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CLIENT'S COPY



NOVEMBER 14, 2022

SERVE CITY 622 EAST AVE HAMILTON, OH 45011 ATTENTION: LARRY WALLACE, BOARD CHAIR

DEAR MR. WALLACE

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2021 FORM 990

PUBLIC INSPECTION COPY OF FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

ANNA M HELFEN CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

SERVE CITY 622 EAST AVE HAMILTON, OH 45011

PREPARED BY:

CLARK, SCHAEFER, HACKETT & CO. 10100 INNOVATION DRIVE DAYTON, OH 45342

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2022

Form 8879-TE		RS e-file Signature Au for a Tax Exempt	uthorization Entity	ŀ	OMB No. 1545-0047
	For calendar year 2021,	or fiscal year beginning, 202	1, and ending	, 20	2021
Department of the Treasury		Do not send to the IRS. Keep for			2021
Internal Revenue Service		Go to www.irs.gov/Form8879TE for th	ne latest information.		
Name of filer				EIN or SSN	
SERVE				31-17	46150
Name and title of officer or pe		LARRY WALLACE			
		BOARD CHAIR			
Part I Type of I	Return and Ret	urn Information			
Form 5330 filers may enter or 10a below, and the amo	r dollars and cents. I ount on that line for t	using this Form 8879-TE and enter the a For all other forms, enter whole dollars of the return being filed with this form was l). But, if you entered -0- on the return, th	nly. If you check the box o blank, then leave line 1b,	n line 1a, 2a, 3 2b, 3b, 4b, 5b, 6	a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	ere 🚬 🕨 🗶	b Total revenue, if any (Form 990, Pa	rt VIII, column (A), line 12)		њ <u>1,154,292.</u>
2a Form 990-EZ che	ck here 🕨 📃	b Total revenue, if any (Form 990-EZ,	line 9)		2b
3a Form 1120-POL	check here 🕨 📃	b Total tax (Form 1120-POL, line 22)			3b
4a Form 990-PF che	ck here 🕨 🗌	b Tax based on investment income			4b
5a Form 8868 check	here	b Balance due (Form 8868, line 3c)			5b
6a Form 990-T checl		b Total tax (Form 990-T, Part III, line 4			6b
7a Form 4720 check	here	b Total tax (Form 4720, Part III, line 1			
8a Form 5227 check		b FMV of assets at end of tax year (3b
9a Form 5330 check		b Tax due (Form 5330, Part II, line 19)	, ,		9b
10a Form 8038-CP ch		b Amount of credit payment reques	·		10b
		re Authorization of Officer or I			
Under penalties of perjury,	I declare that X	I am an officer of the above entity or			
of entity)		, (EIN) a	ind that I have e	examined a copy of the
financial institution to debi later than 2 business days payment of taxes to receiv personal identification nun PIN: check one box only	t the entry to this ac prior to the paymen e confidential inform nber (PIN) as my sign	ted in the tax preparation software for pa count. To revoke a payment, I must com t (settlement) date. I also authorize the fi nation necessary to answer inquiries and nature for the electronic return and, if ap	tact the U.S. Treasury Fina nancial institutions involve resolve issues related to t	ncial Agent at 1 d in the process he payment. I ha	-888-353-4537 no sing of the electronic ave selected a
X I authorize CL	ARK, SCHAE	FER, HACKETT & CO.		to enter my PIN	64869
		ERO firm name			Enter five numbers, but
					do not enter all zeros
with a state age on the return's o As an officer or p return. If I have i	ncy(ies) regulating cl lisclosure consent so person subject to ta ndicated within this	x with respect to the entity, I will enter m return that a copy of the return is being t	gram, I also authorize the a y PIN as my signature on t filed with a state agency(ie	forementioned he tax year 202	ERO to enter my PIN 1 electronically filed
IKS Fed/State p	rogram, i will enter n	ny PIN on the return's disclosure consen	t screen.		
Signature of officer or person subject Part III Certifica	tion and Authe	ntication		Date	
ERO's EFIN/PIN. Enter yo					
number (EFIN) followed by	-	-	3130810042 Do not enter all zero		
		I, which is my signature on the 2021 elect equirements of Pub. 4163, Modernized			
ERO's signature 🕨	RK, SCHAEF	ER, HACKETT & CO.	Date ▶11	14/22	
	E	RO Must Retain This Form - S	ee Instructions		
	Do Not Su	bmit This Form to the IRS Unle	ess Requested To De	o So	
LHA For Privacy act and		tion Act Notice, see instructions.			Form 8879-TE (2021)
102521 01-11-22					

