a? If "Yes," complete Schedu											3
4 For any individual listed on line 1a, is the											
organization and related organizations gre	sulli ol lep eater than	\$15	กอเ	ነበበን የበበ	pen If	15a1101 "Yes	ı aı	complete Schedu	le .I for	such	
individual											4
5 Did any person listed on line 1a receive or											
for services rendered to the organization? <i>If "Ye</i>											5
Section B. Independent Contractors						22.0.7	,- 01				
1 Complete this table for your five highest com	pensated i	ndepe	ende	ent (	con	tracto	rs t	that received more	than \$100	).000 c	 of
compensation from the organization. Report c											
year.						-			J		
(A)								(B)			(C)
\-\frac{1}{2}							- 1	\-/			\ - /

Name and business address

Description of services

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 ►

Form **990** (2021)

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	ıplo	ye	es,	and F	lig	hest Compensat	ed Employees (	continued)
(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average hours per	(do r	not ci		sition more	e than o	ne	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	box,	unles	ss pe	erson	is both	an	from	related	other
	hours for					tor/trust	_	the	organizations	compensation
	related organizations	ndiv or di	nstii	Officer	(ey	mpl digh	Forme	organization	(W-2/1099-MISC)	from the organization
	below dotted	idua	utio	er	mp	est c	Ē	(W-2/1099-MISC)		and related
	line)	Individual trustee or director	nal t		Key employee	ömp				organizations
		stee	Institutional trustee		0	ens				
			e l			Highest compensated employee				
37) WILLIAM KOEHLER	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
38) JITIN EIDNANI	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
39) SALLY STEWART	1.00									
DIRECTOR	NONE	Х		<u> </u>				NONE	NONE	NONE
40) RICH GARCIA	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
41) TONIKA HAMMONDS	1.00					1				
DIRECTOR	NONE	Х						NONE	NONE	NONE
42) ELIZABETH NEWMAN	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
43) JUDITH EMBRESCIA	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
44) JAMES GEUTHER	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
45) JOSEPH MORFORD	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
46) SHELLY CAYETTE	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
47) PATRICK S MULLIN	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
1b Sub-total							<b>&gt;</b>			
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$			
d Total (add lines 1b and 1c)							<b>&gt;</b>			
2 Total number of individuals (including but not		hose	liste	d al	DOV	e) who	o re	eceived more than	\$100,000 of	
reportable compensation from the organization	1 🚩									Vaa Na
- Dil il										Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede										3
4 For any individual listed on line 1a, is the sorganization and related organizations greater	eater than	\$15	50,0	00?	) If	f "Yes	3, "	complete Schedu	le J for such	
individual										4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>										
- (Δ)								(B)		(C)

Name and business address

Description of services

Compensation

119400

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 ►

Form **990** (2021)

Part VI Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employ	yees (d	continued)	
(A)	(B) (C)							(D)	(E)		(F)	
Name and title	Average	(do r	not cl		ition	e than c	no	Reportable	Reportabl compensation		Estimated amount of	
	hours per week (list any	,				is both		compensation from	relate		other	
	hours for					or/trust	_	the	organiza		compensation	
	related	Indi or d	Insti	Officer	ey	High	Forme	organization	(W-2/1099	-MISC)	from the	
	organizations below dotted	/idua	tutic	ĕr	emp	loye	l er	(W-2/1099-MISC)			organization and related	
	line)	or tre	nal		Key employee	e					organizations	
		Individual trustee or director	Institutional trustee		Õ	pens						
			ee			Highest compensated employee						
( 48) KATINKA DOMOTORFFY	1.00											_
DIRECTOR	NONE	Х						NONE		NONE	NO:	NI
(49) WARD DUMM	1.00											
DIRECTOR	NONE	Х						NONE		NONE	NO:	NI
( 50) ASHELY GEORGE	1.00											
DIRECTOR	NONE	X						NONE		NONE	NO:	NI
( 51) FELICIA WILLIAMS	1.00											
DIRECTOR	NONE	Х						NONE		NONE	NO:	NI
( 52) ADAM ZELWIN	1.00											
DIRECTOR	NONE	Х						NONE		NONE	NO:	NI
( 53) HARRY CARLSON	1.00											
DIRECTOR	NONE	X						NONE		NONE	NO:	NI
54) TRACI ROURKE	1.00											
DIRECTOR	NONE	Х						NONE		NONE	NO:	NE
( 55) KATIE KENNEDY	1.00											
DIRECTOR	NONE	Х						NONE		NONE	NO:	NE
( 56) CHRISTOPHER WILLIAMS	1.00											
DIRECTOR	NONE	X						NONE		NONE	NO:	NE
( 57) KEVIN KELLEY	1.00											
DIRECTOR	NONE	X						NONE		NONE	NO:	NI
( 58) A.D. NAIK	1.00											
DIRECTOR	NONE	Х						NONE		NONE	NO:	NI
1b Sub-total							<b>&gt;</b>					
c Total from continuation sheets to Part VII, S	ection A						<b>&gt;</b>					
d Total (add lines 1b and 1c)							<u> </u>		<u> </u>			
2 Total number of individuals (including but not		hose	liste	d al	bove	e) who	o re	eceived more than	\$100,000	of		
reportable compensation from the organization											V N	_
						_					Yes No	<u> </u>
3 Did the organization list any former offic												
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	IVId	uai	• •						3	
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole d	com	per	satio	n a	nd other compens	sation from	the		
organization and related organizations gre												
individual											4	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo											5	
Section B. Independent Contractors	es, comple	ie sci	ieac	iie J	101	Sucri	ρei	SOII			5	_
Complete this table for your five highest com	pensated i	ndene	ende	ent o	con	tracto	rs t	that received more	than \$100	0.000	of	_
compensation from the organization. Report of year.												
(A)							Τ	(B)			(C)	_

