# PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 8466901

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Department of the Treasury

Internal Revenue Service

#### Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



Α	For th	e 2020 calendar year, or tax year beginning and	ending						
B	Check if applicab Addre	MIDWEST SPECIAL SERVICES, INC.		D Employer identific	cation number				
	chang Name	(DBA MSS)		++ +++60	7.0				
	chang Initial	Doing business as	Room/suite	**-***60'					
	return Final	,	E Telephone number 651-778-1						
	return termir	900 OCEAN ST City or town, state or province, country, and ZIP or foreign postal code			7,881,566.				
	ated Amen	G Gross receipts \$							
	return Applio			H(a) Is this a group re					
	tion pendi	<sup>ng</sup> 900 OCEAN STREET, SAINT PAUL, MN 55106		for subordinates H(b) Are all subordinates in					
1	Гах-ех	empt status: $X = 501(c)(3) = 501(c)(1) + (1100)(100) + (1100)(100) + (100)(100) + (100)(100) + (100)(100) + (100)(100) + (100)(100) + (100)(100) + (100)(100) + (100)(100) + (100)(100)(100) + (100)(100)(100) + (100)(100)(100)(100)(100)(100)(100)(100$			list. See instructions				
		te: ► WWW • MSSMN • ORG	021	H(c) Group exemption					
_		f organization: X Corporation Trust Association Other ►	L Year		State of legal domicile: MN				
	art I	Summary	1						
	1	Briefly describe the organization's mission or most significant activities: OUR 1	MISSIO	N IS TO SUPP	PORT PEOPLE				
Activities & Governance		WITH DISABILITIES AS VITAL AND CONTRIBUTI							
'nar	2	Check this box  if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.				
Nel	3	Number of voting members of the governing body (Part VI, line 1a)		3	9				
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9				
s S	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5								
/itie	6	Total number of volunteers (estimate if necessary)		6	20				
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.				
				Prior Year	Current Year				
Ð	8	Contributions and grants (Part VIII, line 1h)		438,788.	2,991,813.				
Revenue	9	Program service revenue (Part VIII, line 2g)		10,837,598.	4,693,830.				
sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		78,173.	89,645.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-28,068.	78,416.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,326,491.	7,853,704.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,071,541.	5,694,037.				
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		3,226.	0.				
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25)		4 504 624					
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,584,634.	2,681,530.				
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,659,401.	8,375,567.				
	19	Revenue less expenses. Subtract line 18 from line 12		-332,910.	-521,863.				
ts or				ginning of Current Year	End of Year				
Assets	20	Total assets (Part X, line 16)		5,199,786.	4,699,547.				
etA	1	Total liabilities (Part X, line 26)		731,845.	620,744.				
Ż	art II	Net assets or fund balances. Subtract line 21 from line 20		4,467,941.	4,078,803.				

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

Sign	Signature of officer			Date					
Here	JULIE JOHNSON, PRESIDE								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	ROBERT J. GEORGES	ROBERT J. GEORGES	06/03	/21 self-employed	P0120919	7			
Preparer	Firm's name 🕒 BOYUM BARENSCHEE	R		Firm's EIN 🕨 * '	*-***2096				
Use Only	Firm's address 🖌 1210 WEST COUNTY	ROAD E, STE 100							
ARDEN HILLS, MN 55112 Phone no.651 222-1801									
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes	No			
032001 12-2	3-20 LHA For Paperwork Reduction Act Notion	ce, see the separate instructions.			Form <b>990</b> (;	2020)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	MIDWEST SPECIAL SERVICES, INC.
	<u>990 (2020)</u> (DBA MSS) **-**6072 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF MSS, INC. IS TO SUPPORT PEOPLE WITH DISABILTIES AS
	VITAL AND CONTRIBUTING MEMBERS OF THE COMMUNITY. WE ENVISION A FUTURE
	WHERE PEOPLE ARE SUPPORTED IN LIVING THE LIFE THAT THEY CHOOSE, RATHER THAN ONE CHOSEN FOR THEM. WE PROVIDE PERSON-CENTERED, INDIVIDUALIZED
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$5,764,810. including grants of \$) (Revenue \$3,687,472.)
	OUR DAY TRAINING AND HABILITATION (DT&H) SERVICES SUPPORT OVER 450
	ADULTS WITH A WIDE RANGE OF DISABILITIES. THESE SERVICES DEVELOP AND
	MAINTAIN LIFE SKILLS SO INDIVIDUALS CAN FULLY PARTICIPATE IN COMMUNITY
	LIFE. A MAIN GOAL OF THIS SERVICE IS TO SUPPORT PEOPLE IN ENGAGING AND
	BECOMING INVOLVED IN THEIR COMMUNITIES, IDENTIFYING RESOURCES AND
	BUILDING NATURAL, SUPPORTIVE RELATIONSHIPS.
	IN 2020, DUE TO THE COVID-19 PANDEMIC, MSS TEMPORARILY SUSPENDED
	IN-PERSON SERVICES FROM MID-MARCH TO MID-JUNE AND WE STILL HAD NOT
	REOPENED 2 OF OUR 6 PROGRAM CENTERS BY THE END OF THE YEAR. GRANTS
	INCLUDE SBA PAYCHECK PROTECTION LOAN FORGIVENESS, EMERGENCY FUNDING
	THROUGH FEDERAL, STATE, AND COUNTY AGENCIES, AS WELL AS OTHER GRANTS.
4b	(Code:) (Expenses \$ 1,165,005. including grants of \$) (Revenue \$ 1,006,358. )
	MSS EMPLOYMENT SERVICES SUPPORT APPROXIMATELY 200 PEOPLE IN REACHING
	THEIR POTENTIAL IN COMPETITIVE INTEGRATED EMPLOYMENT, WITH OR WITHOUT
	SUPPORTS. THESE SERVICES PROVIDE A COMPREHENSIVE RANGE OF
	OPPORTUNITIES, FROM LEARNING ABOUT BASIC WORK CONCEPTS ALL THE WAY TO
	PROVIDING ANY NEEDED SUPPORTS ONCE SOMEONE HAS JOINED THE WORKFORCE. SERVICES INCLUDE EMPLOYMENT EXPLORATION, EMPLOYMENT DEVELOPMENT,
	EMPLOYMENT SUPPORT, SKILLS TRAINING, PLACEMENT AND RETENTION, ETRAC,
	AND SHORT AND LONG-TERM SUPPORTS.
	GRANTS INCLUDE SBA PAYCHECK PROTECTION PROGRAM LOAN FORGIVENESS, AND
	EMERGENCY FUNDING THROUGH FEDERAL, STATE, AND COUNTY AGENCIES DUE TO
	THE COVID-19 PANDEMIC, AS WELL AS OTHER GRANTS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ►     6,929,815.
	Form <b>990</b> (2020)
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(DBA MSS)

Part IV Checklist of Required Schedules

Form 990 (2020)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
5	during the tax year? <i>If "Yes," complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 21
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		х
с	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 22
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
032003	12-23-20	Form	<b>990</b> (	(2020)

4

032003 12-23-20

(DBA MSS)

Part IV Checklist of Required Schedules (continued)

Form 990 (2020)

