

Return of Organization Exempt from Income Tax

OMB No. 1545-0047

2004

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)Open to Public
Inspection

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

A For the 2004 calendar year, or tax year beginning , 2004, and ending ,

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
instruc-
tions.

WESTSIDE INDUSTRIAL RETENTION &
EXPANSION NETWORK
4855 WEST 130TH STREET #1
CLEVELAND, OH 44135-5137

D Employer identification number

34-1596116

E Telephone number

216-588-1440

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

I Group Exemption Number... ▶

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

G Web site: WWW.WIRE-NET.ORG

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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12... ▶ 1,036,377.

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	160,546.	
b Indirect public support	1b	96,883.	
c Government contributions (grants)	1c	695,025.	
d Total (add lines 1a through 1c) (cash \$ 952,454. noncash \$)	1d	952,454.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	31,102.	
3 Membership dues and assessments	3	48,766.	
4 Interest on savings and temporary cash investments	4	2,810.	
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		
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less: cost or other basis and sales expenses	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
9 Special events and activities (attach schedule). If any amount is from gaming, check here. ☐	8d		
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	1,245.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,036,377.	
13 Program services (from line 44, column (B))	13	972,035.	
14 Management and general (from line 44, column (C))	14	242,215.	
15 Fundraising (from line 44, column (D))	15	68,144.	
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17	1,282,394.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-246,017.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,199,233.	
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	953,216.	

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0107L 01/07/05

Form 990 (2004)

SCANNED NOV 28 2005

REVENUE

EXPENSES

ASSETS

G13

24

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	80,895.	66,325.	11,811.
26	Other salaries and wages	26	592,339.	485,643.	86,482.
27	Pension plan contributions	27	20,208.	15,970.	3,502.
28	Other employee benefits	28	58,764.	46,440.	10,182.
29	Payroll taxes	29	57,593.	45,514.	9,979.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	20,679.	15,445.	5,227.
34	Telephone	34	13,340.	3,223.	10,117.
35	Postage and shipping	35	10,482.	2,903.	6,261.
36	Occupancy	36	30,955.	796.	30,159.
37	Equipment rental and maintenance	37			
38	Printing and publications	38	17,462.	11,112.	4,831.
39	Travel	39	11,041.	8,903.	2,134.
40	Conferences, conventions, and meetings	40	10,055.	8,783.	1,064.
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	18,803.		18,803.
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 1	43a	339,778.	260,978.	41,663.
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	1,282,394.	972,035.	242,215.

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 AccomplishmentsWhat 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 and 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 \$ _____)		972,035.
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)		972,035.

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
ASSETS	45	Cash — non-interest-bearing	12,524.	45	7,721.
	46	Savings and temporary cash investments	383,694.	46	420,702.
	47a	Accounts receivable	89,225.		
	b	Less: allowance for doubtful accounts		47c	89,225.
	47b		121,627.		
	48a	Pledges receivable		48c	
	b	Less: allowance for doubtful accounts			
	48b				
	49	Grants receivable	345,583.	49	73,077.
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes & loans receivable (attach sch.) ... SEE ST. 3. ...	355,000.		
	b	Less: allowance for doubtful accounts		51c	355,000.
	51b		354,500.		
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	2,611.	53	2,448.
54	Investments — securities (attach schedule)		54		
55a	Investments — land, buildings, & equipment: basis				
b	Less: accumulated depreciation (attach schedule)		55c		
55b					
56	Investments — other (attach schedule)		56		
57a	Land, buildings, and equipment: basis	185,312.			
b	Less: accumulated depreciation (attach schedule) ... STATEMENT 4 ...	140,468.	57c	44,844.	
57b		56,804.			
58	Other assets (describe ► SEE STATEMENT 5)	526.	58	526.	
59	Total assets (add lines 45 through 58) (must equal line 74)	1,277,869.	59	993,543.	
LIABILITIES	60	Accounts payable and accrued expenses	29,297.	60	31,515.
	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)	49,339.	65	8,812.	
66	Total liabilities (add lines 60 through 65)	78,636.	66	40,327.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► ☒ and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	959,675.	67	953,216.
	68	Temporarily restricted	239,558.	68	
	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; column (B) must equal line 21)	1,199,233.	73	953,216.
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)	1,277,869.	74	993,543.