Name and business address

Description of services

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, Tru	ustees, Ke	y En	plc	ye	es,	and I	lig	hest Compensat	ed Employees	(continu	ied)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson	e than c is both tor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	m a	(F) Estimated imount of other impensation	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	or a	from the ganization nd related ganization	on d
59) RICHARD POHLE DIRECTOR	1.00 NONE	x						NONE	NOI	J.F.		NONE
60) SAM PRENTIS	1.00	21						IVOIVE	1401	10		110111
DIRECTOR	NONE	Х						NONE	NOI	1E		NONE
61) DARNELLA ROBERTSON DIRECTOR	1.00 NONE	X						NONE	NOI	1E		NONE
62) DALITHIA SMITH	1.00											
DIRECTOR	NONE	Х						NONE	NOI	1E		NONE
63) ANDREW WATTERSON	1.00											
DIRECTOR	NONE	X						NONE	NOI	1E		NONE
64) JAMES MERZ	1.00							11011	1701			
DIRECTOR CELEBIN	NONE	X						NONE	NOI	<u>ин</u>		NONE
65) BLAINE GRIFFIN	1.00 NONE							NONE	NION			NT ONTE
DIRECTOR 66) TOM DEWEY	1.00	X						NONE	NOI	VE.		NONE
DIRECTOR	NONE	X						NONE	гои	ar.		NONE
								NONE	1101	1		110111
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A				 		<b>&gt; &gt;</b>					
2 Total number of individuals (including but not reportable compensation from the organizatio		hose	liste	d al	bove	e) who	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
<b>4</b> For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	. If	"Yes	s,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individual	5		X
Section B. Independent Contractors												
Complete this table for your five highest componentation from the organization. Report of year.											(	
(A) Name and business add	dress							(B) Description of se	ervices	(C Comper		

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 ► NONE

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### Part VIII Statement of Revenue

		Check if Schedule O	contains a respo	nse or note to ar	ny line in this Part V	/III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
פֿאַ	С	Fundraising events		860,885.				
ifts Ir A	d							
פֿיַּ	e	Government grants (contrib	5,666,820.					
Sin	f	e Government grants (contributions) 1e  f All other contributions, gifts, grants,						
utio er (	-	and similar amounts not includ		15,317,276.				
Ę ģ.	g	Noncash contributions incl						
dat	9	lines 1a-1f		\$				
ခ ရ	h	Total. Add lines 1a-1f			21,844,981.			
		Totali i da ili loci la ili li li		Business Code				
e	20	REIMBURSEMENT BY SCHOOLS		900099	1,409,699.	1,409,699.		
٦ٙ	2a	SCHOLARSHIP ADMIN FEE		900099	202,500.	202,500.		
Se	b				,,,,,,	, , , , , , , ,		
am	C							
Re	d							
Program Service Revenue	e f	All other program service re	Nenue					
	g	Total. Add lines 2a-2f			1,612,199.			
	3							
	•	Investment income (including dividends, other similar amounts)		interest, and	208,863.			208,863.
	4	Income from investment of		d proceeds	NONE			
	5	Royalties	•	•	NONE			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	C	Rental income or (loss) 6c	NON	E NONE				
	d	Net rental income or (loss).			NONE			
	7a	-		(ii) Other				
Ð	b	Less: cost or other basis						
evenue	_	and sales expenses 7b	1,222,420					
eve	С	Gain or (loss) 7c	1,096,376	+				
∝	d	· ,	· · · · · · · · · · · · · · · · · · ·		1,096,376.			1,096,376.
Other	8a		fundraising					
ŏ	Ua	events (not including \$	860,885.					
		of contributions reported						
		1c). See Part IV, line 18		NONE				
	b	Less: direct expenses		153,708.				
	C	Net income or (loss) from f		·	-153,708.			-153,708.
	9a	Gross income from	gaming					
	Ju	activities. See Part IV, line 1	0 0	NONE				
	b	Less: direct expenses		NONE				
	c	Net income or (loss) from			NONE			
	10a	Gross sales of inven	· ·					
		returns and allowances	•	NONE				
	b	Less: cost of goods sold						
_		Net income or (loss) from s			NONE			
s		·		Business Code				
Miscellaneous Revenue	11a	OTHER REVENUE		999999	26,575.	26,575.		
ane	b							
eve	C							
lisc R	d	All other revenue						
≥	е	Total. Add lines 11a-11d	<u> </u>	<b>. .</b>	26,575.			
	12	Total revenue. See instruct			24,635,286.	1,638,774.		1,151,531.

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### 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).