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре с					Taxpayer identification number (TIN)			
print	SERVE CITY				31-1746150			
File by th due date filing you	for Number, street, and room or suite no. If a P.O. bo	ox, see instruct	ions.					
return. So instructio		a foreign add	ress, see instructions.					
Enter t	he Return Code for the return that this application is fo	r (file a separat	te application for each return)					
Applic	ation	Return	Application			Return		
ls For		Code	Is For			Code		
Form 9	990 or Form 990-EZ	01	Form 1041-A			08		
Form 4	1720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	990-PF	04	Form 5227			10		
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	990-T (trust other than above)	06	Form 8870			12		
Form §	990-T (corporation) DAVID D HOOD	07						
• If th • If th box • 1 I 1	request an automatic 6-month extension of time until the organization named above. The extension is for the ►	igit Group Exe and atta NOVE1 organization's , an s, check rease	mption Number (GEN), <u>ch a list with the names and TINs of</u> <u>MBER 15, 2022</u> , to file return for: d ending on: Initial return	f this is fo all membe	r the whole g ers the exten npt organizat	group, check this asion is for.		
	f this application is for Forms 990-PF, 990-T, 4720, or 6 any nonrefundable credits. See instructions.	069, enter the	tentative tax, less	3a	\$	0.		
	f this application is for Forms 990-PF, 990-T, 4720, or 6			0	¢	0.		
-	estimated tax payments made. Include any prior year of			3b	\$	0.		
	Balance due. Subtract line 3b from line 3a. Include you			0.	¢	0.		
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	_		
instruc	on: If you are going to make an electronic funds withdra tions.	iwai (direct del	Dit) with this form 8868, see form 84	+53-1 E and	a Form 88/9	- i ⊨ tor payment		
LHA	For Privacy Act and Paperwork Reduction Act Not	ice, see instru	ictions.		Form 8	8868 (Rev. 1-2022)		

123841 01-12-22

Form	qqn
Form	330

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2022 Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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



AF	or th	e 2021 calendar year, or tax year beginning and	ending		
B c	Check if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre	SERVE CITY			
	Name	Doing business as		31-17461	50
	Initial return		Room/suite	E Telephone number	
	Final return	622 EAST AVE		51367354	72
	termir ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	1,205,411.
	Amen	HAMILION, OH 45011		H(a) Is this a group re	
	Applic tion pendi	F Name and address of principal officer: DARKI WALLACE		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: $X = 501(c)(3) = 501(c)()$ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		te: WWW.SERVECITYCHOSEN.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other ►	L Year	of formation: 2000 N	State of legal domicile: OH
Pa	art I	Summary	<u> </u>		
e	1	Briefly describe the organization's mission or most significant activities: <u>A.</u> T			
Activities & Governance		POOR, LOW INCOME, HOMELESS, OPPRESSED, AF			
ern	2	Check this box if the organization discontinued its operations or disposed by the second sec			ets. 11
200	3				11
~	4	Number of independent voting members of the governing body (Part VI, line 1b)		27	
ties	-	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		1644	
îtivi		Total number of volunteers (estimate if necessary)			0.
Ao		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		796,873.	966,394.
Revenue	9	Program service revenue (Part VIII, line 2g)	146,591.	169,412.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		51.	18,425.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,987.	61.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		948,502.	1,154,292.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		406,742.	412,096.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		298,991.	464,536.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
- dx	b	Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		356,869.	397,400.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,062,602.	1,274,032.
	19	Revenue less expenses. Subtract line 18 from line 12		-114,100.	-119,740.
Assets or d Balances			Be	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		1,903,852.	1,801,825.
et A:	21	Total liabilities (Part X, line 26)		17,611.	35,324.
		Net assets or fund balances. Subtract line 21 from line 20		1,886,241.	1,766,501.
Pa	art II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date								
Here	LARRY WALLACE, BOARD CHAIR									
	Type or print name and title									
	Print/Type preparer's name Preparer's signature	Date Check PTIN								
Paid	ANNA M HELFEN CPA ANNA M HELFEN CPA	11/14/22 self-employed P01686651								
Preparer	Firm's name 🕒 CLARK, SCHAEFER, HACKETT & CO.	Firm's EIN ▶ 31-0800053								
Use Only	Firm's address 10100 INNOVATION DRIVE									
DAYTON, OH 45342 Phone no.937-226-007										
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	I32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) SERVE CITY	31-1746150 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO MEET THE NEEDS OF THE POOR, LOW INCOME, HOMELESS, OPP	
	AFFLICTED, UNDEREDUCATED, DISABLED, OR OTHERWISE NEEDY P. BUTLER COUNTY, OHIO.	
	BOTHER COONTI, ONIO.	
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 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 services?	Yes 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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$576,559. including grants of \$0. (Revenue)	ue\$ 169,473.)
4a	(Code:) (Expenses \$576,559. including grants of \$) (Revenue PROVIDED SHELTER, AFFORDABLE HOUSING, TRANSPORTATION, JO	
	TRAINING, COUNSELING, AND MEDICAL TREATMENT TO HOMELESS	
	RISK OF BEING HOMELESS.	
4b	(Code:) (Expenses \$531,234 • including grants of \$412,096 •) (Reven	ue\$0•_)
40	PROVIDED EMERGENCY FOOD PANTRY MEAL PROGRAMS, CLOTHING, 2	
	TO APPROXIMATELY 8,500 FAMILIES.	
4c	(Code:) (Expenses \$ including grants of \$) (Reven	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,107,793.	
		Form 990 (2021)
13200	2 12-09-21	

	t IV Checklist of Required Schedules	100	F	aye •
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	
•	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 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?			v
	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	10		x
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100	х	
Ь	Schedule D, Parts XI and XII	<u>12a</u>	<u></u>	<u> </u>
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
.e 14a	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			1
	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 for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."	18		
19		19		x
20a	complete Schedule G, Part III 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		X
132003	12-09-21	Form	990	(2021)

