Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt from Income Tax

Under Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545 0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning , 2001, and ending , 20

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See specific instructions.

WESTSIDE INDUSTRIAL RETENTION &
EXPANSION NETWORK
6516 DETROIT AVENUE #3
CLEVELAND, OH 44102-3057

D Employer Identification Number: 34-1596116

E Telephone number: 216-631-7330

F Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to Section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If yes enter number of affiliates ►

H (c) Are all affiliates included? ☐ Yes ☐ No (If no attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Web site ► WWW WIRE-NET ORG

I Enter 4-digit group GEN ►

J Organization type (check only one) ► ☒ 501(c) 3 ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ► ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return**

M Check ► ☐ if the organization is not required to attach Schedule B (Form 990, 990 EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 1,126,101

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	473,007		
b	Indirect public support	1b	101,483		
c	Government contributions (grants)	1c	454,717		
d	Total (add lines 1a through 1c) (cash $ 1,029,207 noncash $)			1d	1,029,207
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	36,436
3	Membership dues and assessments			3	49,550
4	Interest on savings and temporary cash investments			4	9,090
5	Dividends and interest from securities			5	
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7	Other investment income (describe ►)			7	

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory		8a	
b	Less cost or other basis and sales expenses		8b	
c	Gain or (loss) (attach schedule)		8c	

d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
9	Special events and activities (attach schedule)				
a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11	Other revenue (from Part VII, line 103)			11	1,818
12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	1,126,101
13	Program services (from line 44, column (B))			13	988,310
14	Management and general (from line 44, column (C))			14	214,520
15	Fundraising (from line 44, column (D))			15	46,042
16	Payments to affiliates (attach schedule)			16	
17	**Total expenses** (add lines 16 and 44, column (A))			17	1,248,872
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	-122,771
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	912,234
20	Other changes in net assets or fund balances (attach explanation)			20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	789,463

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Part II **Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b 8b, 9b, 10b or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash $ ____ non cash $ ____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	69,600	62,376	4,148	3,076
26 Other salaries and wages	26	516,038	462,474	30,778	22,786
27 Pension plan contributions	27				
28 Other employee benefits	28	61,469	49,867	7,352	4,250
29 Payroll taxes	29	51,464	41,749	6,156	3,559
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	19,129	6,686	10,409	2,034
34 Telephone	34	9,796	1,849	7,947	
35 Postage and shipping	35	5,341	1,025	4,316	
36 Occupancy	36	35,652	4,860	30,792	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	17,217	8,941	5,216	3,060
39 Travel	39	13,836	13,339	325	172
40 Conferences, conventions, and meetings	40	21,068	10,240	5,601	5,227
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	16,632		16,632	
43 Other expenses not covered above (itemize) a SEE STATEMENT 1	43a	411,630	324,904	84,848	1,878
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,248,872	988,310	214,520	46,042

Joint Costs Check ► ☐ if you are following SOP 98 2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ► ☐ **Yes** ☒ **No**

If 'Yes,' enter **(i)** the aggregate amount of these joint costs $ ________, **(ii)** the amount allocated to program services $ ________, **(iii)** the amount allocated to management and general $ ________, and **(iv)** the amount allocated to fundraising $

Part III **Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? ► NEIGHBORHOOD DEVELOPMENT

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a SEE STATEMENT 2 (Grants and allocations $)	988,310
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), program services) ►	988,310.

Part IV Balance Sheets (See instructions)