360	Check if Schedule O contains a resp			·	
D-			(B)		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	7,508,638.	7,508,638.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,	1 505 402	1 010 641	150.066	160 076
	trustees, and key employees	1,527,483.	1,213,641.	150,966.	162,876.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	7,111,832.	6,408,519.	263,100.	440,213.
	Pension plan accruals and contributions (include	226,425.	209,241.	7,067.	10,117.
0	section 401(k) and 403(b) employer contributions)	220,123.	200,211.	7,007.	10,117.
9	Other employee benefits	1,007,553.	913,463.	42,592.	51,498.
10	Payroll taxes	573,508.	518,576.	23,470.	31,462.
	Fees for services (nonemployees):	,	,	,	, , , , , , , , , , , , , , , , , , , ,
	Management	NONE			
	Legal	NONE			
	Accounting	NONE			
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	21,007.		21,007.	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	496,345.	384,557.	104,919.	6,869.
12	Advertising and promotion	218,849.	126,401.	88,423.	4,025.
13	Office expenses	172,718.	146,845.	15,560.	10,313.
14	Information technology	229,669.	214,158.	8,359.	7,152.
15	Royalties	NONE	225 021	14 645	06.604
16	Occupancy	379,272.	337,931.	14,647.	26,694.
17	Travel	84,981.	72,801.	8,997.	3,183.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
10	Conferences, conventions, and meetings	147,524.	118,315.	22,695.	6,514.
19 20	Interest	NONE	110,313.	22,000.	0,311.
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	60,903.	48,709.	5,621.	6,573.
23	Insurance	NONE	,	-, -	
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.)				
а	STUDENT ACTIVITIES	1,186,206.	1,184,891.	1,090.	225.
b	EQUIPMENT RENTAL & MAINTENAN	162,859.	109,181.	48,216.	5,462.
	MISC EXPENSE	73,329.	56,799.	13,218.	3,312.
d	STUDENT FEES	13,979.	13,979.		
	All other expenses	6,940.		6,940.	
	Total functional expenses. Add lines 1 through 24e	21,210,020.	19,586,645.	846,887.	776,488.
20	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 if				
	following SOP 98-2 (ASC 958-720)				Form <b>QQ0</b> (2024)

Form 990 (2021)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	250.	1	250.
	2	Savings and temporary cash investments	7,412,988.	2	8,537,805.
	3	Pledges and grants receivable, net	3,944,513.	3	3,491,490.
	4	Accounts receivable, net	1,105,186.	4	3,385,700.
	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	853,893.	5	953,904.
	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).	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
Ä	9	Prepaid expenses and deferred charges	129,715.	9	146,415.
	10 a	Land, buildings, and equipment: cost or other	·		
		basis. Complete Part VI of Schedule D 10a 933,643.			
	b	Less: accumulated depreciation	231,066.	10c	577,274.
	11	Investments - publicly traded securities SEE SCHEDULE .O	10,308,079.	11	10,212,723.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	285,624.	15	242,018.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	24,271,314.	16	27,547,579.
	17	Accounts payable and accrued expenses	351,878.	17	583,274.
	18	Grants payable	2,434,732.	18	3,300,967.
	19	Deferred revenue	1,818,514.	19	2,752,111.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
s	22	Loans and other payables to any current or former officer, director,	110112		110111
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iq		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	NONE	27	IVOIVE
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25			6,636,352.
ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.	1,000,121.		0,030,332.
au	27	Net assets without donor restrictions	2 021 600	27	1 170 610
Bal	28	Net assets with donor restrictions.	3,931,699. 15,734,491.	28	4,470,619. 16,440,608.
Ы	20	Organizations that do not follow FASB ASC 958, check here ▶	15,734,491.	20	10,440,000.
Net Assets or Fund Balances		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
<u>l</u> et	32	Total net assets or fund balances	19,666,190.	32	20,911,227.
_	33	Total liabilities and net assets/fund balances	24,271,314.	33	27,547,579.
					Form <b>990</b> (2021)

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OIIII Ju	(2021)				1 0	gc • =
Part						
	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		24,6		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>21,2</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 25,</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		<u> 19,6</u>	66,	<u> 190</u>
5	Net unrealized gains (losses) on investments	5		-2,1	.80,	<u> 229</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		20,9	11,	227
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accountain	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits .		3b	X	
				Form	990	(2021)

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#### SCHEDULE A (Form 990)

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

34-6580096

Department of the Treasury Internal Revenue Service

Name of the organization

COLLEGE NOW GREATER CLEVELAND, INC.

Employer identification number

Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must	comple	te this p	art.) See instructions	S.			
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)				
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	section 1	70(b)(1)(A)(i).				
2		A school described in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)					
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	)(1)(A)(iii).				
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the			
		hospital's name, city, and st	tate:								
5		An organization operated f		a college or universit	y owne	d or ope	erated by a governme	ental unit described in			
		section 170(b)(1)(A)(iv). (C									
6		A federal, state, or local go	•								
7	X	-	-	ceives a substantial part of its support from a governmental unit or from the general public							
		described in section 170(b)		•							
8		A community trust describe	-		-						
9		An agricultural research org	=			-					
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or			
		university:									
10	An organization that normally receives (1) more than 331/3 % 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 331/3 % 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 <b>section 509(a)(2)</b> . (Complete Part III.)										
11		An organization organized	•	•	•						
12		An organization organized a	•	•				• •			
	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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
							•	=			
а		Type I. A supporting orga	•	•	•		. , ,				
		the supported organization	. , .	• • • •		ajority of	t the directors or truste	es of the			
_		supporting organization.	-					( ) I I I			
b	L	Type II. A supporting org	-				· · · · -	· · · · · -			
		control or management of		=	tne sam	ie persor	ns that control or mar	age the supported			
_	Г	organization(s). You must				ti-	a with and functions	الدنمة معمد ما يبينه			
С	_	Type III functionally integ						ily integrated with,			
4	Г	its supported organization  Type III non-functionally		•				tod organization(s)			
d		that is not functionally into			-						
		requirement (see instruct	-		-		•	a an alterniveness			
е	Г	Check this box if the orga		-				II Tyne III			
C		functionally integrated, or						п, туре ш			
f	Fn	iter the number of supported									
q		ovide the following information									
		lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of			
		-		(described on lines 1-10	1	ur governing	11 1	other support (see			
				above (see instructions))	Yes	Ment?	instructions)	instructions)			
/A\											
(A)											
(B)											
(C)											
(D)											
(E)											
Tot	al										
							1	I			