**-***6072	P	age <b>4</b>
	V.	NL.

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		<u> </u>
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		v	
~~	"Yes," complete Schedule L, Part IV	28c	X X	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete</i>			<u> </u>
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		<u>-</u> -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
raí				
	Check if Schedule O contains a response or note to any line in this Part V		N	
1-	Enter the number reported in Roy 3 of Form 1006. Enter 0, if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
U	(gambling) winnings to prize winners?	1c	x	
032004	12-23-20			(2020)
				. /

5

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<u>Form</u>	990 (2020) (DBA MSS) **-**6	<u>072</u>	P	age <b>5</b>
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 322			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

032005 12-23-20

Form	990 (2020) (DBA MSS)		**-***6			age <b>6</b>
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7	b below, and for a '	'No" re	spons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O					
	Check if Schedule O contains a response or note to any line in this Part VI					Χ
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or low employees to a menorement company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?		-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (	Code )			
		<u>ronao (</u>			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ansure their exercisions are consistent with the organization's event purpages?	•	,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		C C			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "y					
	in Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	h a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	S			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright { m MN}$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-	T (Section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website Upon request Other (explain	on Scl	nedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
	JULIE JOHNSON - 651-793-4150					
	900 OCEAN STREET, SAINT PAUL, MN 55106					
032006	) 12-23-20			Form	990	(2020)
	7					

MIDWEST	SPECIAL	SERVICES,	INC.
(DBA MS	S)		

\*\*-\*\*\*6072 Page 7

1 01111 000 1	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Form 990 (2020)

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an				than o		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director igo			irecto	Highest compensated shared shared	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JULIE JOHNSON	40.00			x				1/1 205	0.	<u> </u>
PRESIDENT (2) MICHELLE DICKERSON	40.00		-			-		141,395.	0.	23,383.
VP OF PROGRAM SERVICES	40.00	-		x				109,564.	0.	22,355.
(3) JEFF BETCHWARS	2.00							105,504.		22,333.
BOARD CHAIR		x		x				0.	0.	0.
(4) TOM LYMAN	2.00			- <u>-</u>						
BOARD VICE CHAIR		x		x				0.	0.	0.
(5) JANE MILLER	2.00									
BOARD SECRETARY		Х		X				0.	0.	0.
(6) STEVE FREIMUTH	2.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(7) MARK NOVITZKI	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) KEN RODGERS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) LYNN SCHMIDT	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ROBERT SICOLI	2.00									2
BOARD MEMBER		Х	<u> </u>			<u> </u>		0.	0.	0.
(11) MATTHEW HANSEN BOARD MEMBER	2.00	x						0.	0.	0.
		-								
		-								
		-								
		-								
		-								
n32007 12-23-20										Form <b>990</b> (2020)

8

032007 12-23-20

Form 990 (2020)

#### 12310603 742225 10364020

	SPECIAL	SE	RV	IC	ES	,	II	NC.					
Form 990 (2020) (DBA MS Part VII Section A Officers Directors Tr									**_*	**6	072	Pa	age <b>8</b>
(A) Name and title	ustees, Key Emj (B) Average hours per week	(do box	not c , unle:		<b>C)</b> ition more rson is	l than c s both	one i an	<b>(D)</b> Reportable compensation	(E) Reportable compensatio	on	am	(F) timate	
	(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizatior (W-2/1099-MI	าร	com fro orga and	other pensa om the anizati I relate nizatio	e ion ed
		-											
		-											
		-											
		-											
1b Subtotal c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A							250,959. 0. 250,959.		0.0.0.		5,73 5,73	38.
<ul> <li>2 Total number of individuals (including bu compensation from the organization</li> </ul>	t not limited to th						o re		000 of reportable	-			2
<b>3</b> Did the organization list any <b>former</b> offic	er, director, trust	ee, k	key e	empl	oye	e, or	hiç	phest compensated emp	loyee on			Yes	No
line 1a? <i>If</i> "Yes," <i>complete Schedule J fo</i> 4 For any individual listed on line 1a, is the	sum of reportabl	le co	mpe	ensa	tion	and	otl	ner compensation from t	he organization		3	v	X
<ul> <li>and related organizations greater than \$</li> <li>Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes." c</li> </ul>	or accrue comper	nsati	on fr	rom	any	unre	lat	ed organization or individ	dual for services		4 5	X	X
Section B. Independent Contractors			JISL		Jers	011 .				·····	J		
1 Complete this table for your five highest the organization. Report compensation f										pensat	tion fro	m	
(A) Name and busine	ess address							(B) Description of s	ervices	С	(C omper		n
CENTERLINE CHARTER CORP 1870 RICE STREET, MAPLEN	WOOD, MIN	55	11	3				TRANSPORTATI	ON		372	2,33	35.
2 Total number of independent contractors	s (includina but n	ot lin	nited	d to t	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the orga					1						Form	<b>990</b> (2	2020)

032008 12-23-20

MIDWEST SPECIAL SERVICES, INC. (DBA MSS)

			2020) (DBA MSS)				**-***6	072 Page 9
Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
s s s s	1	2	Federated campaigns 1a					
anta					1			
ы С				46,024.	-			
An An			<b>9</b>	40,024.	-			
ilar İlar			Related organizations 1d	201 000	-			
ns,				321,200.	4			
rti Stio		f	All other contributions, gifts, grants, and	<i></i>				
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above 1f	624,589.	-			
dut		g	Noncash contributions included in lines 1a-1f	162,779.				
an		h	Total. Add lines 1a-1f	🕨	2,991,813.			
				Business Code				
ø	2	а	DAY TRAINING AND HABIL	624310	3,687,472.	3,687,472.		
, vic		b	EMPLOYMENT SERVICES SA	624310	1,006,358.	1,006,358.		
Ser		с						
E S		d						
2 B B B B B B B B B B B B B B B B B B B		ē						
Program Service Revenue		f	All other program service revenue					
			Total. Add lines 2a-2f		4,693,830.			
-+	3		Investment income (including dividends, intere		1,000,0000			
	3				89,645.			89,645.
			other similar amounts)		05,045.			05,045.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal	-			
	6	а	Gross rents 6a		-			
		b	Less: rental expenses 6b		4			
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	🕨				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
e			and sales expenses <b>7b</b>					
evenue		с	Gain or (loss) 7c		]			
Rev			Net gain or (loss)					
er	8		Gross income from fundraising events (not					
Other	-		including \$ 46,024. of					
Ŭ			contributions reported on line 1c). See					
				106,278.				
		h	Less: direct expenses	27,862.	-			
				27,002	78,416.			78,416.
	~		Net income or (loss) from fundraising events	<b>ア</b>	,0,410.			, , , = 10.
	9	a	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses9b					
			Net income or (loss) from gaming activities	····· 🕨				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	a	-			
		b	Less: cost of goods sold	b				
		с	Net income or (loss) from sales of inventory _	🕨				
<u> </u>	-	-		Business Code				
sno	11	а						
ane Dué		b						
ella		с						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		7,853,704.	4,693,830.	0.	168,061.
032009					•	· · ·		Form <b>990</b> (2020)

032009 12-23-20

# 12310603 742225 10364020

10

3,789.

178,665.