Note	*Where required, attached schedules and amounts within the description column should be for end of year amounts only*			(A) Beginning of year		(B) End of year
	45 Cash – non interest-bearing			26,477	45	5,444
	46 Savings and temporary cash investments			317,537	46	32,559
	47a Accounts receivable	47a	85,371			
	b Less allowance for doubtful accounts	47b		45,071	47c	85,371
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable			252,551	49	369,345
ASSETS	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes & loans receivable (attach sch) SEE ST 3	51a	355,440			
	b Less allowance for doubtful accounts	51b		340,441	51c	355,440
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			9,334	53	1,900
	54 Investments – securities (attach schedule) ► ☐ Cost ☐ FMV				54	
	55a Investments – land, buildings, & equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments – other (attach schedule)				56	
	57a Land, buildings, and equipment basis	57a	141,428			
	b Less accumulated depreciation (attach schedule) STATEMENT 4	57b	77,402	41,380	57c	64,026
	58 Other assets (describe ► SEE STATEMENT 5)			526	58	526
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			1,033,317	59	914,611
LIABILITIES	60 Accounts payable and accrued expenses			71,083	60	76,779
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe ► SEE STATEMENT 6)			50,000	65	48,369
	66 **Total liabilities** (add lines 60 through 65)			121,083	66	125,148
NET ASSETS OR FUND BALANCES	**Organizations that follow SFAS 117, check here** ► [X] and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted			912,234	67	732,744
	68 Temporarily restricted				68	56,719
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72, column (A) **must** equal line 19 and column (B) **must** equal line 21)			912,234	73	789,463
	74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)			1,033,317	74	914,611

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements ►	a	1,126,101
b	Amounts included on line a but not on line 12, Form 990		
	(1) Net unrealized gains on investments $		
	(2) Donated services and use of facilities $		
	(3) Recoveries of prior year grants $		
	(4) Other (specify) $		
	Add amounts on lines (1) through (4) ►	b	
c	Line a minus line b ►	c	1,126,101
d	Amounts included on line 12, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify) $		
	Add amounts on lines (1) and (2) ►	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ►	e	1,126,101

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ►	a	1,248,872
b	Amounts included on line a but not on line 17, Form 990		
	(1) Donated services and use of facilities $		
	(2) Prior year adjustments reported on line 20, Form 990 $		
	(3) Losses reported on line 20, Form 990 $		
	(4) Other (specify) $		
	Add amounts on lines (1) through (4) ►	b	
c	Line a minus line b ►	c	1,248,872
d	Amounts included on line 17, Form 990 but not on line a.		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify) $		
	Add amounts on lines (1) and (2) ►	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ►	e	1,248,872

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 7		69,600	2,925	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ► ☐ Yes ☒ No

If 'Yes,' attach schedule – see instructions

Part VI Other Information (See specific instructions)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a		X
b	If 'Yes,' enter the name of the organization ► N/A and check whether it is ☐ exempt **or** ☐ nonexempt			
81 a	Enter direct or indirect political expenditures See line 81 instructions — 81a: 0			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) — 82b: N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations* **a** Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If 'Yes' was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members — 85c: N/A			
d	Section 162(e) lobbying and political expenditures — 85d: N/A			
e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices — 85e: N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f: N/A			
g	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) organizations* Enter **a** Initiation fees and capital contributions included on line 12 — 86a: N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b: N/A			
87	*501(c)(12) organizations* Enter **a** Gross income from members or shareholders — 87a: N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) — 87b: N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301 7701 2 and 301 7701-3? If 'Yes,' complete Part IX	88	X	
89 a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under Section 4911 ► 0 , Section 4912 ► 0 , Section 4955 ► 0			
b	*501(c)(3) and 501(c)(4) organizations* Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958 ► 0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ► 0			
90 a	List the states with which a copy of this return is filed ► OHIO			
b	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	12	
91	The books are in care of ► JOHN COLM Telephone number ► 216-631-7330 Located at ► 6516 DETROIT AVE , CLEVE , OHIO ZIP + 4 ► 44102			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041*** — Check here N/A ► ☐ and enter the amount of tax exempt interest received or accrued during the tax year ► 92 N/A			

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a PROJECT MANAGEMENT					27,900
b SEMINARS/LUNCHEONS					8,536
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					49,550
95 Interest on savings & temporary cash invmnts			14	9,090	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b REIMBURSEMENTS					1,818
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				9,090	87,804
105 Total (add line 104, columns (B), (D), and (E)) ►					96,894

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 8

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
WIRE-NET DEVELOPMENT CO	100.000 %	LAND DEVELOPMENT	0	348,758
6516 DETROIT AVE	%			
CLEVELAND, OHIO 44102	%			
34-1823485	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).*

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.