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,939,659.	12,636,742.	15,138,812.	16,982,616.	21,844,981.	77,542,810.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	10,939,659.	12,636,742.	15,138,812.	16,982,616.	21,844,981.	77,542,810.
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)						NONE
6	Public support. Subtract line 5 from line 4						77,542,810.
	tion B. Total Support						***,***********************************
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	10,939,659.	12,636,742.	15,138,812.	16,982,616.	21,844,981.	77,542,810.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	250,717.	190,350.	115,907.	81,526.	208,863.	847,363.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE	12,520.	19,868.	4,839.	6,474.	26,575.	70,276.
11	Total support. Add lines 7 through 10						78,460,449.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	6,255,966.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Supլ	oort Percentag	ge				
14	Public support percentage for 2021 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	98.83 <b>%</b>
15	Public support percentage from 2020	Schedule A, Pa	rt II, line 14			15	99.56 %
16a	331/3% support test - 2021. If the org	ganization did n	ot check the bo	x on line 13, an	nd line 14 is 33	1/3 % or more, cl	
	box and <b>stop here.</b> The organization qu	•		•			
b	331/3% support test - 2020. If the org						
	this box and <b>stop here.</b> The organization	-		_			
17a	10%-facts-and-circumstances test - 2	•					
	10% or more, and if the organization					•	•
	Part VI how the organization meets t			_			
	organization						
b	10%-facts-and-circumstances test - 2	•					
	15 is 10% or more, and if the organiz					-	•
	in Part VI how the organization meets			_		-	
	organization						
18	Private foundation. If the organizatio						
	instructions						<u> ▶                                  </u>

#### 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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
7 a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	( ) 0047	41,0040	( ) 0040	(1) 0000	( ) 0004	(0 T / 1
Caler	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 10 a	Amounts from line 6.  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						
С	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 organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Supp	oort Percenta	ge				
15	Public support percentage for 2021 (line 8,	column (f), divid	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2020 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	t Income Perd	entage				
17	Investment income percentage for 2021 (lin	ne 10c, column (	f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2020 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2021. If the or	ganization did r	ot check the bo	ox on line 14, ar	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	s box and stop	here. The orga	nization qualifies	as a publicly su	upported organiza	ation 🕨 🔙
b	331/3% support tests - 2020. If the orga	anization did not	check a box on	line 14 or line 1	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check	this box and s	t <b>op here.</b> The or	ganization qualifi	es as a publicly	supported organi	ization 🕨 🔃
20	Private foundation If the organization of						

JSA 1E1221 1.000

#### 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

1	Are all of the organization's supported organizations listed by name in the organization's govern	ning
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated	d 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).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
  - **b** Did one or more disqualified persons (as defined on 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 on 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.**
- 10 a 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.)

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	. ,	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	·	11c		
Section	on B. Type I Supporting Organizations			
	ſ		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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Sactio	on D. All Type III Supporting Organizations	1		
Secur	on 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		163	NO
	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on 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 inst	tructi	ons).	
a b	The organization satisfied the Activities Test. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	e instr	uctions	s).
_			Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	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 <b>Part VI identify those supported organizations and explain</b> 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 on 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 <b>Part VI</b> 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.			
	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 <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in Part VI the role played by the organization in this regard.</i>	3b		

JSA 1E1230 1.000 Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	anization	 S	rage
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ing trust on	Nov. 20, 1970 (expla	
instructions. All other Type III non-functionally integrated supporting orga	nizations r	nust complete Section	
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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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-functional	ally integra	ted Type III supporting	g organization

Schedule A (Form 990) 2021

 Schedule A (Form 990) 2021
 Page 7

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion 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							
3	Administrative expenses paid to accomplish exempt purposes of supported organizations							
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)							
6	Other distributions (describe in Part VI). 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							
	(provide details in Part VI). See instructions.	8						
9	Distributable amount for 2021 from Section C, line 6	9						
10	Line 8 amount divided by line 9 amount	10						

		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
_3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021

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.)

SCHEDULE A, PART II - OTHER INCO	ME					
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
MISCELLANEOUS INCOME	12,520.	19,868.	4,839.	6,474.	26,575.	70,276.
TOTALS	12,520.	19,868.	4,839.	6,474.	26,575.	70,276.

119400

# Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

**Schedule of Contributors** 

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

OMB No. 1545-0047

2021

**Employer identification number** Name of the organization COLLEGE NOW GREATER CLEVELAND, 34-6580096 Organization type (check one): Filers of: Section: X 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), 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

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

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	\$1,348,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	N/A	\$800,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	N/A	\$3,534,576.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	/I-\				
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
No.	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for		
No. 4 (a)	Name, address, and ZIP + 4  N/A  (b)	\$3,025,968.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	Name, address, and ZIP + 4  N/A  (b)  Name, address, and ZIP + 4	\$ 3,025,968.	Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for		

5VB2FP K369

Name of organization

COLLEGE NOW GREATER CLEVELAND INC.