Form 990 (2020)

	MIDWEST SPEC		TNO		
Form	990 (2020) (DBA MSS)	TAL SERVICES	), INC.	**_**	*6072 Page <b>10</b>
Pa	t IX Statement of Functional Expense	S			COTZ Fage C
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a response			( )	
Dor	not include amounts reported on lines 6b,	(A)	(B)	<b>(C)</b> Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	296,698.		273,624.	23,074.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,172,963.	3,462,444.	601,648.	108,871.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	72,238.	54,091.	15,683.	2,464. 8,603.
9	Other employee benefits	843,290.	736,998.	97,689.	8,603.
10	Payroll taxes	308,848.	238,911.	60,421.	9,516.
11	Fees for services (nonemployees):				
а	Management	720		720	
b		732.		732.	
	Accounting	39,894.		39,894.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	10,565.		10,565.	
f	Investment management fees	10,303.		10,303.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	100,909.	57,430.	35,959.	7,520.
10	Advertising and promotion	9,971.	9,508.	196.	267.
12 13	Office expenses	201,495.	136,138.	56,584.	8,773.
13	Information technology	201,495.	130,130.	50,501.	0,113.
15	Royalties				
16	Occupancy	836,118.	832,592.	2,926.	600.
17	Travel	,			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	25,843.	22,271.	3,147.	425.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	468,767.	441,999.	26,768.	
23	Insurance	32,357.	27,663.	2,618.	2,076.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TRANSPORTATION	526,672.	526,672.		
b	PROGRAM SUPPLIES	159,782.	159,782.		
с	REPAIRS & MAINTENANCE	148,898.	143,352.	4,946.	600.
d	MISCELLANEOUS	91,200.	68,685.	20,428.	2,087.
		70 277	11 270	12 250	2 700

28,327.

11

8,375,567.

e All other expenses Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

032010 12-23-20

13,259.

1,267,087.

11,279.

6,929,815.

MIDWEST	SPECIAL	SERVICES,
(DBA MSS	5)	

orm 990 Part X			**_	***6072 Page 1
urt X	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	146,233.	1	266,890
2	Savings and temporary cash investments	40,000.	2	40,000
3	Pledges and grants receivable, net	99,964.	3	134,645
4	Accounts receivable, net	1,228,657.	4	727,261
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ω 7	Notes and loans receivable, net		7	
Assets	Inventories for sale or use		8	
A A	Prepaid expenses and deferred charges	194,162.	9	116,300
	Land, buildings, and equipment: cost or other	,	_	
	basis. Complete Part VI of Schedule D10a8,972,136.Less: accumulated depreciation10b7,303,032.	1,981,776.	10c	1,669,104
11	Investments - publicly traded securities	1,421,702.	11	1,713,280
12	Investments - other securities. See Part IV, line 11	, , , -	12	, , ,
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	87,292.	14	32,067
15	Other assets. See Part IV, line 11	.,	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	5,199,786.	16	4,699,547
17	Accounts payable and accrued expenses	605,000.	17	385,425
18	Grants payable	,	18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Loans and other payables to any current or former officer, director,			
tie:	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
ے 23 ا	Secured mortgages and notes payable to unrelated third parties	87,746.	23	206,616
24	Unsecured notes and loans payable to unrelated third parties	· · ·	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	39,099.	25	28,703
26	Total liabilities. Add lines 17 through 25	731,845.	26	620,744
	Organizations that follow FASB ASC 958, check here 🕨 🗴			
Sec	and complete lines 27, 28, 32, and 33.			
0 27	Net assets without donor restrictions	2,953,228.	27	2,402,936
28	Net assets with donor restrictions	1,514,713.	28	1,675,867
	Organizations that do not follow FASB ASC 958, check here			
2	and complete lines 29 through 33.			
b 29	Capital stock or trust principal, or current funds		29	
8 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SE 31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances 87 88 87 88 87 88 87 81 80 82 82 83 80 80 80 80 80 80 80 80 80 80 80 80 80	Total net assets or fund balances	4,467,941.	32	4,078,803
33	Total liabilities and net assets/fund balances	5,199,786.	33	4,699,547
				Form <b>990</b> (20)

INC.

032011 12-23-20

EST SPECIAL SERVICE	S, INC.
EST SPECIAL SERVICE	S, INC

	<u>1 990 (2020)</u> (DBA MSS)	**_**	*6072	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,853		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,375		
3	Revenue less expenses. Subtract line 2 from line 1	3	-521		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,467		
5	Net unrealized gains (losses) on investments	5	132	2,72	25.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,078	3,8C	)3.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	Yes	No
0	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		0		х
2a			2a	_	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:         Separate basis       Consolidated basis         Both consolidated and separate basis	on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000 //	

Form **990** (2020)

032012 12-23-20

SCHEDULE A Public Charity Status and Public Support			OMB No. 1545-0047					
(Form 990 or 990-EZ)			ization is a section 501					2020
			47(a)(1) nonexempt cha					2020
Department of the Treasury Internal Revenue Service			Attach to Form 990 or F					Open to Public
		► Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection
Name of the organization			L SERVICES, 3	LNC.				identification number * - * * * 6072
Part I Reason		MSS) Charity Status	(All organizations must c	omploto th	nic port ) S	oo inotruction		<u>~~~~0072</u>
							5.	
The organization is not a						V A V;)		
			n of churches described Attach Schedule E (Forn			)(A)(I).		
			anization described in so			i)		
	=		njunction with a hospital				)(iii). Enter	the hospital's name.
city, and state	-		·)				,()	·····,
		or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
section 170	b)(1)(A)(iv). ((	Complete Part II.)						
6 🗌 A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X An organizati	on that norma	ally receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general p	public described in
section 170(	<b>)(1)(A)(vi).</b> (C	complete Part II.)						
8 A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9 An agricultura	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a	land-grant	college
or university of	or a non-land-o	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
university:								
			than 33 1/3% of its supp					
			t to certain exceptions; a					-
			(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	inter June 30, 1975.
		mplete Part III.)	volu to tost for public co	foty Soo	soction 50	Q(a)(4)		
	÷	-	vely to test for public sa vely for the benefit of, to	•			rny out the	nurnoses of one or
	÷	-	d in section 509(a)(1) o	-			•	
		-	f supporting organization					
	-	• •	upervised, or controlled		-		-	aivina
		-	gularly appoint or elect a	• • • •	-			
	-	complete Part IV, Se		, ,				
		-	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring
control or n	nanagement c	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
organizatio	n(s). You mus	st complete Part IV,	Sections A and C.					
c 📃 Type III fur	ctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	nd functional	ly integrate	d with,
its supporte	ed organizatio	n(s) (see instructions)	). You must complete I	Part IV, Se	ctions A,	D, and E.		
			orting organization oper				•	( )
that is not f	unctionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness
			nplete Part IV, Sections					
			written determination fro			Туре I, Туре	II, Type III	
			nally integrated supportion	ng organiz	ation.			
f Enter the number	••	•						
g Provide the followi (i) Name of supp		n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetarv	(vi) Amount of other
organization		(	(described on lines 1-10	Yes	ng document? No	support (see in		support (see instructions)
			above (see instructions))	103				
Total								
LHA For Paperwork Re	duction Act N	lotice, see the Instru	uctions for Form 990 or	990-EZ.	032021 01-	25-21 Schee	dule A (For	m 990 or 990-EZ) 2020