Please ► 7/3/02

Date

[redacted]

EXECUTWE DIRECTOR

Date | Check if | Preparer's SSN or PTIN (see General Instruction W)

[redacted]

Schedule A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information – (See separate instructions)

Supplementary Information — (see separate instructions)

► **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545 0047

2001

Name of the Organization: WESTSIDE INDUSTRIAL RETENTION & EXPANSION NETWORK

Employer Identification Number: 34-1596116

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See instructions List each one If there are none, enter 'None ')

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOAN T COOK 6516 DETROIT, CLEVE , OH	ASSOC DIRECTOR 40+	54,178	3,187	0
Total number of other employees paid over $50 000 ►	0			

Part II **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See instructions List each one (whether individuals or firms) If there are none, enter 'None ')

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ► 0		

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ. Schedule **A** (Form 990 or 990-EZ) 2001

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Part III Statements About Activities (See instructions)

		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. ► $ N/A **(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)**	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A Other organizations checking 'Yes,' must complete Part VI B **and** attach a statement giving a detailed description of the lobbying activities			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)*			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE FORM 990, PART V	2d	X	
e Transfer of any part of its income or assets?	2e		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See **Note** below.)	3		X
4 Do you have a section 403(b) annuity plan for your employees?	4		X

Note *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments*

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ► ______

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A.)

11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)

11 b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A.)

12 ☐ An organization that normally receives **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3).)

Provide the following information about the supported organizations (See instructions.)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ *An organization organized and operated to test for public safety Section 509(a)(4) (See instructions.)*

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

Calendar year (or fiscal year beginning in) ►	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,054,495	1,008,246	927,342	754,027	3,744,110
16 Membership fees received	49,250	45,100	50,170	57,604	202,124
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization s charitable, etc, purpose	3,344	19,585	26,535	10,066	59,530
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	23,343	17,556	50,170	21,096	112,165
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,130,432	1,090,487	1,054,217	842,793	4,117,929
24 Line 23 minus line 17	1,127,088	1,070,902	1,027,682	832,727	4,058,399
25 Enter 1% of line 23	11,304	10,905	10,542	8,428	

26 Organizations described on lines 10 or 11 **a** Enter 2% of amount in column (e), line 24 ► **26a** 81,168

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a **Do not file this list with your return** Enter the total of all these excess amounts ► **26b**

c Total support for Section 509(a)(1) test Enter line 24, column (e) ► **26c** 4,058,399

d Add Amounts from column (e) for lines 18 112,165 19 ______ 22 ______ 26b ______ **26d** 112,165

e Public support (line 26c minus line 26d total) ► **26e** 3,946,234

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ► **26f** 97 24 %

27 Organizations described on line 12. N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person ' **Do not file this list with your return** Enter the sum of such amounts for each year

(2000) ____________ (1999) ____________ (1998) ____________ (1997) ____________

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2000) ____________ (1999) ____________ (1998) ____________ (1997) ____________

c Add Amounts from column (e) for lines **15** ______ **16** ______ **17** ______ **20** ______ **21** ______ **27c**

d Add Line 27a total ______ and line 27b total ______ **27d**

e Public support (line 27c total minus line 27d total) ► **27e**

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ► **27f**

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ► **27g** %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ► **27h** %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return** Do not include these grants in line 15

Part V Private School Questionnaire (See instructions)
(To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)

(To be completed Only by an eligible organization that filed Form 5768)

N/A

Check ► a ☐ if the organization belongs to an affiliated group Check ► b ☐ if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table —			
If the amount on line 40 is — / **The lobbying nontaxable amount is —**			
Not over $500,000 / 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 / $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 / $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 / $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		
Caution *If there is an amount on either line 43 or line 44, you must file Form 4720*			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	**(a)** 2001	**(b)** 2000	**(c)** 1999	**(d)** 1998	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51 a (i)		X
(ii) Other assets	a (ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b (i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b (ii)		X
(iii) Rental of facilities, equipment, or other assets	b (iii)		X
(iv) Reimbursement arrangements	b (iv)		X
(v) Loans or loan guarantees	b (v)		X
(vi) Performance of services or membership or fundraising solicitations	b (vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is 'Yes,' complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule B
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545 0047