132003 12-09-21

Form 990 (2021)

SERVE CITY

1 0	Checkist of hequied Schedules (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
04-	Schedule J	23		
248	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	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с С	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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	<u>28a</u>		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
~~	"Yes," complete Schedule L, Part IV	28c	x	X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	^	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
21	contributions? If "Yes," complete Schedule M	30 31		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		- 23
32		32		x
33	Schedule N, Part II 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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 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			
	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 19?			1
Do	Note: All Form 990 filers are required to complete Schedule O	38	X	i
Pa				
	Check if Schedule O contains a response or note to any line in this Part V		Vaa	
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4		Yes	No
b				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c	х	

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Form 990 (2021)

Form 990 (2021) SERVE CITY Part IV Checklist of Required Schedules (c

Form	990 (2021) SERVE CITY 31-1746	150	P	_{age} 5
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 27		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	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			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
a	If "Yes," enter the name of the foreign country			
Ea	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ea		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 5c		<u>~</u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		
D		6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.0		
Ū	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		·	
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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 <u>N/A</u> <u>12b</u>			
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? N/A	<u>13a</u>		
-	Note: 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 13b			
	Enter the amount of reserves on hand 13c			77
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>л</u>
17	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 activities that would result in the imposition of an excise tax under section 4951 , 4952 or 49532 N/A	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? <u>N/A</u> If "Yes," complete Form 6069.			
132005	11-Yes, complete Form 6069.	Form	990	(2021)
102005				(2021)

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_	1 990 (2021) SERVE CITY rt VI Governance, Management, and Disclosure. For each "Ves" response to lines 2 to		31-174			age
Fai	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 t to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	hrough 7b Soo inst	below, and for	a "No" i	respor	ise
						X
Soc	Check if Schedule O contains a response or note to any line in this Part VI					
500	tion A. doverning body and management				Yes	
19	Enter the number of voting members of the governing body at the end of the tax year	1a	1	1	Tes	N
14	If there are material differences in voting rights among members of the governing body or if the governing			-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
Ŀ.			1	1		
	Enter the number of voting members included on line 1a, above, who are independent			±-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					2
•	officer, director, trustee, or key employee?			2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the		•			Ι.
4	Did the organization make any significant changes to its governing documents since the prior Form S					Σ Σ
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Σ Σ
6	Did the organization have members or stockholders?			6		2
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholde	rs, or			_
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
	The governing body?			<u>8a</u>	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		2
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Co	de.)		1	
					Yes	-
10a	Did the organization have local chapters, branches, or affiliates?			10a		2
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, af	filiates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before fi	iling the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflict	s?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," desc	cribe			
	on Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13		X
4	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 and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, ,				
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b		2
-	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 similar arranger	nent with	2			
104	taxable entity during the year?			16a		2
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			104		-
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation of the organization of	•	leipation			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure	<u></u>				I
17						b la
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	na 990-1 (section 501(c)(a	s)s oniy)	avalla	DIE
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of ir	iterest policy, a	nd finan	cial	
• •	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and re	ecords 🕨			
	DAVID D HOOD - 5137560171					
	622 EAST AVE, HAMILTON, OH 45011				000	
32006	5 12-09-21			Form	1 990	(20
11	.14 758050 4000043-508 2021.05000 SERVE CI	TΥ			40	00

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Form 990 (2021)	SERVE CITY		Page 7
Part VII Comper	nsation of Officers, Directors, Trustees, Key	r Employees, Highest Compensated	
Employe	ees, and Independent Contractors		
Check if Se	chedule O contains a response or note to any line in this	Part VII	
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Cor	npensated Employees	
1a Complete this table	e for all persons required to be listed. Report compensation	on for the calendar year ending with or within the organization's ta	ax 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.

• 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.

(A)	(B)) (C)						(D)	(E)	(F)
Name and title	Average	(do		Pos	ition		ane	Reportable	Reportable	Estimated		
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of		
	week		cer an I	id a d	irecto	r/trus I	tee)	from	from related	other		
	(list any	rector						the	organizations	compensation		
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the		
	related organizations	ustee	trust		ee	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related		
	below	ual tr	tional		yolqr	t con /ee	_	1099-INEC)		organizations		
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) DAVID HOOD	40.00		_		-							
EXECUTIVE DIRECTOR		x		x				77,107.	0.	0.		
(2) LARRY WALLACE	5.00											
CHAIR		Х		х				0.	Ο.	0.		
(3) AARON SIMPSON	2.00											
VICE-CHAIR & SECRETARY		Х		х				0.	Ο.	0.		
(4) ELLIE DINGER	2.00											
TREASURER		Х		Х				0.	0.	0.		
(5) JOSEPH BRAUN	2.00											
TRUSTEE		Х						0.	0.	0.		
(6) DON CULBERTSON	2.00											
TRUSTEE		Х						0.	0.	0.		
(7) BRANDON DANE	2.00											
TRUSTEE		Х						0.	0.	0.		
(8) PAT GAY	2.00											
TRUSTEE		Х						0.	0.	0.		
(9) ADRIAN JACKSON	2.00											
TRUSTEE		Х						0.	0.	0.		
(10) MELINA SIEBERT	2.00											
TRUSTEE		Х						0.	0.	0.		
(11) MATT TUCKER	5.00									_		
TRUSTEE		Х						0.	0.	0.		
(12) WILMA ZIEGLER	2.00									-		
TRUSTEE		Х						0.	0.	0.		
		•										
132007 12-09-21										Form 990 (2021)		