Employer identification number

	COLLEGE NOW GREATER CLEVELAND,	INC.	34-6580096
Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$ 2,526,801.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (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	s of Part II if addition	hal snace is needed
alli	NULLEASH FIUDELLY	(SEE IIISH UCHOHS)	. Use auplicate copies	s of Fart II II audition	iai space is lieeueu.

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

Name of organization Employer identification number COLLEGE NOW GREATER CLEVELAND, INC. 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 (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# SCHEDULE D (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

► 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.

, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Open to Pub

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

Nam	e of the organization		Employer identification number
COI	LEGE NOW GREATER CLEVELAND, INC.	34-6580096	
Pa	rt I Organizations Maintaining Donor Advi		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	131	
2	Aggregate value of contributions to (during year)	2,472,863.	
3	Aggregate value of grants from (during year)	4,284,502.	
4	Aggregate value at end of year	2,230,129.	
5	Did the organization inform all donors and donor	advisors in writing that the assets held	
	funds are the organization's property, subject to the	organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, a	<u> </u>	
	only for charitable purposes and not for the benef		
_	conferring impermissible private benefit?		X Yes No
Pa	rt II Conservation Easements.	W	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example		n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	Held at the End of the Tax Year
	easement on the last day of the tax year.		
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c		2d
3	historic structure listed in the National Register  Number of conservation easements modified, train		
3	tax year >	insterred, released, extinguished, or terr	illiated by the organization during the
4	Number of states where property subject to conse	rvation easement is located	
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, insper		
•	<b>&gt;</b>	g,g,	,g ,
7	Amount of expenses incurred in monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year
	<b>▶</b> \$	3, 3	3 ,
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		cial statements that describes the
	organization's accounting for conservation easeme		
Pa	rt III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under FA of art, historical treasures, or other similar asset	SB ASC 958, not to report in its reven	ue statement and balance sheet works
	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 FA		
	art, historical treasures, or other similar assets hel provide the following amounts relating to these iter		search in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of an		
	following amounts required to be reported under F.	ASB ASC 958 relating to these items:	-
а	Revenue included on Form 990, Part VIII, line 1. Assets included in Form 990, Part X		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		▶ \$

	dule D (Form 990) 2021									Page 2
	rt III Organizations Maintaini									,
3	Using the organization's acquisitio		other recor	ds, check	any of th	e follow	ing that r	nake sigr	nificant us	e of its
	collection items (check all that appl	y):		٦.						
a	Public exhibition		d		or exchang	e progra	m			
b	Scholarly research		e	Other						
C	Preservation for future gener				hara Cardha					: D
4	Provide a description of the organ XIII.	lization's collections	s and expla	ain now t	ney furtne	r the or	ganization	s exemp	t purpose	in Part
5		n aclicit ar receive	donations o	fort bioto	ariaal traaa	uroo or	other aimil	or		
5	During the year, did the organizatio assets to be sold to raise funds rath							_	Yes	No
Da	rt IV Escrow and Custodial A		airieu as pa	ii oi iile c	nyanizatio	ITS COILE	CHOITE		162	NO
ı a	Complete if the organiza	•	es" on For	m 990 P	Part IV line	= 9 orr	enorted a	n amour	nt on Fori	m
	990, Part X, line 21.									
1a	Is the organization an agent, trust			-				ets not _	<b>¬</b>	
_	included on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in	Part XIII and com	plete the fol	llowing tab	ole:			•		
	De alecteu halana							Amount		
	Beginning balance									
	Additions during the year									
e f	Distributions during the year									
	Ending balance  Did the organization include an amount of the organization of th						account lis	hility2	Yes	No
	If "Yes," explain the arrangement in							_		$\dashv$
	rt V Endowment Funds.	TT art Am. Oncor n	CIC II tile C	Apiariation	nas been p	oroviaca	on an An	<u>'</u>	<u></u>	
ıa	Complete if the organiza	tion answered "Ye	es" on For	m 990. F	Part IV. line	e 10.				
		(a) Current year	(b) Prio		(c) Two year		(d) Three y	ears back	(e) Four ye	ears back
1 2	Beginning of year balance	11,047,152.	8,52	25,120.	8,303,	252.	8,2	15,810.	8,10	2,079.
h	Contributions	954,762.		01,432.		908.		03,675.		4,901.
c	Net investment earnings, gains,									
·	and losses	-770,080.	2,17	79,904.	450,	616.	1'	78,581.	49	0,722.
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs	337,042.	28	88,005.	273,	120.	20	51,739.	41	7,712.
f	Administrative expenses	66,140.		71,299.	63,	,536.		63,075.	6	4,180.
g	End of year balance	10,828,652.	11,04	47,152.	8,525,	120.	8,30	3,252.	8,24	5,810.
2	Provide the estimated percentage Board designated or quasi-endowm	of the current year		e (line 1g,	column (a)	) held as	:			
	Permanent endowment ► 72.00									
		%								
	The percentages on lines 2a, 2b, a	nd 2c should equal	100%.							
3a	Are there endowment funds not in t	•		ation that	are held ar	nd admii	nistered for	the		
	organization by:	·	Ü						Ye	es No
	(i) Unrelated organizations								3a(i)	Х
	(ii) Related organizations								3a(ii)	Х
b	If "Yes" on line 3a(ii), are the relate	d organizations liste	ed as require	ed on Sch	edule R?.				3b	
4	Describe in Part XIII the intended u	ses of the organiza								
Pa	rt VI Land, Buildings, and Equ	ipment.	00" on Fai	rm 000 [	Oort I\ / 15-	0 110	Soo Form	000 D-	rt V lin =	10
	Complete if the organiza	(a) Cost o	es" on For r other basis stment)	(b) Cost of	or other basis ther)	(c) Ac	cumulated eciation		Irt X, IIne  I) Book value	
	Land		штопц	(0)		чері	COIGUOIT			
b	Buildings									

56,600.