2001

Name of Organization WESTSIDE INDUSTRIAL RETENTION & EXPANSION NETWORK

Employer Identification Number 34-1596116

Organization type (check one)

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 box(es) for both the general rule and a special rule — see instructions)*

General Rule –

[ ] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules –

[X] For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

[ ] For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

[ ] For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to 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 Do not complete any of the Parts unless the general rule applies to this orgainization because it received nonexclusively religious, charitable, etc , contributions of $5,000 or more duing the year) ► $ ______

Caution· *Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990-EZ, or 990 PF) but* ***must*** *check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990 PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990 EZ, or 990 PF)*

Schedule B (Form 990, 990-EZ, 990-PF) (2001) Page 1 to 2 of Part I

Name of Organization: WESTSIDE INDUSTRIAL RETENTION &

Employer Identification Number: 34-1596116

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 161,732	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
2		$ 52,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
3		$ 101,483	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
4		$ 157,987.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution.)
5		$ 80,703	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
6		$ 75,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution.)

Name of Organization: WESTSIDE INDUSTRIAL RETENTION &

Employer Identification Number: 34-1596116

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
8		$ 68,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
9		$ 20,888	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
10		$ 177,639	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is noncash contribution)

FEDERAL STATEMENTS

WESTSIDE INDUSTRIAL RETENTION &
EXPANSION NETWORK

34-1596116

STATEMENT 1
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	29,444	21,658	7,786	
BANK FEES	94		94	
CONTRACTUAL SERVICES	120,536	80,336	39,520	680
DUES & SUBSCRIPTIONS	13,254	10,790	2,464	
INSURANCE	2,455		2,455	
LICENSES & TAXES	491	235	256	
MISCELLANEOUS	193		193	
PROFESSIONAL & CONSULTING	29,401		29,401	
SCHOLARSHIP AWARD	2,998	2,798		200
SECURITY PROGRAM	75	75		
SEMINARS/LUNCHEONS	8,369	8,369		
TRAINING & EDUCATION	195,463	191,846	2,679	938
UNCOLLECTIBLE ACCOUNTS	8,857	8,797		60
TOTAL	$ 411,630	$ 324,904	$ 84,848	$ 1,878

STATEMENT 2
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
CONTINUED WITH DESIGN & IMPLEMENTATION OF PROGRAMS TO PROMOTE THE GROWTH & RETENTION OF EMPLOYERS, LOCAL COMMUNITY IMPROVEMENT, INVESTMENT IN CLEVELAND'S WEST SIDE, TO PROVIDE SECURITY SERVICES, MANUFACTURING ASSISTANCE, & JOB TRAINING		988,310
	$ 0	$ 988,310

STATEMENT 3
FORM 990, PART IV, LINE 51
OTHER NOTES AND LOANS RECEIVABLE

NOTES AND LOANS REPORTED SEPARATELY		BALANCE DUE	DOUBTFUL ACCOUNTS ALLOWANCE
BORROWER'S NAME	WIRE-NET DEVELOPMENT CO		
BORROWER'S TITLE			
DATE OF NOTE·			
MATURITY DATE			
REPAYMENT TERMS			
INTEREST RATE			
SECURITY PROVIDED			
PURPOSE OF LOAN			
BORROWER RELATIONSHIP	SUBSIDIARY		
CONSIDERATION			
CONSIDERATION FMV			
ORIGINAL AMOUNT			

STATEMENT 3 (CONTINUED)
FORM 990, PART IV, LINE 51
OTHER NOTES AND LOANS RECEIVABLE

BALANCE DUE	$ 355,440	
DOUBTFUL ACCT ALLOW		$ 0
TOTAL NOTES AND LOANS REPORTED SEPARATELY	$ 355,440	$ 0
TOTAL NET RECEIVABLES		$ 355,440

STATEMENT 4
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC	BOOK VALUE
FURNITURE AND FIXTURES	$ 141,428	$ 77,402	$ 64,026
TOTAL	$ 141,428	$ 77,402	$ 64,026

STATEMENT 5
FORM 990, PART IV, LINE 58
OTHER ASSETS

DEPOSITS	$ 526
TOTAL	$ 526

STATEMENT 6
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

FUNDS HELD FOR OTHERS	$ 48,369
TOTAL	$ 48,369

STATEMENT 7
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JOHN P COLM 1247 ARLINGTON LAKEWOOD, OH 44107	EXEC DIR 40+	$ 69,600	$ 2,925	$ 0.