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 VI Other Information (See 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.		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.		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		X
80a 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?		X
b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is ☐ exempt or ☐ nonexempt.		
81a Enter direct and indirect political expenditures. See line 81 instructions.	81a	0.
b Did the organization file Form 1120-POL for this year?		X
82a 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?	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	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		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
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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.
90a List the states with which a copy of this return is filed <u>OHIO</u>		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	17
91 The books are in care of <u>JOHN COLM</u> Telephone number <u>216-631-7330</u> Located at <u>4855 W. 130TH ST., CLEVELAND, OH</u> ZIP + 4 <u>44135-5137</u>		
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. <u>92</u> N/A		

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a CONSULTING FEES					17,190.
b SEMINARS/LUNCHEONS					13,912.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					48,766.
95 Interest on savings & temporary cash invmnts.			14	2,810.	
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					1,245.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				2,810.	81,113.
105 Total (add line 104, columns (B), (D), and (E))					83,923.

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).
1	SEE STATEMENT 7
2	
3	
4	

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. 4855 WEST 130TH STREET CLEVELAND, OHIO 44135 34-1823485	100.000 % % % %	LAND DEVELOPMENT	0.	348,319.

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 Sign ☒ John P. Cohn Signature of officer Date 11/10/05

2 CPA Date 11/3/05 Check if self-employed ☐ Preparer's SSN or PTIN (See General Instruction W) N/A

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.)

OMB No. 1545-0047

2004

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

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 and deferred compensation	(e) Expense account and other allowances
GRETCHEN SCHULTZ 4855 W. 130TH ST., CLEVE., OH	VICE PRESIDENT 40+	51,418.	4,671.	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) 2004

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 . . . ▶ \$ 2,207.
- (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

SEE FORM 990, PART V

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

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.)
- 11a ☒ 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.)
- 11b ☐ 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...	1,144,277.	1,747,252.	1,029,207.	1,054,495.	4,975,231.
16 Membership fees received.....	48,800.	41,300.	49,550.	49,250.	188,900.
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.	3,344.
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.....	2,141.	2,294.	9,090.	23,343.	36,868.
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....	1,195,218.	1,790,846.	1,087,847.	1,130,432.	5,204,343.
24 Line 23 minus line 17.....	1,195,218.	1,790,846.	1,087,847.	1,127,088.	5,200,999.
25 Enter 1% of line 23.....	11,952.	17,908.	10,878.	11,304.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24.....					26a 104,020.
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 2000 through 2003 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 5,200,999.
d Add: Amounts from column (e) for lines: 18 36,868. 19					26d 36,868.
22 26b					26e 5,164,131.
e Public support (line 26c minus line 26d total).....					26f 99.29 %
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: (2003) (2002) (2001) (2000)					
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: (2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 16					27c
17 20 21					27d
d Add: Line 27a total and line 27b total.....					27e
e Public support (line 27c total minus line 27d total).....					27f
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ..					27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ..					27h %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ..					

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	31		

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 —		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is —		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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.)

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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	X		
c Media advertisements		X	
d Mailings to members, legislators, or the public	X		2,207.
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h.)			2,207.

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

SEE STATEMENT 8

BAA

Schedule A (Form 990 or 990-EZ) 2004

FEDERAL STATEMENTS
WESTSIDE INDUSTRIAL RETENTION &
EXPANSION NETWORK

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

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	18,731.	15,165.	3,082.	484.
BANK FEES	2,147.	128.	2,019.	
CONTRACTUAL SERVICES	113,992.	79,679.	6,545.	27,768.
DUES & SUBSCRIPTIONS	18,304.	16,533.	1,699.	72.
INSURANCE	5,715.	2,409.	3,306.	
LICENSES & TAXES	200.		200.	
MISCELLANEOUS	3,714.	2,703.	860.	151.
PROFESSIONAL & CONSULTING	13,654.	2,031.	11,623.	
SCHOLARSHIP AWARD	965.	965.		
SECURITY CONTRACT	566.		566.	
SEMINARS/LUNCHEONS	23,608.	15,837.	761.	7,010.
TRAINING & EDUCATION	133,702.	121,273.	11,002.	1,427.
UNCOLLECTIBLE ACCOUNTS	4,480.	4,255.		225.
TOTAL	\$ 339,778.	\$ 260,978.	\$ 41,663.	\$ 37,137.