482,758.

394,285.

16,451

339,918.

577, 274. Schedule D (Form 990) 2021

40,149.

142,840.

394,285.

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

c Leasehold improvements......d Equipment......

Part VII Investments - Other Securities.		
	d "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
Financial derivatives		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

(1) Financi	al derivatives			
	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (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 valuati Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h) must a sual Farms 000. Part V. cal. (P) line 42.)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	), Part IV, line 11d. See Form 990,	Part X, line 15.
	<b>(a)</b> De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) l	line 15.)		
Part X	Other Liabilities.  Complete if the organization answered line 25.			n 990, Part X,
1.		otion of liability		(b) Book value
	ral income taxes			(=, ===: value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	#1			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
•	or uncertain tax positions. In Part XIII, provide the		-	

JSA 1E1270 1.000

5VB2FP K369 119400

Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	1	21,177,358.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		, , ,	
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d	2e	-2,026,521.	
	Subtract line 2e from line 1	3	23,203,879.	
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		23,203,013.	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
a b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	4c	1,431,407.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	24,635,286.	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	19,932,321.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e	153,708.	
3	Subtract line 2e from line 1	3	19,778,613.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	4c	1,431,407.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	21,210,020.	
	Supplemental Information.			
Provide 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; FXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V,	line 4; Part X, line	
SEE	SUPPLEMENTAL PAGE			

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 \$153,708

SCHEDULE D, PART XII, #2D

OTHER EXPENSES SPECIAL EVENTS EXPENSES \$153,708

SCHEDULE D, PART XI, #4B

STUDENT AWARDS AND GRANTS DESIGNATED

BY DONORS FOR SPECIFIC BENEFICIARIES \$1,431,407

### Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, #4B

STUDENT AWARDS AND GRANTS DESIGNATED

BY DONORS FOR SPECIFIC BENEFICIARIES \$1,431,407

#### **SCHEDULE G** (Form 990)

Department of the Treasury

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Employer identification number G

	LEGE NOW GREATER CLEVELAND				\	34-658009	
Part		-			Yes" on Form 99	90, Part IV, line 1	7.
	Form 990-EZ filers are not re	·			activities Chack	all that apply	
1	Indicate whether the organization raised funds through any of the following activities. Check all that apply.    Mail solicitations   e   Solicitation of non-government grants						
a							
b	Internet and email solicitations  f Solicitation of government grants						
C	Phone solicitations g Special fundraising events						
d	In-person solicitations						
	Did the organization have a written of or key employees listed in Form 990, If "Yes," list the 10 highest paid indiccompensated at least \$5,000 by the organization of the second street in the second	Part VII) or entity viduals or entities	in connec	ction with p	orofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		coi. (i)	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				<b>•</b>			
3	List all states in which the organizat registration or licensing.				contributions or	has been notified	it is exempt from