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Form **990** (2021)

	<u>1990 (2021) SERVE CIT</u>									31-17	4615	0	Page 8
Par	t VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C		s (continued)			
	(A) Name and title	(B) Average hours per week	box,	not c unles	Posi heck r ss per id a di	ition more son i:	than o s both	ı an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amour othe	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	;/	from from organiz and rel rganiza	sation the ation ated
			Inc	sul	Off	Key	Hig	Бo					
	Subtotal								77,107.		0.		0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								77,107.		0.		0.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		N.	0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st			-	•	-				•	3	Ye	s No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable 0,000? If "Yes,	e co " <i>coi</i>	mpe mple	ensat ete S	tion Sche	and edule	oth 9 <i>J f</i>	ner compensation from the for such individual	he organization			X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors										5		X
1	Complete this table for your five highest cor	mpensated ind	eper	nder	nt co	ontra	actor	rs tł	nat received more than \$	100,000 of compe	nsation	from	
	the organization. Report compensation for t (A) Name and business					ith c	or wi	thin	<u>i the organization's tax y</u> (B) Description of s		Com	(C) pensat	ion
			NC		<u> </u>				Description of s		0011	perioal	
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	to t	thos C		ted	above) who received mo	ore than			

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Parl	t VIII	2021) SER	ven	ue					31-1746	150 Pag
		Check if Schedule O	conta	ins a respo	onse d	or note to any line				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und
										sections 512 -
nts		Federated campaigns								
ηοι		Membership dues								
Ān		Fundraising events								
ilar		Related organizations				425,091.				
Sim		Government grants (contr				425,091.				
er	т	All other contributions, gifts,				541,303.				
G		similar amounts not included				408,059.				
and Other Similar Amounts	-	Noncash contributions included in					966,394.			
a	n	Total. Add lines 1a-1f				Business Code	900,394.			
	0.0	RENTAL INCOME	I.			532000	169,412.	169,412.		
						552000	107,412.	105,412.		
Ine	b c									
ven	d									
Řevenue	e e									
		All other program service	rever	nue						
		Total. Add lines 2a-2f					169,412.			
	3	Investment income (includ					/			
		other similar amounts)	•							
	4	Income from investment of								
	5	Royalties		· · · · · · · · · · · · · · · · · · ·		🕨				
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss))			►				
	7 a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a			69,544.				
	b	Less: cost or other basis								
anua		and sales expenses	7b			51,119.				
Vell	с	Gain or (loss)	7c			18,425.				
	d	Net gain or (loss)				>	18,425.			18,42
e	8 a	Gross income from fundraising								
5		including \$		of						
		contributions reported on		,						
		Part IV, line 18			<u>8a</u>					
		Less: direct expenses			8b					
		Net income or (loss) from				🕨				
	9 a	Gross income from gamin	-							
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from			s	▶				
	iu a	Gross sales of inventory, I			40.					
	L.	and allowances			10a 10b					
		Less: cost of goods sold				· · · · · · · · · · · · · · · · · · ·				
+	С	Net income or (loss) from	sales	or invento	ıy	Business Code				
	11 -	MISCELLANEOUS				900099	61.	61.		
anc	n a b				_		010	<u> </u>		
ver	c b				_					
Revenue		All other revenue			_					
		Total. Add lines 11a-11d					61.			
	5	Total revenue. See instruction					1,154,292.	169,473.	0.	18,42

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	412,096.	412,096.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	77,577.	63,054.	11,634.	2,889.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	255 406	000 510	E4 055	10.444
7	Other salaries and wages	357,486.	292,718.	51,357.	13,411.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	00 472		1 265	1 0 2 1
10	Payroll taxes	29,473.	26,877.	1,365.	1,231.
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f					
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	50,028.	2,525.	39,493.	8,010.
12	Advertising and promotion	50,020.	2,525.	55,455.	0,010.
13	Office expenses	16,598.	10,381.	5,719.	498.
14	Information technology	41,059.	28,273.	12,786.	
15	Royalties	11,0051	20,2,00		
16	Occupancy	96,848.	95,653.	1,195.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	102.	70.	32.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	117,239.	111,377.	3,517.	2,345.
23	Insurance				
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	REPAIRS & MAINTENANCE	29,310.	27,069.	2,241.	0.
b	INSURANCE & TAXES	26,921.	25,694.	736.	491.
С	PROGRAM SUPPLIES	9,701.	9,573.	128.	0.
d	TRANSPORTATION COSTS	5,264.	78.	5,186.	0.
	All other expenses	4,330.	2,355.	1,975.	20.075
25	Total functional expenses. Add lines 1 through 24e	1,274,032.	1,107,793.	137,364.	28,875.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				000