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

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
CONTINUED TO RETAIN, GROW AND ATTRACT MANUFACTURING-RELATED BUSINESSES TO CLEVELAND, OHIO'S WEST SIDE, AND TO CONNECT LEADERS TO EACH OTHER AND TO THE WEST SIDE COMMUNITY VIA THE FOLLOWING PROGRAMS: ADULT WORK FORCE DEVELOPMENT, REDEVELOPMENT, SAFETY-NET, SCHOOL-TO-CAREER, MANUFACTURING ASSISTANCE, AND MEMBERSHIP.		972,035.
	\$ 0.	\$ 972,035.

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:		

FEDERAL STATEMENTS
WESTSIDE INDUSTRIAL RETENTION &
EXPANSION NETWORK

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

ORIGINAL AMOUNT:

BALANCE DUE:

\$ 355,000.

DOUBTFUL ACCT. ALLOW.:

\$ 0.

TOTAL NOTES AND LOANS REPORTED SEPARATELY \$ 355,000. \$ 0.

TOTAL NET RECEIVABLES \$ 355,000.

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

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 185,312.	\$ 140,468.	\$ 44,844.
TOTAL	\$ 185,312.	\$ 140,468.	\$ 44,844.

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.....	\$ 8,812.
TOTAL	\$ 8,812.

STATEMENT 7
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93B	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.
93A	THE ORGANIZATION TRAINED ITS MANUFACTURING COMPANY MEMBERS IN THE AREAS OF MANAGEMENT AND TIME MANAGEMENT.

2004

FEDERAL STATEMENTS
WESTSIDE INDUSTRIAL RETENTION &
EXPANSION NETWORK

PAGE 3

34-1596116

STATEMENT 8
SCHEDULE A, PART VI-B, LINE I
DESCRIPTIONS OF THE LOBBYING ACTIVITIES

THE ORGANIZATION'S LOBBYING ACTIVITIES CONSISTED OF COMMUNICATIONS TO ITS MEMBERS
TO INFORM THEM OF SPECIFIC LEGISLATION THAT COULD AFFECT THEIR BUSINESSES.