## Schedule A (Form 990 or 990-EZ) 2020 (DBA MSS)

Part II

\*\*-\*\*\*6072 Page 2

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	554,149.	696,964.	491,104.	438,788.	2991813.	5172818.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	554,149.	696,964.	491,104.	438,788.	2991813.	5172818.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						14,691.	
6	Public support. Subtract line 5 from line 4.						5158127.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	554,149.	696,964.	491,104.	438,788.	2991813.	5172818.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	18,769.	82,597.	73,469.	78,173.	89,645.	342,653.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						5515471.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 23	,117,463.	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)		
	organization, check this box and stop	b here		-				
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	93.52 %	
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	86.04 %	
	33 1/3% support test - 2020. If the o					ore, check this boy	and	
	stop here. The organization qualifies	as a publicly supp	orted organization				►X	
b	stop here. The organization qualifies as a publicly supported organization         b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual							
17a	and stop here. The organization qualifies as a publicly supported organization							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te			-	-	5		
b	10% -facts-and-circumstances test	-			•			
	more, and if the organization meets th	0						
	organization meets the facts-and-circu							
18	Private foundation. If the organization		-		•			
			,			edule A (Form 990		

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MIDWEST	SPECIAL	SERVICES,	INC.
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# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organiza	tion,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
-	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
<b>19</b> a	<b>33 1/3% support tests - 2020.</b> If the						17 is not
	more than 33 1/3%, check this box a						▶∟
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						•▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
03202	23 01-25-21		16	5	Sch	edule A (Form 9	90 or 990-EZ) 2020

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

# Schedule A (Form 990 or 990-EZ) 2020 (DBA MSS) Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

17

032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 (DBA MSS)
Part IV Supporting Organizations (continued)

	**_	***	6072	Page 5
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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
<u>Soc</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ⊾	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .		.)	
с 2	L The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> <i>how you supported a governmental entity (see ins</i> Activities Test. <b>Answer lines 2a and 2b below.</b>	struction	s). Yes	No
ے a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		165	NU
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
2	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

18

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

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MIDWEST	SPECIAL	SERVICES,	INC.
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Schedule A (Form 990 or 990-EZ) 2020 (DBA MSS)

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

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

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

	dule A (Form 990 or 990-EZ) 2020 (DBA MSS)				*-***6072 Page 7
Par		a)(3) Supporting Orga	nizations (continu	led)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	I	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
•	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2016				
	Excess from 2017 Excess from 2018				
	Excess from 2018 Excess from 2019				
	Excess from 2019 Excess from 2020				
е					

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

INC.

Schedule A	(Form 990 or 990-EZ) 2020 (DBA	MSS)	**-***6072 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and	Provide the explanations required by Part II, line 10; Part II, line 17a, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa t V, Section E, lines 2, 5, and 6. Also complete this part for any add	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,
032028 01-25-2	21	Sche 21	dule A (Form 990 or 990-EZ) 202

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(Form 990, 990-EZ, 990-PF

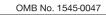
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Department of the Treasury	
Internal Revenue Service	

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY

# Schedule of Contributors

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



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Employer identification number

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MID	WEST	SPECIAL	SERVICES,	INC.
(DB	A MS	S)		

Organization	h	(abaal		
Organization	type	CHECK	one	1.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

#### General Rule

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

#### Special Rules

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

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

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

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

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

Name of organization MIDWEST SPECIAL SERVICES, INC. (DBA MSS)

\*\*-\*\*\*6072

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$74,554.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

12310603 742225 10364020

24 2020.03050 MIDWEST SPECIAL SERVICES, 10364021

Page 2

	B (Form 990, 990-EZ, or 990-PF) (2020)			Page <b>3</b>	
			Emplo	yer identification number	
	ST SPECIAL SERVICES, INC.		**-**6072		
(DBA 1				- * * * 0072	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed	d.		
(a)					
No.	(b)	(c) FMV (or estimate	e)	(d)	
from Part I	Description of noncash property given	(See instructions		Date received	
Parti	STOCK				
1	STOCK				
		\$74,5	54.	12/31/20	
(a)		(c)			
No. from	(b)	FMV (or estimate	e)	(d) Date received	
Part I	Description of noncash property given	(See instructions	.)	Date received	
		\$			
(a)					
No.	(b)	(c)		(d)	
from	Description of noncash property given	FMV (or estimate (See instructions		Date received	
Part I			.)		
		\$			
		Ψ			
(a)					
No.	(b)	(c) FMV (or estimate	e)	(d)	
from Part I	Description of noncash property given	(See instructions		Date received	
		\$			
(a) No.	(b)	(c)		(d)	
from	(b) Description of noncash property given	FMV (or estimate		Date received	
Part I	· · · · · ·	(See instructions	.)		
		\$			
		Ψ		———	
(a)					
No.	(b)	(c) FMV (or estimate	e)	(d)	
from Part I	Description of noncash property given	(See instructions		Date received	
Part I					
		\$			

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of org			Employer identification number			
	T SPECIAL SERVICES, IN	С.				
(DBA M Part III		ions to organizations described in	* * - * * * 6 0 7 2 section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye			
i art in	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line e charitable, etc., contributions of <b>\$1,000 c</b>	entry. For organizations			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_		(e) Transfer of g	gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of g	gift			
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of g	l gift			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
023454 11-25-2	0	1	Schedule B (Form 990, 990-EZ, or 990-PF) (20			

# 12310603 742225 10364020

SC	HEDULE D	Supplementa	al Financial Statements			OMB No. 1545-0047
	Form 990) Complete if the organization answered "Yes" on Form 990.					2020
Deret	- 	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12́l Attach to Form 990.	<b>b.</b>		Open to Public
	ment of the Treasury Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest informa	ation.		Inspection
Nam						identification number * - * * * 6 0 7 2
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds	or Acc		
		n answered "Yes" on Form 990, Part IV, lin				
		· · ·	(a) Donor advised funds	(k	) Funds and	d other accounts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3	Aggregate value o	f grants from (during year)				
4		t end of year				
5	-	on inform all donors and donor advisors in	-			
		on's property, subject to the organization's				Yes No
6	0	on inform all grantees, donors, and donor a	0 0			
		ooses and not for the benefit of the donor o			0	
Par	t II Conserv	ate benefit? ation Easements. Complete if the org	repiration approved "Map" on Form 000 F			Yes No
	-			art IV, I	ine 7.	
1		servation easements held by the organization of land for public use (for example, recrea		a histor	rically impor	tant land area
		f natural habitat	Preservation of Preservation of		· ·	
		n of open space		a certin	eu misione :	structure
2		through 2d if the organization held a qualit	ied conservation contribution in the form o	of a con	servation ea	esement on the last
2	day of the tax year	• • •				at the End of the Tax Year
а	, ,	· onservation easements		t t	2a	
b					2b	
c	•	vation easements on a certified historic stru		Г	2c	
		vation easements included in (c) acquired a				
		nal Register			2d	
3		vation easements modified, transferred, rel			ation during	the tax
	year 🕨			-	-	
4	Number of states	where property subject to conservation eas	sement is located			
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			
	violations, and enf	orcement of the conservation easements it	holds?			Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervatior	easements	during the year
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	ion ease	ements duri	ng the year
	►\$					
8		vation easement reported on line 2(d) abov				
	and section 170(h)	)(4)(B)(ii)?				Yes No
9	-	be how the organization reports conservation	•			
		d include, if applicable, the text of the footr	note to the organization's financial stateme	nts that	t describes i	the
Par		ounting for conservation easements. ations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Si	milar Ass	ets
l ai		f the organization answered "Yes" on Form				
10		elected, as permitted under FASB ASC 95		nd balar	nce sheet w	orks
ia	0	easures, or other similar assets held for put				011(3
		Part XIII the text of the footnote to its finar				
b	· •	elected, as permitted under FASB ASC 95			sheet works	sof
	•	sures, or other similar assets held for public				
		ng amounts relating to these items:				
	•	ded on Form 990, Part VIII, line 1			▶ \$	
					► \$	
2	.,	received or held works of art, historical tre				
		unts required to be reported under FASB A				
а	-	on Form 990, Part VIII, line 1	-		▶ \$	
		Form 990, Part X			▶ \$	
		eduction Act Notice, see the Instructions			Sche	dule D (Form 990) 2020
032051	12-01-20					