Form 990 (2021)

SERVE CITY Part IX Statement of Functional Expenses

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

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

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Form 990 (2021)

	<u>1 990 (</u>					31-	1746150 Page 11
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			59,154.	1	36,302.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			0.	3	17,651.
	4	Accounts receivable, net			282.	4	0.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial cor	ntributor, or 35%			
		controlled entity or family member of any of these	e person	s		5	
	6	Loans and other receivables from other disqualifi	ed perso	ons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
ts	7	Notes and loans receivable, net		L		7	
Assets	8	Inventories for sale or use				8	
◄	9	Prepaid expenses and deferred charges		·····	7,695.	9	0.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,978,669.	1 026 801		1 747 070
		Less: accumulated depreciation	10b	1,230,797.	1,836,721.		1,747,872.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,903,852.	15 16	1 801 825		
	16 17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			16,944.	17	<u>1,801,825.</u> 29,279.
	18		10,944.	17			
	19	Grants payable Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete P		21			
6	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa					
lide		controlled entity or family member of any of these		22			
Ë	23	Secured mortgages and notes payable to unrelat		23			
	24	Unsecured notes and loans payable to unrelated			24		
	25	Other liabilities (including federal income tax, pay	ables to	related third			
		parties, and other liabilities not included on lines					
		of Schedule D	667.	25	<u>6,045.</u> 35,324.		
	26	Total liabilities. Add lines 17 through 25			17,611.	26	35,324.
		Organizations that follow FASB ASC 958, chec	k here				
ICes		and complete lines 27, 28, 32, and 33.			CC0 110		
alar	27			·····	662,112.	27	665,042.
ä	28				1,224,129.	28	1,101,459.
ũ		Organizations that do not follow FASB ASC 95	8, checl	k here 🕨 🛄			
л Т		and complete lines 29 through 33.					
jts (29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc Total net assets or fund balances			1,886,241.	31 32	1,766,501.
Ž	32 33			······ -	1,903,852.	32 33	1,801,825.
	00		<u></u>		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Form 990 (2021)

10231114 758050 4000043-508

SERVE CITY

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,766,501 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII XII	_e 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1,154,292 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,274,032 3 Revenue less expenses. Subtract line 2 from line 1 3 -119,740 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,886,241 5 5 6 5 6 7 Investment expenses 7 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 1,766,501 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X	
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,274,032 3 Revenue less expenses. Subtract line 2 from line 1 3 -119,740 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,886,241 5 5 5 6 7 1nvestment expenses 6 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 1,766,501 1,766,501 Yes Nite	
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,274,032 3 Revenue less expenses. Subtract line 2 from line 1 3 -119,740 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,886,241 5 5 5 6 7 1nvestment expenses 6 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 1,766,501 1,766,501 Yes Nite	
3 Revenue less expenses. Subtract line 2 from line 1 3 -119,740 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,886,241 5 5 6 6 7 6 7 8 7 8 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,766,501 Part XII Financial Statements and Reporting X X	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,886,241 5 5 6 5 7 6 7 7 8 7 9 0 10 1,766,501 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X	
5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 1 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,766,501 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	
6 0onated services and use of facilities 7 6 7 7 8 7 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,766,501 Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X	1.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,766,501 Part XII Financial Statements and Reporting X Yes Check if Schedule O contains a response or note to any line in this Part XII X	
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,766,501 Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X	
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,766,501 Part XII Financial Statements and Reporting 10 1,766,501 Check if Schedule O contains a response or note to any line in this Part XII X	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,766,501 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X	
column (B)) 10 1,766,501 Part XII Financial Statements and Reporting Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Xii Schedule O contains a response or note to any line in this Part XII	0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X Yes Yes	
Check if Schedule O contains a response or note to any line in this Part XII	1.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	No
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
X Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
	<u>X</u>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(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

Name of the	e organization
-------------	----------------

Nam	e of t	the organization							identification number		
De	- 1		E CITY	/ .					1-1746150		
Pa		Reason for Public (ee instruction	S.			
	organ	ization is not a private found		•		,					
1		A church, convention of ch				on 170(b)(1	l)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5				lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X										
		section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
		university:									
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		activities related to its exem							-		
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.									
		See section 509(a)(2). (Complete Part III.)									
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or									
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on										
		lines 12a through 12d that	• •			-		-			
а		Type I. A supporting orga		-	• • • •	-					
		the supported organization			majority c	of the direc	tors or truste	es of the su	upporting		
		organization. You must o	-								
b		Type II. A supporting org	-				-		-		
		control or management of the supporting organization vested in the same persons that control or manage the supported									
		organization(s). You must complete Part IV, Sections A and C.									
с		Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,									
		its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.									
d		Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)									
		that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness									
	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.										
е	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.										
	Ente	er the number of supported of		any integrated supporting	ng organiz	ation.					
		vide the following information	-	d organization(s)							
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	ing document? No	support (see ir	structions)	support (see instructions)		
				above (see instructions)							
Tota	a l						1				