 Schedule G (Form 990) 2021
 Page 2

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

Revenue						
/enne			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
/enne			GOLF OUTING	LUNCHEON	NONE	(add col. (a) through
/enue			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Je						
Re	1	Gross receipts	273,046.	587,839.		860,885.
Re						
	2	Less: Contributions	273,046.	587,839.		860,885.
	3	Gross income (line 1 minus				
_		line 2)				
	_					
	4	Cash prizes				
	_					
	5	Noncash prizes				
es	_	B .// !!!				
nS	6	Rent/facility costs	2,859.	123,403.		126,262.
be	_					
ш	7	Food and beverages				
Direct Expenses	_					
Dir	8	Entertainment				
	_					
	9	Other direct expenses	20,545.	6,901.		27,446.
		B:	4.4	/ D		
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (a)		153,708.
	11	Net income summary. Subtract lin				-153,708.
Pa	rt I			Yes" on Form 990, F	Part IV, line 19, or	reported more than
		\$15,000 on Form 990-EZ, lin	e ba.			T
ne			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	4	•	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
			., ,		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Gross revenue	., ,		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	2	Cash prizes			(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	2				(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	2	Cash prizes			(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	2	Cash prizes			(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses   Revenue	3 4	Cash prizes  Noncash prizes  Rent/facility costs			(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	3 4	Cash prizes		bingo/progressive bingo		col. (a) through col. (c))
	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	Yes%	bingo/progressive bingo	Yes%	col. (a) through col. (c))
	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs		bingo/progressive bingo		col. (a) through col. (c))
	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes %	bingo/progressive bingo  Yes%  No	Yes%	col. (a) through col. (c))
	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	Yes %	bingo/progressive bingo  Yes%  No	Yes%	col. (a) through col. (c))
	2 3 4 5 6 7	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add line	Yes % No es 2 through 5 in colu	Yes% No	Yes% No	col. (a) through col. (c))
	2 3 4 5 6 7	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes % No es 2 through 5 in colu	Yes% No	Yes% No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add ling  Net gaming income summary. Summary.	Yes % No es 2 through 5 in colu	Yes% No  1, column (d)	Yes% No	col. (a) through col. (c))
<b>ω</b> Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lin  Net gaming income summary. Su  Enter the state(s) in which the organize	Yes % No  es 2 through 5 in colu  ubtract line 7 from line anization conducts ga	Yes%  No  I, column (d)  ming activities:	Yes%No	col. (a) through col. (c))
<b>o</b> Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add link  Net gaming income summary. Su  Enter the state(s) in which the organization licensed to con	Yes % No  es 2 through 5 in colu ubtract line 7 from line anization conducts ga duct gaming activities	Yes%  No  mn (d)  1, column (d)  ming activities: in each of these state	Yes%No	col. (a) through col. (c))
<b>ω</b> Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add link  Net gaming income summary. Su  Enter the state(s) in which the organization licensed to con	Yes % No  es 2 through 5 in colu  ubtract line 7 from line anization conducts ga	Yes%  No  mn (d)  1, column (d)  ming activities: in each of these state	Yes%No	col. (a) through col. (c))
<b>o</b> Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add link  Net gaming income summary. Su  Enter the state(s) in which the organization licensed to con	Yes % No  es 2 through 5 in colu ubtract line 7 from line anization conducts ga duct gaming activities	Yes%  No  mn (d)  1, column (d)  ming activities: in each of these state	Yes%No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add line  Net gaming income summary. Su  Enter the state(s) in which the organization licensed to con  If "No," explain:	Yes % No  es 2 through 5 in colu  ubtract line 7 from line anization conducts ga duct gaming activities	Yes%  No  mn (d)  1, column (d)  ming activities: in each of these state	Yes% No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add line  Net gaming income summary. Su  Enter the state(s) in which the orgals the organization licensed to con  If "No," explain:  Were any of the organization's gaming	Yes % No  es 2 through 5 in colu  ubtract line 7 from line anization conducts ga duct gaming activities	Yes%  No  mn (d)  1, column (d)  ming activities: in each of these state	Yes% No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add line  Net gaming income summary. Su  Enter the state(s) in which the orgalis the organization licensed to con  If "No," explain:  Were any of the organization's gaming	Yes % No  es 2 through 5 in colu  ubtract line 7 from line anization conducts ga duct gaming activities	Yes% No mn (d)  1, column (d)  ming activities: in each of these states  pended, or terminated do	Yes% No	col. (a) through col. (c))

Does the organization conduct gaming activities with nonmembers?  Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Indicate the percentage of gaming activity conducted in:  The organization's facility		Page 3							
Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No							
formed to administer charitable gaming?  Indicate the percentage of gaming activity conducted in:  The organization's facility  An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name   Address  Is a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization   and the amount of gaming revenue retained by the third party  \$									
Indicate the percentage of gaming activity conducted in:  a The organization's facility  b An outside facility  Inter the name and address of the person who prepares the organization's gaming/special events books and records:  Name ▶  Address ▶  Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	Yes	No							
a The organization's facility b An outside facility  13b  14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name ▶									
b An outside facility		%							
<ul> <li>Enter the name and address of the person who prepares the organization's gaming/special events books and records:</li> <li>Name ▶</li></ul>		%							
Address ▶									
<ul> <li>Does the organization have a contract with a third party from whom the organization receives gaming revenue?</li> <li>If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$</li> </ul>									
revenue?									
revenue?									
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	Yes	No							
amount of gaming revenue retained by the third party ▶ \$									
If "Yes," enter name and address of the third party:									
and data oct of the time party.									
Name ►	Name ►								
Address ▶									
16 Gaming manager information:									
Name ▶									
Gaming manager compensation ▶\$	Gaming manager compensation ▶ \$								
Description of services provided ▶	Description of services provided ▶								
Director/officer Employee Independent contractor									
17 Mandatory distributions:									
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		_							
retain the state gaming license?		No							
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organization	S								
or spent in the organization's own exempt activities during the tax year > \$									
Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info (see instructions).									

### SCHEDULE I (Form 990)

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

2021

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificati	on number
COLLEGE NOW GREATER CLEVELAND,						34-6580096	
Part I General Information on Grants	and Assistand	e					
<ol> <li>Does the organization maintain records to the selection criteria used to award the gr</li> <li>Describe in Part IV the organization's pro</li> </ol>	ants or assistan	ce?					X Yes No
Part IV, line 21, for any recipier		•					es" on Form 990,
(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 noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul><li>2 Enter total number of section 501(c)(3) a</li><li>3 Enter total number of other organizations</li></ul>	•	•					

Schedule I (Form 990) (2021)

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.

(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
SCHOLARSHIP AWARDS	2,457	7,508,638.			
-	=,==	.,,			
!					
3					
1					
i					
3					
,					

**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)

**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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COLLEGE NOW GREATER CLEVELAND, INC.