12310603 742225 10364020

	_	SPECIAL SI	ERVICES, II	NC.					
	dule D (Form 990) 2020 (DBA MS			0.11		*	* * * *	*6072	Page <b>2</b>
Par	t III Organizations Maintaining C							(continu	ied)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	following that make	e signif	icant us	se of its		
	collection items (check all that apply):								
а	Public exhibition	d		hange program					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further th	ne organization's ex	empt	purpos	e in Part 2	XIII.	
5	During the year, did the organization solicit o							-	
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes"	on For	m 990,	Part IV, I	ne 9, or	
	reported an amount on Form 990, Pa								
<b>1</b> a	Is the organization an agent, trustee, custodi							-	
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		r				
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance				[	1f			
2a	Did the organization include an amount on Fe				bility?			Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	if the organization an	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d)	Three ye	ears back	(e) Four <u>(</u>	years back
1a	Beginning of year balance	1,350,809.	1,160,854.	1,236,987		1,17	73,756.	1,1	111,471.
b	Contributions	79,904.	33,448.	2,593		1	.7,280		19,682.
	Net investment earnings, gains, and losses	179,979.	215,540.	-58,726		16	56,169.		75,991.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs		59,033.	20,000		12	20,218.		33,388.
f	Administrative expenses								
g	End of year balance	1,610,692.	1,350,809.	1,160,854		1,23	36,987.	1,	173,756.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a)	)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment > 57.7000	%							
с	10 000	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held ar	nd administered for	the or	ganizat	tion		
	by:	C C				•		· 1	Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the							L	
Par	t VI   Land, Buildings, and Equipm	ient.							
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11a. S	ee Form 990, Part	X, line	10.			
	Description of property	(a) Cost or o	1			mulated	d	(d) Book	value
		basis (investr	• • •		deprec		-	(,	
1a	Land	· · ·	,	1,224.				421	,224.
	Buildings				,38	4,08	4.		,120.
	Leasehold improvements			4,894.		4,89			0.
	Equipment					1,34		73	,490.
	Other					2,71			,270.
	Add lines 1a through 1e. (Column (d) must e								,104.
rotal	n nua mua ra muugir re. (Column (a) must e	<u>qual FUIII 990, Part</u>	∧, coluititi (B), line l	UU./				_,	, = • = •

Schedule D (Form 990) 2020

### Schedule D (Form 990) 2020 (DBA MSS)

Part VII	Investments - Other Securities.	
	Complete if the organization answered "Ves" on Form 990	Dart

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED COMPENSATION PLAN	
(3)	OBLIGATION	28,703.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	28,703.

Total. (Column (b) must equal Form 990, Part X, Col. (B) line 23.)

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

Schedule D (Form 990) 2020

032053 12-01-20

	MIDWEST SPECIAL SERVICES,	INC.			
	dule D (Form 990) 2020 (DBA MSS)			**_	***6072 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,975,864.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		132,725.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	132,725.
3	Subtract line 2e from line 1			3	7,843,139.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,565.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	10,565.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,853,704.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.			
1	Total expenses and losses per audited financial statements			1	8,365,002.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	_ 2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	8,365,002.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,565.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	10,565.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	8,375,567.
Pa	t XIII Supplemental Information.				

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

### PART V, LINE 4:

THE ENDOWMENT FUND WAS ESTABLISHED TO PROVIDE FUNDING FOR SPECIAL

PROJECTS, SERVICES OR PROGRAMS THAT BENEFIT INDIVIDUALS WHO RECEIVE

SERVICES FROM THE ORGANIZATION.

032054 12-01-20

SCHEDULE G	Suppleme	ental Informa	tion Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)			nswered "Yes" on ered more than \$1			Part IV, line 17, 18, o	r 19,	or if the	2020
Department of the Treasury		•	Attach to Form 990			,			Open to Public
Internal Revenue Service		o to www.irs.gov	//Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization	MIDWEST (DBA MS)		SERVICES,	INC	2.			Employer ide **-**6	ntification number 072
	complete this part		organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
<ol> <li>Indicate whether th         <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person social</li> </ul> </li> <li>2 a Did the organization</li> </ol>	e organization rais tions email solicitations itations blicitations on have a written o ted in Form 990, P 0 highest paid indiv	sed funds throug or oral agreemen art VII) or entity i viduals or entities	e Solicita f Solicita g Special t with any individual n connection with p	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii)	Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
				Yes	No				
Total           3         List all states in whor licensing.	ich the organizatio			contrib	▶ utions	or has been notified	it is (	exempt from re	gistration
LHA For Paperwork R	eduction Act Noti	ice, see the Inst	ructions for Form 9	990 or	990-E	Z. 5	Sche	dule G (Form 9	990 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 (DBA MSS)

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

		of fundraising event contributions and gro	Uss income on Form 990	EZ, IITIES I AND 6D. LIST E		s greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			CELEBRATE			col. (c)
Ð			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	152,302.			152,302.
	2	Less: Contributions	46,024.			46,024.
	3	Gross income (line 1 minus line 2)	106,278.			106,278.
	4	Cash prizes				
(A)	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
lirect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				27,862.
	10				•	27,862.
		Net income summary. Subtract line 10 from li				78,416.
Pa	rt I	II Gaming. Complete if the organization				·
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
s	2	Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)			
		ter the state(s) in which the organization condu				
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b	lf "	No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
0320	32 11	-25-20			Schedule G (Fo	m 990 or 990-EZ) 2020

MIDWEST	SPECIAL	SERVICES,	INC.
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Sch	iedule G (Form 990 or 990-EZ) 2020 (DBA MSS) *	*_*	**6072	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
			13a	%
	a The organization's facility		13b	<u></u> %
	An outside facility	l	130	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address 🕨			
<b>1</b> 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲 and the amoun	t		
	of gaming revenue retained by the third party ▶\$			
	If "Yes," enter name and address of the third party:			
-				
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th			
	organization's own exempt activities during the tax year <b>&gt;</b> \$			
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part	III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	,,
0320	83 11-25-20 Schedule G	(Form	990 or 990	)-EZ) 2020
5520	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			

		MIDWEST	SPECIAL	SERVICES,	INC.		
Schedule G	a (Form 990 or 990-EZ) Supplemental Infor	(DBA MSS mation (contin				**-***6072	Page 4
	ouppionional mon	(contin	uea)				
						Schedule G (Form 990 or	990-EZ)