Schedule A (Form 990) 2021

SERVE CITY

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 340, 649. 326, 185. 753, 962. 796, 873. 966, 394. 3184063 2 Tax revenues levied for the organization without charge 340, 649. 326, 185. 753, 962. 796, 873. 966, 394. 3184063 3 The value of services or facilities furnished by a governmental unit to the organization without charge 340, 649. 326, 185. 753, 962. 796, 873. 966, 394. 3184063 3 The value of services or facilities from itset 340, 649. 326, 185. 753, 962. 796, 873. 966, 394. 3184063 3 Total Add lines 1 through 3 340, 649. 326, 185. 753, 962. 796, 873. 966, 394. 3184063 6 Public support. Submact line 5 from itset. 340, 649. 326, 185. 753, 962. 796, 873. 966, 394. 3184063 6 Cross income from interest, divisers, payments received on securities loans, rents, royalties, and income from similar sources and income from similar sources and income from similar sources and income from unseled business activities, whether or not the busines is regularly carried on increaset (Cpiani asse		Sect								
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13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	(see instructions)									
	, , , , , , , , , , , , , , , , , , , ,									
Section C. Computation of Public Support Percentage	upport Percentage	Sect								
14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 80.62										
15 Public support percentage from 2020 Schedule A, Part II, line 14										
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and										
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box										
and stop here. The organization qualifies as a publicly supported organization	· · · · ·									
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,										
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization										
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	-									
more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the										
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	ances test. The organization qualifies as a publicly supported organ	C								
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	I not check a box on line 13, 16a, 16b, 17a, or 17b, check this box	18 I								

Schedule A (Form 990) 2021

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Schedule A	(Form 990) 202
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SERVE CITY

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	ction A. Public Support		-			-	
Cale	ndar year (or fiscal year beginning in) 🕨 🛛	(a) 2017	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨 🗌	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section &	501(c)(3) organiz	ation,
	check this box and stop here						
Sec	ction C. Computation of Public	c Support Pe	rcentage				
15	Public support percentage for 2021 (lin	ne 8, column (f), d	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colu	ımn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from 2	2020 Schedule A,	, Part III, line 17 $_{.}$			18	%
19a	33 1/3% support tests - 2021. If the	organization did	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box an	d stop here. The	e organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2020. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	%, and
	line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organizatio	on ►
20	Private foundation. If the organization	<u>n did not check a</u>	u box on line 14, 19	a, or 19b, check t	his box and see in	structions	
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1

2

3a

3b

3c

4a

Yes No

Part IV Supporting Organizations

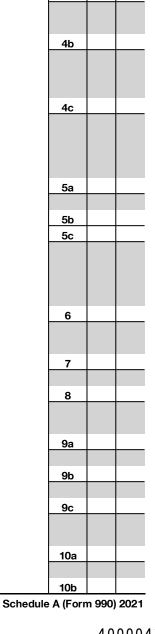
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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Part	IV	Suppor	ting	Organizations	(co	ntinued)
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No

Yes No

			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		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or	controlled the supporting organization.	
Section C. Type	II Supporting Organizations	

 Yes

 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

 1

Section D. Al	I Type III	Suppo	rting Orgar	nizations	;		

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described 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 Part VI the role the organization's		
	supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

see instructions).
see

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c	The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).	
C	The organization supported a governmental entity.	Describe in Part VI now you supported a governmental entity (see instruction <u>s).</u>	

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990) 2021 SERVE CITY			31-1746150 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain ii</i>	n Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations mu		•	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
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-function	ally integrate	d Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2021

31-1746150 Page 6

132026 01-04-22

10231114 758050 4000043-508

Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 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 a From 2016 **b** From 2017 \$

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) 1 Amounts paid to supported organizations to accomplish exempt purposes

SERVE CITY

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

1

2

3

4

5

6

7

8 9

10

(ii)

Current Year

(iii)

Distributable

Amount for 2021

c From 2018 d From 2019 e 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: a Applied to underdistributions of prior years b Applied to 2021 distributable amount c 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: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021 Schedule A (Form 990) 2021

(i)

Schedule A (Form 990) 2021

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2021 from Section C, line 6

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

10 Line 8 amount divided by line 9 amount

Section D - Distributions

2

3

4

6

7

8

9

1

10231114 758050 4000043-508

Part Will Supplemental Information. Provide the explanations received by Part II, line 10; Part II, Section D, lines 1 and 2; Part IV, Section D, lines 1 and 2; Part IV, Section D, line 10; Part II, line 112; Part IV, Section D, line 10; Part II, line 112; Part IV, Section D, line 10; Part IV, Section D, line 10; Part IV, Section D, line 2, S, and 6. Also complete this part for any adoitonal information. See instructions.) See instructions. See instructions.	Schedule A	(Form 990) 2021	SERVE	CITY			31-1746150 Page 8
	Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. P , 2, 3b, 3c, 4 lines 2 and 3	rovide the explanation b, 4c, 5a, 6, 9a, 9b, 9c s; Part IV, Section E, lir	c, 11a, 11b, and 11c; Par nes 1c, 2a, 2b, 3a, and 3l	t IV, Section B, lines 1 b; Part V, line 1; Part \	[.] 17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,
132028 01-04-22 Schedule A (Form 990)	132028 01-04-2	2					Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