Book Asset Detail 1/01/04 - 12/31/04

Asset *	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	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	8,697.00	0.00	8,697.00	0.00	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	1,349.99	0.00	1,349.99	0.00	S/L	5.0
17	COMPAQ COMPUTER	3/27/96	1,951.00	0.00	0.00	1,951.00	0.00	1,951.00	0.00	S/L	5.0
18	NETWORK COMPUTER SERVEI	12/11/96	2,200.00	0.00	0.00	2,200.00	0.00	2,200.00	0.00	S/L	5.0
19	MONITOR & MODEM	3/27/96	589.95	0.00	0.00	589.95	0.00	589.95	0.00	S/L	5.0
20	VIDEO EQUIP.	4/14/97	1,064.97	0.00	0.00	1,064.97	0.00	1,064.97	0.00	S/L	5.0
22	COMPUTER	2/13/97	3,096.00	0.00	0.00	3,096.00	0.00	3,096.00	0.00	S/L	5.0
23	DELL DIRECT - COMPUTER	12/31/97	1,560.00	0.00	0.00	1,560.00	0.00	1,560.00	0.00	S/L	5.0
24	NETWORK PLUS - COMPUTERS	9/25/98	31,249.00	0.00	0.00	31,249.00	0.00	31,249.00	0.00	S/L	5.0
25	OHIO DESK - CUBICLES, DESK:	11/30/98	12,551.46	0.00	0.00	9,114.77	1,793.07	10,907.84	1,643.62	S/L	7.0
26	DELL COMPUTER	6/22/98	1,858.00	0.00	0.00	1,858.00	0.00	1,858.00	0.00	S/L	5.0
27	COMPAQ MICROPORTABLE PR	10/06/99	4,823.93	0.00	0.00	4,100.36	723.57	4,823.93	0.00	S/L	5.0
28	ALARM	8/03/00	920.00	0.00	0.00	449.05	131.43	580.48	339.52	S/L	7.0
29	CBIZ TECH - COMPUTER	8/01/00	2,191.00	0.00	0.00	1,497.18	438.20	1,935.38	255.62	S/L	5.0
30	OHIO DESK - WORKSTATION	10/10/00	2,685.00	0.00	0.00	1,246.60	383.57	1,630.17	1,054.83	S/L	7.0
31	CBIZ COMP. EQP.	1/04/01	4,631.00	0.00	0.00	2,778.60	926.20	3,704.80	926.20	S/L	5.0
32	DELL COMP EQP	2/05/01	2,274.00	0.00	0.00	1,326.50	454.80	1,781.30	492.70	S/L	5.0
33	HARMONY COMPS - PDA'S	6/07/01	955.00	0.00	0.00	493.42	191.00	684.42	270.58	S/L	5.0
34	DELL COMP EQP	6/24/01	6,799.00	0.00	0.00	3,399.50	1,359.80	4,759.30	2,039.70	S/L	5.0
35	WARWICK COMM PHONE SYS-	10/04/01	6,285.81	0.00	0.00	2,828.61	1,257.16	4,085.77	2,200.04	S/L	5.0
36	NATL OFC SERV-DOL OFC F&F	12/17/01	16,629.00	0.00	0.00	4,751.14	2,375.57	7,126.71	9,502.29	S/L	7.0
37	CBIZ COMP EQP	9/17/01	2,408.00	0.00	0.00	1,083.60	481.60	1,565.20	842.80	S/L	5.0
38	CBIZ-COMP EQP & UPGRADE	2/04/02	15,328.00	0.00	0.00	5,875.73	3,065.60	8,941.33	6,386.67	S/L	5.0
39	CBIZ-PRINTER	6/24/02	1,930.59	0.00	0.00	579.32	386.12	965.44	965.15	S/L	5.0
40	CBIZ-DELL SERVER	11/04/02	3,964.10	0.00	0.00	924.96	792.82	1,717.78	2,246.32	S/L	5.0
41	DELL-2 LAPTOPS	2/04/02	3,332.00	0.00	0.00	1,277.27	666.40	1,943.67	1,388.33	S/L	5.0
42	DELL-LAPTOP	11/04/02	1,743.03	0.00	0.00	406.71	348.61	755.32	987.71	S/L	5.0
43	CBIZ-PRINTER	3/04/02	1,368.00	0.00	0.00	501.60	273.60	775.20	592.80	S/L	5.0
44	DELL COMPUTER	12/27/03	1,846.92	0.00	0.00	0.00	369.38	369.38	1,477.54	S/L	5.0
45	CBIZ-(2) DELL INSPIRON 5100	5/09/03	3,376.00	0.00	0.00	450.13	675.20	1,125.33	2,250.67	S/L	5.0
46	CBIZ- DELL INSPIRON 5100	7/22/03	1,637.00	0.00	0.00	136.42	327.40	463.82	1,173.18	S/L	5.0
47	CBIZ- DELL INSPIRON 5100	8/31/03	1,579.50	0.00	0.00	105.30	315.90	421.20	1,158.30	S/L	5.0
48	DELL LAPTOP	8/31/03	935.10	0.00	0.00	62.34	187.02	249.36	685.74	S/L	5.0
49	24" CTV & VCR/DVD	1/30/04	568.94	0.00c	0.00	0.00	104.31	104.31	464.63	S/L	5.0
50	DELL LATITUDE D400	1/30/04	2,216.38	0.00c	0.00	0.00	406.34	406.34	1,810.04	S/L	5.0

Book Asset Detail 1/01/04 - 12/31/04

Asset *	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: OFFICE FURNITURE & EQUIP. (continued)											
51	DELL LATITUDE D505	6/06/04	1,961.79	0.00c	0.00	0.00	228.88	228.88	1,732.91	S/L	5.0
52	DELL LATITUDE D505	9/12/04	2,095.49	0.00c	0.00	0.00	139.70	139.70	1,955.79	S/L	5.0
	OFFICE FURNITURE & EQUIP.		<u>185,311.89</u>	<u>0.00c</u>	<u>0.00</u>	<u>121,664.96</u>	<u>18,803.25</u>	<u>140,468.21</u>	<u>44,843.68</u>		
	Grand Total		<u>185,311.89</u>	<u>0.00c</u>	<u>0.00</u>	<u>121,664.96</u>	<u>18,803.25</u>	<u>140,468.21</u>	<u>44,843.68</u>		