032084 04-01-20

(Form 990)       For cratial Officers, Directors, Trustees, Key Employees, and Highest Composed Employees and Highest Composed if the organization answered "Yes" on Form 990, Part IV, line 23.	SC	HEDULE J Compensation Information		OMB No. 1	545-004	47
P-complete fit the organization answered "Yes" on Form 990, Part IV, line 23.         Same of the organization         MUREST SPECTAL SERVICES, INC.         (DBA MSS)             Part I Questions Regarding Compensation         MUREST SPECTAL SERVICES, INC.         (DBA MSS)             Part I Questions Regarding Compensation         Mure of the organization         Mure         Mure organization         Mure         Mure organization         Mure organization         Mure         Mure organization         Mure	(Fo			20	20	
Dependent and the expandence of the organization  Minume of the organization  Yes  Mo  Part VII, Section A, line 1a. Complete Part III to provide any of the following these items.  Discretionary spectra of all of the organization follow a writhen policy regarding payment or meinbursement or provision of all of the organization follow a writhen policy regarding payment or meinbursement or provision of all of the organization follow a writhen policy regarding payment or meinbursement or provision of all of the organization follow a writhen policy regarding payment or meinbursement or provision of all of the organization follow a writhen policy regarding payment or meinbursement or provision of all of the organization follow a writhen policy regarding payment or meinbursement or provision of all of the organization follow a writhen policy regarding payment or meinbursement or provision of all of the organization follow a writhen policy organization is CEO/Secutive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation comsultant Compensation committee Minume of other organization Minume of order organization Minume of order organization Minume of order organization Minume of order organization Minume of the organization Minume of the organization arrangement? Minume of the organization Minume of order organization				20	ZU	
International source         Impediation         Impediation         Impediation           Name of the organization         NIDWEST SPECIAL SERVICES, INC.         Employeer identification number ** - *** 6 07 2           Part II         Questions Regarding Compensation         ** - *** 6 07 2           Ia         Chack the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these fems.         First class or charter travel         Payments for business use of personal residence           Tax indemnification and gross-up payments         Payments for business use of personal residence         10           I fary of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expanses described above? If "No," complete Part III to explain         10           2         If any of the following the organization to re imbursing or allowing expenses incurred by all directors, truatese, and offices, including the CEOX-Executive Director, complete Part III to explain         10           2         Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEOX-Executive Director, chargering the times. The checked on line 1a?         2         X           3         Indicate which, if any, of the following the organization used to establish compensation committee         Withen employment contract.         10	Depa	N Attack to Example 000				ic
(DBA_MSS)       ***-***6072         Part I       Questions Regarding Compensation         1a       Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a, Complete Part III to provide any relevant information regarding these items.       Yes       No         Part VII, Section A, Ine 1a, Complete Part III to provide any relevant information regarding these items.       Provembat for business use of personal residence       Part VII, Section A, Ine 1a, Complete Part III to provide any relevant information regarding these items.       Part VII, Section A, Ine 1a, VIII to Personal services (such as maid, chauffeur, cher)       Indicate which, if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above PII fNo, Complete Part III to explain       1b       Indicate which, if any, of the following the cryanization used to establish the compensation of the organization is CECI/Security Direct: Check all that app), to not check any boxes for methods used by a related organization to establish compensation committee       Write regarization is CECI/Security Direct: but explain in Part III.       Compensation committee       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person are provide the applicable amounts for each item in Part III.       5a       X         6 <td>Intern</td> <td>al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.</td> <td></td> <td></td> <td></td> <td></td>	Intern	al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				
Part 1       Questions Regarding Compensation       Ves       No         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items.       Ves       No         Import Side Sor charter travel       Import Side Sor charter travel       Participate Sort Charter travel       Participate Sort Charter travel       Personal services (such as maid, chauffeur, cher)       Import Side Sort Charter travel       10         Discretionary spending account       Personal services (such as maid, chauffeur, cher)       10       10         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or membrushmemt or provision of all of the expenses described above? If "No," complete Part III to explain       10         c       Did the organization require substantiation price bucket, any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, to tenghunship on the program substance or substance and provide substance or substan	Nam					mber
1a       Check the appropriate box(is) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Provide any relevant information regarding the provide any relevant information regarding the provide any relevant provide any relevant or relevant of all of the expenses described adove? If 'No,' complete Part III to provide any relevant or relevant of all of the expenses described adove? If 'No,' complete Part III to provide any relevant of the complete Part III to provide any relevant of the complete Part III to provide any relevant or difference, including the CEO/Executive Director, regarding the items checked on line 1a?       2         2       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       With the memolyment contract       2         3       Indicate which, if any, of the following the organization is SCEO/Executive Director, but explain IP art III.       Compensation committee       2       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization to reserve payment from a supplemental nonqualified retrement plan?			**_**	*607	2	
1a         Check the appropriate box(se) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.                — First-Elass or charter travel             — Travel for companions	Ра	rt I Questions Regarding Compensation				
Part VII, Section A, Ine 1a. Complete Part III to provide any relevant information regarding these items.       Image: Comparison of Comparison			-		Yes	No
Image: Second	1a		0,			
Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal settod organization						
Tax indemnification and gross up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b if any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Written employment contract       2       X         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b Participate in or receive payment from an equity-based compensation arrangement?       4b       X         th "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.       5b       X         Only section 501c/(2), 501c/(4), and 501(c)(29) organizations must complete lines 5-9.       5or persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a						
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation contract       2       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization?       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related any enquive based compensation arrangement?       4a       X         4       During the year, did any person and provide the applicable amounts for each item in Part III.       6a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the eare apuity-based compensation arrangement?			ence			
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the Organization's CEO/Executive Director, but explain in Part III.       Compensation committee       Witten employment contract         Indicate which, if any, of the following the organization were observed by a related organization to establish compensation comultate       Witten employment contract         Compensation committee       Written employment contract       Written employment contract         Independent compensation comsultant       X       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         b       Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:       5a       X         5			chof)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2       X         Compensation committee       Written employment contract       0       0         Compensation committee       Written employment contract       0       0         Compensation or a related organizations       X       Approval by the board or compensation committee       4a       X         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         b Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         Only section 501(c)(3), 501(c)(4), and 501(c)(2) organizations must complete lines 5-9.       5b       X         c For persons listed on Form 990, Part V			51101)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2       X         Compensation committee       Written employment contract       0       0         Compensation committee       Written employment contract       0       0         Compensation or a related organizations       X       Approval by the board or compensation committee       4a       X         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         b Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         Only section 501(c)(3), 501(c)(4), and 501(c)(2) organizations must complete lines 5-9.       5b       X         c For persons listed on Form 990, Part V	h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       Compensation committee       Written employment contract         3       Compensation consultant       X       Compensation committee       Written employment contract         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person issted on Form 990, Part VII, Section A, line 1a, did the organization paragement?       4a       X         4       Darticipati in or receive payment from an equity-based compensation arrangement?       4a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a,	D			1b		
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation comsultee       V       V         Compensation committee       Written employment contract       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b       Participate in or receive payment from an equity-based compensation arrangement?       4a       X         ft "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5o       5b       X         ft "Yes" to nine 6a or 50, describe in Part III.       5a       X         b Any related organization?       5a       X         if "Yes" on line 6a or 6b, describe in Part III.       5a       X         b Any related organization?       6a       X	2					
3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation ormnitte       Image: Compensation ormnitte       Image: Compensation commute       Image: Compensite compensation commute       Image: Commonscience       Image: Commonice       Image:	_			2	х	
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Written employment contract</li> <li>Independent compensation consultant</li> <li>X Compensation survey or study</li> <li>X Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> <li>Putiping the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arangement?</li> <li>Participate in or receive payment from an equity-based compensation arangement?</li> <li>Participate in or receive payment from an equity-based compensation arangement?</li> <li>Participate in or receive payment from an equity-based compensation arangement?</li> <li>Participate of part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retarmings of:</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Ines 5 and 67: If 'Yes," describe in Part III.</li>						
establish compensation of the CEO/Executive Director, but explain in Part III.       Written employment contract         Compensation committee       Written employment contract         Independent compensation consultant       X         Compensation survey or study       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         d b Ny section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         f "Yes" on line 5a or 5b, describe in Part III.       6b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       X         a The organization?       5a       X	3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
□ Compensation committee       □ Written employment contract         □ Independent compensation consultant       ☑ Compensation survey or study         ☑ Form 990 of other organizations       ☑ Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6a       X         An the organization?       5a       X         b Any related organization?       5a       X         ft "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       X         a The organization?       6a       X         b Any related organization?       6a       X         ft "Yes" on line 6a or 6b, describe in Part III.       6b       X		CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization t	to			
Independent compensation consultant       Image: Compensation survey or study         Image: Compensation survey or study       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation or a related organization:         Image: Compensation or a related organization:       Image: Compensation organization:         Image: Compensation or a related organization:       Image: Compensation organization:         Image: Compensation or receive payment from an equity-based compensation arrangement?       Image: Compensation organization:         Image: Compensation Structure or the pay of the persons and provide the applicable amounts for each item in Part III.       Image: Compensation organization organization:         Image: Compensation or the revenues of:       Image: Compensation pay or accrue any compensation contingent on the revenues of:         Image: Compensation?       Image: Compensation pay or accrue any compensation contingent on the revenues of:         Image: Compensation?       Image: Compensation pay or accrue any compensation contingent on the net earnings of:         Image: Compensation?       Image: Compensation pay or accrue any compensation contingent on the net earnings of:         Image: Compensation?       Image: Compensation pay or accrue any compensation contingent on the net earnings of:         Image: Compensation?       Image: Compensation pay or accrue any compensation contingent on the net earnings of:         Image: Compensite don Form 990, Part VII, Sect		establish compensation of the CEO/Executive Director, but explain in Part III.				
Image: Section System       Approval by the board or compensation committee         Image: Section System       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Section		Compensation committee Written employment contract				
4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         lf "Yes" on line 5a or 5b, describe in Part III.       6b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X       6b       X         b       Any related organization?       6a       X       6b       X         f" Yes" on line 6a or 6b, describe in Part		Independent compensation consultant				
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7		X Form 990 of other organizations	nmittee			
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7						
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X       X         b Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         b Any related organization?       6a       X         b Any related organization?       6a       X         b Any related organization	4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 99		organization or a related organization:				
c       Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III </td <td>а</td> <td>Receive a severance payment or change-of-control payment?</td> <td></td> <td>4a</td> <td></td> <td><u> </u></td>	а	Receive a severance payment or change-of-control payment?		4a		<u> </u>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Control of Co				4b		<u> </u>
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <ul> <li>a</li> <li>The organization?</li> <li>b</li> <li>Any related organization?</li> <li>ff "Yes" on line 5a or 5b, describe in Part III.</li> <li>6</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li></ul>	С			4c		X
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X       <		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X       <						
contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         contingent on the net earnings of:       6b       X         a The organization?       6b       X         b Any related organization?       6b       X         fi "Yes" on line 6a or 6b, describe in Part III.       7       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	_					
a The organization?       5a       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         contingent on the net earnings of:       6b       X         a The organization?       6b       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	5					
b       Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       I				-		v
If "Yes" on line 5a or 5b, describe in Part III.         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a       The organization?         b       Any related organization?         if "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.         7       For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?						
6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	a			50		
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9	e					
a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	0					
b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	2			62		x
If "Yes" on line 6a or 6b, describe in Part III.       7         7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9						<u> </u>
7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	D.					
not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	7					
<ul> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 9</li> </ul>				7		X
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III <b>8 X</b> 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? <b>9</b>	8					
9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in         Regulations section 53.4958-6(c)?       9	-			8		X
Regulations section 53.4958-6(c)?	9					
				9		
	LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		e J (Forn	n <b>990</b> )	2020