S	ERVE CITY	31-1746150
Organization type (check		
Filers of:	Section:	
Form 990 or 990-EZ	X 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

X 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 totaling \$5,000 or more during the year $\dots \longrightarrow$

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 **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

	B (Form 990) (2021)		Page 2
Name of o	rganization		Employer identification number
SERVE	CITY		31-1746150
Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
<u> 1</u>	SHARED HARVEST FOODBANK 5901 DIXIE HWY FAIRFIELD, OH 45014	\$408,0	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
2	U.S. SMALL BUSINESS ADMINISTRATION <u>409 3RD ST SW</u> <u>WASHINGTON, DC 20416</u>	\$47,2	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
123452 11-1		\$	Person Payroll Occupient Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

	B (Form 990) (2021)			Page 3
Name of o	rganization		Emplo	yer identification number
SERVE	CITY		31	-1746150
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	FOOD			
		\$408,0	59.	_07/01/21
(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
		\$		

123453 11-11-21

Schedule B (Form 990) (2021)

40000431

Name of org	ganization		Employer identification number
SERVE	CITY		31-1746150
Part III		a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gift	
-	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		e) Transfer of gift	
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gift	[
F	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
123454 11-11-:	21	25	Schedule B (Form 990) (2021

2021.05000 SERVE CITY

SCHEDULE D)
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Department of the Treasury

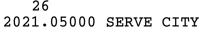
Internal Revenue Service Name of the organization

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

OMB No. 1545-0047 **Open to Public** Inspection

Employer identification number **2**1 1746160

Dee	SERVE CITY			31-1/46150
Par			milar Funds or A	CCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised	l funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets hele	d in donor advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gra	nt funds can be used o	only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any	other purpose confer	ring
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	tion in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic stru			2c
	Number of conservation easements included in (c) acquired a			
	listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rel			
-	year	eucou, chingaloneu, chie	in aloca by the ergan	
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		on handling of	
Ū	violations, and enforcement of the conservation easements it	U		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
Ŭ		nanaling of violations, and		shi babbinonto danng tito you
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enf	orcina conservation ea	sements during the year
•	S		orong conservation ea	isomente danng the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements	of section $170(h)(4)(R)$) <i>(</i> i)
Ŭ	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
5	balance sheet, and include, if applicable, the text of the footn		·	
	organization's accounting for conservation easements.	iote to the organization s		lat describes the
Par	t III Organizations Maintaining Collections of	Art. Historical Trea	sures. or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form			
10	If the organization elected, as permitted under FASB ASC 95		nuo statomont and bal	anco shoot works
Ia	of art, historical treasures, or other similar assets held for put			
h	service, provide in Part XIII the text of the footnote to its finar			a abaat warka of
D.	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in fuitherand	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
•		auroa, ar athar aimilar aa		
2	If the organization received or held works of art, historical treater following any second to be received as a second sec		C .	provide
_	the following amounts required to be reported under FASB A	-		
	Revenue included on Form 990, Part VIII, line 1			N A
	For Paperwork Reduction Act Notice, see the Instructions	s tor form 990.		Schedule D (Form 990) 2021
132051	10-28-21			



Sche	dule D (Form 990) 2021 SERVE C					31-17			age 2		
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Ti	reasures, or Ot	her Sim	ilar Asset	contin	ued)			
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	e following that mal	ke significa	ant use of its					
	collection items (check all that apply):										
а	Public exhibition	d		kchange program							
b	Scholarly research	e	• Dther								
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit of				nilar asset	s	-		1		
Der	to be sold to raise funds rather than to be m						Yes		No		
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizat	ion answered "Yes	" on Form	990, Part IV,	line 9, or				
			·			I					
а	Is the organization an agent, trustee, custod						Vee		1		
L	on Form 990, Part X?					L	Yes		No		
b	In res, explain the arrangement in Part XIII	and complete the lo	lowing table.		Г		Amount				
с	Beginning balance					lc	,	-			
	Additions during the year					Id					
	Distributions during the year					le					
	Ending balance					1f					
	Did the organization include an amount on F						Yes		No		
	If "Yes," explain the arrangement in Part XIII				•				j		
Par	t V Endowment Funds. Complete	if the organization an	swered "Yes" on I	Form 990, Part IV, I	ine 10.						
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Th	ree years back	(e) Four	years	back		
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column	(a)) held as:							
а	Board designated or quasi-endowment		_%								
	Permanent endowment										
с	Term endowment	_%									
-	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administered fo	or the orga	anization	Г	Yes	No		
	by:						0-(1)	165			
	(i) Unrelated organizations						3a(i)				
Ь	(ii) Related organizations						3a(ii) 3b				
U A	Describe in Part XIII the intended uses of the			<i>(</i>			30				
Par	t VI Land, Buildings, and Equipm		wittent funds.								
	Complete if the organization answere), Part IV, line 11a.	See Form 990, Pa	t X, line 10	D.					
	Description of property	(a) Cost or o			c) Accumi		(d) Bool	< value	 }		
	becomption of property	basis (investr	• • •	is (other)	deprecia		(u) 2001	(value			
1 a	Land		,	43,600.			4	3,60	0.		
b	Buildings				1,144	,811.	1,59				
	Leasehold improvements			85,514.		,695.),81			
	Equipment			08,761.		,291.		7,47			
	Other										
	Add lines 1a through 1e. (Column (d) must e		X. column (B). line	10c.)		🕨	1,74	7,87	12.		
_	· · · ·			· · · · · ·							