Employer identification number 34-6580096

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel Travel for companions Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account 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	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
•	1a?	2	X	
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.  X Compensation committee  Independent compensation consultant X Compensation survey or study X 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?	4a 4b	X	Х
b c	Participate in or receive payment from an equity-based compensation arrangement?	46 4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		A
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
6	If "Yes" on line 5a or 5b, describe in Part III.  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:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	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.	7		Х
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
		<u> </u>		l

Schedule J (Form 990) 2021

### 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.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-MISC and/or 1099-NEC compensation		(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
LEE FRIEDMAN	(i)	369,859.	100,000.	NONE	14,500.	22,658.	507,017.	NONE
1 CHIEF EXECUTIVE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ALENKA WINSLETT	(i)	209,128.	42,000.	NONE	12,795.	9,953.	273,876.	NONE
2 CHIEF OPERATING OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHELE SCOTT-TAYLOR	(i)	180,242.	57,000.	NONE	12,450.	20,647.	270,339.	NONE
3 CHIEF PROGRAMS OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KITTIE WARSHAWSKY	(i)	178,371.	50,000.	NONE	12,007.	21,645.	262,023.	NONE
4 CHIEF DEVELOPMENT OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARK MAGYAR	(i)	144,648.	50,000.	NONE	9,986.	9,594.	214,228.	NONE
5 CHIEF FINANCIAL OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARGARET ARMOUR	(i)	145,485.	8,000.	NONE	7,860.	7,963.	169,308.	NONE
6 HIED COMPACT PROJECT DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
_11	(ii)							
	(i)							
_12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2021

### 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/LUNCHES 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

Schedule J (Form 990) 2021

### Part | 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.

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)

Department of the Treasury

Internal Revenue Service

## **Transactions With Interested Persons**

► 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.

OMB No. 1545-0047

Open To Public Inspection

**Employer identification number** Name of the organization COLLEGE NOW GREATER CLEVELAND, INC 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. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year 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. (b) Relationship (f) Balance due (g) In default? (h) Approved (i) Written (a) Name of interested person (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? SEE SUPPLEMENTAL PAGE From Yes No Yes No Yes No (1) (2) (3)(4)(5)(6)(7) (8)(9)(10)Total 953,904 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 (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2) (3)(4)(5)(6)(7) (8) (9)

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

Schedule L (Form 990) 2021

(10)

### 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	organi	naring of ization's nues?
				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).

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.

#### **Business Transactions Involving Interested Persons.** Part IV

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	organi	naring of ization's nues?
				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
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(A/B) NAME AND RELATIONSHIP	(C) PURPOSE OF LOAN	(D) LOAN	(E) ORIGINAL	(F) BALANCE DUE	(G) IN DEFAULT?	(H) APPROVED	(I) WRITTEN
		TO FROM			YES NO	YES NO	YES NO
LEE FRIEDMAN		Х	638,658.	789,019	х х	X	X
CEO	LIFE INSURAN	NCE					
ALENKA WINSLETT		X	155,000.	164,885	x x	X	Х
200	LIFE INSURA	NCE					

953,904.

TOTAL

=========

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

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

### 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

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.

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

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

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 Employer identification number

PAGE 6, PART VI, SECTION A, #2

FAMILY OR BUSINESS RELATIONSHIP

TOM DEWEY HAS A BUSINESS RELATIONSHIP.

Name of the organization

COLLEGE NOW GREATER CLEVELAND, INC.

Employer identification number

34-6580096

FORM 990, PART III - PROGRAM SERVICE

### LINE 4A, PROGRAM SERVICE

\_\_\_\_\_

FINANCIAL AID: COLLEGE NOW GREATER CLEVELAND AWARDED SCHOLARSHIPS TO MORE THAN 2,300 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 OVER \$7.5 MILLION IN THE 2021-2022 ACADEMIC YEAR. COLLEGE NOW HELPS TO ENSURE SUCCESSFUL TRANSITIONS TO AND THROUGH THE FIRST YEAR OF 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 1,700 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, COLLEGE NOW HAS SERVED HUNDREDS OF THOUSANDS OF INDIVIDUALS AND AWARDED SOME \$94.5 MILLION IN SCHOLARSHIPS TO NORTHEAST OHIO STUDENTS AND ADULT LEARNERS.

### LINE 4B, PROGRAM SERVICE

-----

ADVISORY SERVICES: COLLEGE NOW GREATER CLEVELAND PROVIDED COLLEGE AND CAREER ACCESS ADVISING, STUDENT FINANCIAL AID COUNSELING, SCHOLARSHIP, AND RETENTION SERVICES TO OVER 31,000 NORTHEAST OHIO STUDENTS AND INDIVIDUALS IN ONE-ON-ONE AND GROUP SESSIONS. DURING THE 2021-2022 ACADEMIC YEAR, COLLEGE NOW SERVED STUDENTS VIRTUALLY AND IN APPROXIMATELY 185 VENUES, INCLUDING MORE THAN 90 MIDDLE AND HIGH SCHOOLS IN CUYAHOGA, LAKE, LORAIN, MEDINA, RICHLAND, 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

Schedule O (Form 990 or 990-EZ) 2021

JSA

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

FORM 990, PART III - PROGRAM SERVICE 

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 - 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.

Name of the organization	Employer identifi	cation number				
COLLEGE NOW GREATER CLEVELAN	D, INC.	34-6580096				
FORM 990, PART III, LINE 4D - OTHER F						
DESCRIPTION	GRANTS	EXPENSES	REVENUE			
SPECIAL SERVICES		7,492,562.	26,575.			
	TOTALS	7,492,562.	26,575.			

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Page 2

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

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES \_\_\_\_\_\_

	ENDING	COST
DESCRIPTION	BOOK VALUE	OR FMV
FIXED INCOME FUNDS	2,315,021.	FMV
EQUITY FUNDS	6,583,724.	FMV
ALTERNATIVE INVESTMENT FUNDS	1,313,978.	FMV
TOTALS	10,212,723.	

10,212,723. =========