032111 12-07-20

Schedule 1 (Form 990) 2020 (DBA MSS	i Ω Σ	S )			**-**6072	072		Dare 3
s, Trustee:	oldm	yees, and Highest C	Compensated Empl	oyees. Use duplica	te copies if additional s	space is needed.		1 ) ) ) )
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.	orm 5	oorted on Schedule . 900, Part VII.	l, report compensati	ion from the organiz	ation on row (i) and fro	n related organizations	s, described in the instr	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	∋d inc	lividual must equal th	ne total amount of F	orm 990, Part VII, Se	sction A, line 1a, applic	able column (D) and (E	:) amounts for that indi	vidual.
		(B) Breakdown of W-2 an	W-2 and/or 1099-MI	Id/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	Denefits	(CI)-(I)(EI)	in column (b) reported as deferred on prior Form 990
(1) JULIE JOHNSON	()	141,395.	0	0.	4,369.	19,014.	164,778.	0.
PRESIDENT	) (ii)		0.	0.	.0	.0		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
							Schedu	Schedule J (Form 990) 2020

MIDWEST SPECIAL SERVICES, INC. (DBA MSS)

032112 12-07-20

SCHEDULE L	-	Frans	sactior	ns W	/ith	Inter	ested	Р	ersons			ON	/IB No. <sup>-</sup>	1545-00	)47
(Form 990 or 990-EZ)	Complete if t		nization and 3b, or 28c, d						line 25a, 25b, 20 40b.	6, 27,	28a,		2	02	20
Department of the Treasury			Atta	ch to l	Form 9	990 or Fo	rm 990-EZ	<u>.</u>					pen T		olic
Internal Revenue Service			_					late	st information.	1			spect		
Name of the organization	MIDWEST		CIAL S	ERV:	ICES	S, IN	С.				-	ident		on nu	ımber
Dort L Evenes Rev	(DBA MS	,										*60	72		
									n 501(c)(29) organ						
Complete if the			<u>d "Yes" on I</u> ionship betv				25a or 25b	, or	Form 990-EZ, Pa	irt V, I	ne 40	b.	(d)	Corre	ected?
(a) Name of disqualified	d person		erson and or			meu	(c	c) De	escription of tran	sactio	n			es	No
				-											110
2 Enter the amount of ta	-	•		0				•	-						
3 Enter the amount of ta	ix, if any, on lin	e 2, abo	/e, reimburs	ed by 1	ine org	ganization					▶ ३				
Part II Loans to a	nd/or From	Intere	sted Pers	sons.											
Complete if the	e organization	answere	d "Yes" on I	- orm 9	90-EZ.	, Part V, lii	ne 38a or F	orm	990, Part IV, line	e 26; d	or if th	e orga	nizatio	n	
reported an an	0					, , ,				,		5			
(a) Name of	(b) Relation		) Purpose	(d) Lo			riginal	(f	) Balance due	(g)	In	(h) Ap by bo		(I) V	Vritten
interested person	with organiz	ation	of loan	from organiz		principa	l amount			defa	ult?	comm		agree	ement?
				То	From					Yes	No	Yes	No	Yes	No
															<u> </u>
															<u> </u>
															+
															+
															+
Total	l	1		1		I	🕨 \$								1
Part III Grants or A	Assistance	Benefi	ting Inter	estec	l Per	sons.									
Complete if the	e organization	answere	d "Yes" on I	Form 9	90, Pa	art IV, line	27.								
(a) Name of interested	d person	(b) F	Relationship	betwe	en	(c) A	mount of		<b>(d)</b> Type	of		(e	) Purp	ose c	of
			erested pers		k	as	sistance		assistand	ce		ä	assista	ance	
			the organiza	ation											
		ļ													
LHA For Paperwork Redu	uction Act Not	ice, see	the Instruc	tions f	or For	m 990 or	990-EZ.	_	Sche	dule	L (For	m 990	or 99	90-EZ	2020