STATEMENT 7 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
----SEE ATTACHED LIST----	MINIMAL	$ 0	$ 0	$ 0
	TOTAL	$ 69,600	$ 2,925	$ 0

STATEMENT 8
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93A	ASSISTED SMALL FIRMS IN IDENTIFYING BUSINESS & SUCCESSION PLANNING NEEDS IN ORDER TO RETAIN AREA FIRMS
94/103	INCREASED LOCAL DEVELOPMENT CORPORATION'S CAPACITIES & UTILIZATION OF AVAILABLE ECONOMIC DEVELOPMENT RESOURCES
93B	MANAGED PROJECTS AIMED AT DEVELOPING THE AREA

WIRENET WESTSIDE IND'L RETEN & EXP'N NETWORK — 06/19/2002 10 11 AM

34-1596116 — **Book Asset Detail 1/01/01 - 12/31/01** — Page 1

FYE 12/31/2001

Asset	*	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Deprec	Book Current Depreciation	Book End Depreciation	Book Net Book Value	Book Method	Book Period
Group: OFFICE FURNITURE & EQUIP												
1		PHONES	1/25/89	1,386 00	0 00	0 00	1,386 00	0 00	1,386 00	0 00	S/L	5 0
2		CHAIRS, DESK	2/03/89	517 00	0 00	0 00	517 00	0 00	517 00	0 00	S/L	5 0
3		TYPEWRITER	4/20/89	425 02	0 00	0 00	425 02	0 00	425 02	0 00	S/L	10 0
4		COMPUTER	12/04/89	2,850 00	0 00	0 00	2,850 00	0 00	2,850 00	0 00	S/L	10 0
5		PHONE	12/13/90	323 00	0 00	0 00	323 00	0 00	323 00	0 00	S/L	5 0
6		FILE CABINET	1/14/91	224 00	0 00	0 00	224 00	0 00	224 00	0 00	S/L	5 0
7		COMPUTER	11/01/91	1,511 00	0 00	0 00	1,511 00	0 00	1,511 00	0 00	S/L	5 0
8		PRINTER	12/01/91	1,771 00	0 00	0 00	1,771 00	0 00	1,771 00	0 00	S/L	5 0
9		FAX	4/08/93	765 02	0 00	0 00	765 02	0 00	765 02	0 00	S/L	7 0
10		COMPUTER	10/26/94	2,890 00	0 00	0 00	2,890 00	0 00	2,890 00	0 00	S/L	5 0
11		COMPUTER	1/18/95	3,920 00	0 00	0 00	3,920 00	0 00	3,920 00	0 00	S/L	5 0
12		COMPUTER	5/02/95	2,062 00	0 00	0 00	2,062 00	0 00	2,062 00	0 00	S/L	5 0
13		COMPUTER	5/02/95	3,211 00	0 00	0 00	3,211 00	0 00	3,211 00	0 00	S/L	5 0
14		NATL OFFICE SERV -CUBICLE:	6/15/95	8,697 00	0 00	0 00	6,936 90	1,242 43	8,179 33	517 67	S/L	7 0
15		COMPAQ DIR -COMPUTER	11/01/95	2,804 90	0 00	0 00	2,804 90	0 00	2,804 90	0 00	S/L	5 0
16		HEWLETT PACKARD PRINTER	1/21/96	1,349 99	0 00	0 00	1,327 50	22 49	1,349 99	0 00	S/L	5 0
17		COMPAQ COMPUTER	3/27/96	1,951 00	0 00	0 00	1,853 45	97 55	1,951 00	0 00	S/L	5 0
18		NETWORK COMPUTER SERVEI	12/11/96	2,200 00	0 00	0 00	1,796 67	403 33	2,200 00	0 00	S/L	5 0
19		MONITOR & MODEM	3/27/96	589 95	0 00	0 00	560 45	29 50	589 95	0 00	S/L	5 0