•BOARD OF DIRECTORS: WESTSIDE INDUSTRIAL RETENTION AND EXPANSION NETWORK (WIRE-Net)
 6516 Detroit Ave., Ste. 3, Cleve., OH 44102, (216) 631-7330 Fax (216) 651-5096 www.wire-net.org

	LAST NAME	FIRST NAME	ORGANIZATION	ADDRESS	ZIP
1	ACCORTI	PETE	TALAN PRODUCTS	1985 W. 68TH STREET	44102
2	ARMSTRONG	BOB	EQUIPMENT MERCHANTS INT'L	1203 W. 65TH STREET	44102
3	BARR	GORDON	NEWKOR, INC	10410 BEREA ROAD	44102
4	BRAZYNETZ	AL	STOCKYARD REDEVELOPMENT ORG.	3200 W. 65TH STREET	44102
5	BRINDZA	ANITA	CUDELL IMPROVEMENT, INC.	11650 DETROIT AVE	44102
6	BUSH	PATRICK	BUSH ASSOCIATES, INC.	12808 BELLAIRE AVE.	44135
7	DRAGICS	CAROLYN	INDUSTRIAL ENERGY SYSTEMS	15828 Industrial Parkway	44135
8	DUBREUIL	BONNETTA	ADALET	4801 W. 150th Street	44135
9	DZUREC	DON	DAIRYMEN'S OBERLIN FARMS DAIRY	3068 W. 106th ST.	44111
10	GARDNER	JAY	BELLAIRE PURITAS DEV. CORP	4370 W. 140TH STREET	44135
11	HILL	NED	LEVIN COLLEGE OF URBAN AFFAIRS, CLEVELAND STATE UNIVERSITY	1717 EUCLID AVENUE	44115
12	HUTCHISON	NEAL	ACCURATE INSTRUMENT SERVICE	4228 W. 130TH STREET	44135
13	LATHAM	JIM	THERMAGON, INC.	4707 DETROIT AVE.	44102
14	MARRON	PAT	Action Industries, LTD.	12625 Berea Road	44111
15	MILLER	BOB	OHIO DISPLAYS	10252 BEREA ROAD	44102
16	MORRISON	ED	CENTER FOR REGIONAL ECONOMIC ISSUES, CASE WEATHERHEAD	11119 Bellflower Road	44106
17	RAMSEY	JEFF	DETROIT SHOREWAY CDO	6516 DETROIT AVENUE	44102
18	SACCO	DAVID	WESTOWN CDC	10313 LORAIN AVE.	44111
19	STANDISH	ROLLAND	HEISER & JESKO, CPAs	37131 Euclid Avenue	44094
20	VITTARDI	RENEE	KNEZEVICH & FOERSTER	15828 Industrial Parkway	44135
21	YERKES	LESLIE	CATALYST CONSULTING GROUP, INC	1111 CHESTER AVENUE	44114

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer Identification Number
	WESTSIDE INDUSTRIAL RETENTION & EXPANSION NETWORK	34-1596116
	Number, street, and room or suite number. If a P.O. box, see instructions.	For IRS use only
	4855 WEST 130TH STREET #1	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CLEVELAND, OH 44135-5137	

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

☒ Form 990	☐ Form 990-T (section 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-BL	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-EZ	☐ Form 1041-A	☐ Form 8870
☐ Form 990-PF	☐ Form 4720	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **JOHN COLM**
Telephone No. **216-631-7330** FAX No. _____
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15, 20 05.
- 5 For calendar year 2004, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension WE ARE STILL AWAITING INFORMATION FROM OTHER SOURCES WHICH IS NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

- 8a 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. \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ _____
- c Balance Due. Subtract line 8b from line 8a. 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. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, 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. Friedman Title **CPA** Date **AUG 10 2005**

Notice to Applicant – To be Completed by the IRS

- ☒ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other: OGDEN, UT

Director _____ By: _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension address different than the one entered above.

Type or print	Name
	KPFF, L.L.C.
	Number and street (include suite, room, or apartment number) or a P.O. box number
	24500 CHAGRIN BLVD, SUITE 315
	City or town, province or state, and country (including postal or ZIP code)
	CLEVELAND, OH 44122

EXTENSION APPROVED

SEP 16 2005

**FIELD DIRECTOR
SUBMISSION PROCESSING, OGDEN**