Schedule D (Form 990) 2021

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Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	of yoor morket yolyo
	(b) BOOK value	(c) Method of Valuation. Cost of end	or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	on Form 000 Dort IV line	11a Cas Form 000 Dart V line 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of yoor more that you
	(b) BOOK value	(c) Method of valuation. Cost of end	or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Part IX Other Assets. Complete if the organization answered "Yes"	on Form 000 Dort IV line	11d See Form 000 Dart V line 15	
	Description		(b) Book value
	Description		(b) BOOK value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) EMPLOYEE WITHHOLDINGS			229.
(3) PTO ACCRUAL			5,816.
(4)			
(5)			
(6)			
(6) (7)			
(7)			6,045.

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 SERVE CITY		31-1	.746150 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenu	le per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	L.		
1	Total revenue, gains, and other support per audited financial statements		1	1,154,292.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	. 2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,154,292.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			1,154,292.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expen	ses per Return	-
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	L.		
1	Total expenses and losses per audited financial statements		1	1,274,032.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	. 2a		
b	Prior year adjustments	_ 2 b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	. 2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,274,032.
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.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			1,274,032.
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

132054 10-28-21

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SCHEDU			arants and Oth					OMB No. 1545-0047
(Form 99	90)		vernments, ar					2021
Department	of the Treasury	Compi	ete il the organizatio	Attach to For		rt IV, line 2 i or 22.		Open to Public
	enue Service		Go to www.in	rs.gov/Form990 fo		nation.		Inspection
Name of	the organization SERVE CIT	Y						Employer identification number 31-1746150
Part I	General Information on Grants a	nd Assistance						
	es the organization maintain records t teria used to award the grants or assis							
2 De	scribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II	Grants and Other Assistance to recipient that received more than S	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	ter total number of section 501(c)(3) a							······· • •
-	ter total number of other organization							

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

Schedule I (Form 990) 2021

Page 2

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 noncash assistance
				FEEDING AMERICA COST	PANTRY PROGRAM DESCRIPTION
ONATED FOOD	10923	٥.	408,059.	STUDY	PROVIDED IN PART III LINE IV-B

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

FORM 990, PART I, LINE 2

ORGANIZATION MAINTAINS RECORDS OF ALL RECIPIENTS AND ITEMS RECEIVED

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ſ ZUZ **Open to Public** Inspection

Internal Revenue Service		Go to www.irs.gov/Form990 for instructions and the latest information.
Name of the organization	1	

Employer identification number
31-1746150

SERVE CITY

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d Method of d noncash contrib g	letermining	S
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other \dots						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	X	500	408,059	• WEIGHT-BASE	<u>ID ESTI</u>	MAT
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()						
26	Other ► ()						
27	Other ► ()						
28	Other 🕨 ()						
29	Number of Forms 8283 received by the organiz					0	
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29		0	
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date						37
	exempt purposes for the entire holding period?	?				30a	X
	If "Yes," describe the arrangement in Part II.						37
31	Does the organization have a gift acceptance p					31	X
32a	Does the organization hire or use third parties contributions?		•			32a	x
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is ch	necked,		
	describe in Part II.			. ,			

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

Schedule M (Form 990) 2021

132141 11-17-21

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
132142 11-17-2	Schedule M (Form 990) 2021

10231114 758050 4000043-508

Schedule M (Form 990) 2021 SERVE CITY

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

31-1746150

SERVE CITY

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISABLED, OR OTHERWISE NEEDY PEOPLE OF BUTLER COUNTY, OHIO.

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11A EXPLANATION: PRESIDENT AND TREASURER REVIEW 990 PRIOR TO FILING.

A COPY IS MADE AVAILABLE TO ALL BOARD MEMBERS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

A DISCLOSURE FORM MUST BE SIGNED ANNUALLY BY BOARD AND MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 15A:

DETERMINED BY BOARD, BASED ON COMPENSATION AT OTHER AREA NON-PROFITS.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED.

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

Schedule O (Form 990) 2021

Statement for Revenue Procedure 2021-48

Taxpayer Taxpayer	's Address 62	RVE CITY 2 EAST AVE MILTON, OH	45011			
Taxpayer		-1746150	49011			
	ayer is applying t		Revenue Procedure 2021-48 of tax year	2021		
						Was the loan forgiven as of the date of
Year of Loan			Description		Tax-Exempt Income	the return is filed?
2021	PAYCHECK	PROTECTION	PROGRAM		47,200.	<u> </u>

103801 02-28-22