20		VIDEO EQUIP	4/14/97	1,064 97	0 00	0 00	798 72	212 99	1,011 71	53 26	S/L	5 0
21	*	LAPTOP & DESKTOP	6/10/97	5,270 00	0 00	0 00	3,776 83	790 50	4,567 33	702 67	S/L	5 0
22		COMPUTER	2/13/97	3,096 00	0 00	0 00	2,425 20	619 20	3,044 40	51 60	S/L	5 0
23		DELL DIRECT - COMPUTER	12/31/97	1,560 00	0 00	0 00	936 00	312 00	1,248 00	312 00	S/L	5 0
24		NETWORK PLUS - COMPUTERS	9/25/98	31,249 00	0 00	0 00	14,062 05	6,249 80	20,311 85	10,937 15	S/L	5 0
25		OHIO DESK - CUBICLES, DESK:	11/30/98	12,551 46	0 00	0 00	3,735 56	1,793 07	5,528 63	7,022 83	S/L	7 0
26		DELL COMPUTER	6/22/98	1,858 00	0 00	0 00	929 00	371 60	1,300 60	557 40	S/L	5 0
27		COMPAQ MICROPORTABLE PR	10/06/99	4,823 93	0 00	0 00	1,205 99	964 79	2,170 78	2,653 15	S/L	5 0
28		ALARM	8/03/00	920 00	0 00	0 00	54 76	131 43	186 19	733 81	S/L	7 0
29		CBIZ TECH - COMPUTER	8/01/00	2,191 00	0 00	0 00	182 58	438 20	620 78	1,570 22	S/L	5 0
30		OHIO DESK - WORKSTATION	10/10/00	2,685 00	0 00	0 00	95 89	383 57	479 46	2,205 54	S/L	7 0
31		CBIZ COMP EQP	1/04/01	4,631 00	0 00c	0 00	0 00	926 20	926 20	3,704 80	S/L	5 0
32		DELL COMP EQP	2/05/01	2,274 00	0 00c	0 00	0 00	416 90	416 90	1,857 10	S/L	5 0
33		HARMONY COMPS - PDA'S	6/07/01	955 00	0 00c	0 00	0 00	111 42	111 42	843 58	S/L	5 0
34		DELL COMP EQP	6/24/01	6,799 00	0 00c	0 00	0 00	679 90	679 90	6,119 10	S/L	5 0
35		WARWICK COMM PHONE SYS-	10/04/01	6,285 81	0 00c	0 00	0 00	314 29	314 29	5,971 52	S/L	5 0
36		NATL OFC SERV-DOL OFC F&F	12/17/01	16,629 00	0 00c	0 00	0 00	0 00	0 00	16,629 00	S/L	7 0
37		CBIZ COMP EQP	9/17/01	2,408 00	0 00c	0 00	0 00	120 40	120 40	2,287 60	S/L	5 0
		OFFICE FURNITURE & EQUIP		146,699 05	0 00c	0 00	65,337 49	16,631 56	81,969 05	64,730 00		
		***Less Dispositions**		5,270 00	0 00	0 00	3,776 83	0 00	4,567 33	702 67		
		Net OFFICE FURNITURE & EQUIP		141,429 05	0 00c	0 00	61,560 66	16,631 56	77,401 72	64,027 33		
		Grand Total		146,699 05	0 00c	0 00	65,337 49	16,631 56	81,969 05	64,730 00		
		Less. Dispositions		5,270 00	0 00	0 00	3,776 83	0 00	4,567 33	702 67		
		Net Grand Total		141,429 05	0 00c	0 00	61,560 66	16,631 56	77,401 72	64,027 33		

WIRE-Net 2001 Board of Directors

Officers: Pete Accorti, President
Don Dzurec, Vice President
Jay Gardner, Secretary
Carolyn Dragics, Treasurer
Ron Varesco, Mfg Assistance Chair

LASTNAME	FIRSTNAME	TITLE	ORGANIZATION
ACCORTI	PETE	DIR, OPERATIONS	TALAN PRODUCTS
ARMSTRONG	BOB	CFO	EQUIPMENT MERCHANTS INT'L
BARILLA	MARK	VP-MFG	OATEY COMPANY
BOGATER	JEANETTE	DIR, HR	THE KIRBY COMPANY
BRAZYNETZ	AL	DIRECTOR	STOCKYARD REDEVELOPMENT ORG.
BRINDZA	ANITA	EXEC-DIR	CUDELL IMPROVEMENT, INC
BUSH	PATRICK	PRESIDENT	BUSH ASSOCIATES
CARSON	MATT	VICE PRESIDENT	PRECISION PRODUCTION, INC
COLLINS	JOHN	PRESIDENT	ALBRECHT SYSTEMS, INC
COMTOIS	KEITH	VP, COMMERCIAL	FIRSTMERIT BANK
DRAGICS	CAROLYN	PARTNER	INDUSTRIAL ENERGY SYSTEMS
DZUREC	DON	MGR	DAIRYMEN'S OBERLIN FARMS DAIRY
GARDNER	JAY	EXEC-DIR	BELLAIRE PURITAS DEV CORP
HUTCHISON	NEAL	PRESIDENT	ACCURATE INSTRUMENT SERVICE
LATHAM	JIM	DIR, OPERATIONS	THERMAGON
LOCHNER	RYAN	DIR, HR	AMERICAN TANK & FABRICATING
MARRON	PATRICK	VP	ACTION INDUSTRIES
MILLER	BOB	DIR, MKTG & SALES	OHIO DISPLAYS
RICHARDS	DAN	PRESIDENT	CHEMICAL METHODS
ROSS	JOHN	VP	D W ROSS
SINGLETON	RAY	PRESIDENT	SINGLETON CORPORATION
SOBERAY	TED	OWNER	TMP
SUMMERS	MIKE	PRESIDENT	SUMMERS RUBBER COMPANY
TISLER	LOU	EXEC-DIR	WESTOWN CDC
VARESCO	RON	GEN MGR	CLEVELAND WOOD PRODUCTS CO
WHITNEY	BILL	EXEC-DIR	DETROIT SHOREWAY CDO
WILLIAMSON	JIM	VP, PURCHASING	ACTRON MANUFACTURING
WOCHNA	MICHAEL	PRESIDENT	MELIN TOOL

Form **8868** (December 2000)

Department of the Treasury Internal Revenue Service

Application for Extension of Time to File an Exempt Organization Return

► File a separate application for each return

OMB No 1545 1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Note *Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868*

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note *Form 990-T corporations requesting an automatic 6 month extension — check this box and complete Part I only* ► [ ]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization WESTSIDE INDUSTRIAL RETENTION & EXPANSION NETWORK	Employer Identification Number 34-1596116
	Number Street, and Room or Suite Number If a P O Box, see instructions 6516 DETROIT AVENUE #3	
	City, Town or Post Office For a foreign address, see instructions State ZIP Code CLEVELAND, OH 44102-3057	

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990 T (corporation)	[ ] Form 4720
[ ] Form 990 BL	[ ] Form 990-T (Section 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990 EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990 PF	[ ] Form 1041 A	[ ] Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box ► [ ]
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) ______ If this is for the **whole** group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 month, for **990-T corporation**) extension of time until 8/15 , 20 02 , to file the exempt organization return for the organization named above The extension is for the organization's return for

► [X] calendar year 20 01 or

► [ ] tax year beginning ________, 20 ___, and ending ________, 20 ___

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990 BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	$ 0
b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	$ 0
c **Balance Due** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	$ 0

Signature and Verification

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 and that I am authorized to prepare this form

Signature ► L. S. Tischman Title ► CPA Date ► MAY 1 3 2002

BAA For Paperwork Reduction Act Notice, see instructions Form **8868** (12 2000)

FIFZ0501L 11/27/01