# Schedule L (Form 990 or 990-EZ) 2020 (DBA MSS) Part IV Business Transactions Involving Interested Persons.

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

<b>(a)</b> Na	me of interested person		onship between n and the organ		(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
							Yes	No
MARK NOV	ITZKI	BOARD	MEMBER;	PRESI	31,030	PRINCIPAL P		X

#### Part V Supplemental Information.

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

#### SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MARK NOVITZKI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER; PRESIDENT - PREMIER BANK, PRIMARY BANKING INSTITUTION

(D) DESCRIPTION OF TRANSACTION: PRINCIPAL PAYMENTS ON LOAN BALANCES

Schedule L (Form 990 or 990-EZ) 2020

032132 12-09-20

Name Par	of the organization MIDWEST SPEC (DBA MSS) tI Types of Property	IAL SE	RVICES, II	NC.	Employer id	entificatio	on nur	
Par								nber
Par	t I Types of Property				**	-***6	072	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont			S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities - Publicly traded	X	2	83,820.				
	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
	Securities - Miscellaneous							
	Qualified conservation contribution -							
	Historic structures							
	Qualified conservation contribution - Other							
	Real estate - Residential							
	Real estate - Commercial							
	Real estate - Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other (RENT ABATEMEN)	X	3	60.796.	ESTIMATED	FAIR	VAI	LUI
	Other (CELEBRATE-SPE)	X	1		ESTIMATED			
	Other $\blacktriangleright$ ( )							
	Other ( )							
	Number of Forms 8283 received by the organiz	I zation during	l the tax year for e					
	for which the organization completed Form 82							
							Yes	No
	During the year, did the organization receive by							
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be use	ed for			
	exempt purposes for the entire holding period?	?				. 30a		X

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

#### SCHEDULE M (Form 990)

Department of the Treasury

# Noncash Contributions

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

Attach to Form 990.

Schedule M (Form 990) 2020

Х

Х

31

32a

OMB No. 1545-0047

2020

Open to Public

032141 11-23-20

33

LHA

**b** If "Yes," describe in Part II.

describe in Part II.

	MIDWEST	SPECIAL	SERVICES,	INC.
) 2020	(DBA MSS	3)		

Schedule M	(Form 990) 2020	(DBA	MSS)	·	**	-***6072	Page <b>2</b>
Part II	Supplemental is reporting in Part this part for any add	Informa I, column ditional in	a <b>tion.</b> (b), the formatio	Provide the information required by Part I, lines 30b, 32b, and 33, number of contributions, the number of items received, or a combin.	and wi nation	nether the organizati of both. Also compl	on ete
032142 11-23-2	U				;	Schedule M (Form S	əəu) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information. MIDWEST SPECIAL SERVICES, INC.

(DBA MSS)

Employer identification number

OMB No. 1545-0047

Open to Public

Inspection

\*\*-\*\*\*6072

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

COMMUNITY.

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

DAY AND EMPLOYMENT SERVICES TO MAKE THAT VISION A REALITY.

FORM 990, PART VI, SECTION A, LINE 2:

MARK NOVITSKI - PRESIDENT OF OUR FINANCIAL INSTITUTION - ABSTAINS FROM

VOTES RELATED TO LOANS OR RELATED BUSINESS.

LYNN SCHMIDT, DAN RYAN, JANE MILLER, AND ROBERT SICOLI ARE RELATED TO

PEOPLE RECEIVING SERVICES IN OUR PROGRAMS.

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

THE BOARD OF DIRECTORS WILL RECEIVE A COPY OF THE FORM 990. OUR BOARD OF DIRECTORS WILL REVIEW THE 990 FOR 2020 PRIOR TO SUBMISSION. EVERYONE WILL RECEIVE A COPY OF THIS DOCUMENT FOR THEIR RECORDS.

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

ALL DIRECTORS AND KEY EMPLOYEES COMPLETE A WRITTEN DECLARATION THAT

OUTLINES THE DETAILS OF ANY CONFLICTS OF INTEREST THAT THEY MAY HAVE.

THESE WRITTEN DECLARATIONS ARE FORWARDED TO THE CHAIR OF THE GOVERNANCE AND

NOMINATING COMMITTEE WHO THEN REVIEWS THEM, AND IF APPROPRIATE, GATHERS

ADDITIONAL INFORMATION. IN ADDITION, THE FORMS ARE REVIEWED BY THE

EXECUTIVE TEAM WHO HAVE BEEN CHARGED BY THE BOARD WITH THIS DUTY. IN

THE EXECUTIVE TEAM MONITORS BOARD MEMBERS AND KEY EMPLOYEES ADDITION,

THROUGHOUT THE YEAR TO ENSURE THAT NO POLICY VIOLATIONS REGARDING CONFLICTS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020 032211 11-20-20

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42

Schedule O (Form 990 or 990-EZ) 2020	Page 2		
Name of the organization MIDWEST SPECIAL SERVICES, INC.	Employer identification number		
(DBA MSS)	**-***6072		
OF INTERESTS OCCUR IN THE OPERATION OF AGENCY BUSINESS. A	SUMMARY REPORT		
NOTING ANY POLICY VIOLATIONS AND CORRECTIVE ACTIONS TAKEN	IS SUBMITTED TO		
THE BOARD ON AN ANNUAL BASIS.			

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

ON AN ANNUAL BASIS, THE GOVERNANCE AND NOMINATING COMMITTEE REVIEWS THE PREFORMANCE AND COMPENSATION OF THE PRESIDENT AND MAKES RECOMMENDATIONS TO THE BOARD REGARDING RETENTION, SALARY AND BENEFITS. THE HR DEPARTMENT PREPARES INFORMATION ON SALARY AND BENEFIT LEVELS FOR CEO'S OF SIMILAR ORGANIZATIONS BASED ON SALARY SURVEYS, INFORMATION FROM FORM 990S, AND CONSULTATION WITH OTHER HR DEPARTMENTS OF LOCAL NONPROFIT AGENCIES. THIS INFORMATION IS PRESENTED TO THE GOVERNANCE AND NOMINATING COMMITTEE PRIOR TO THEIR PERFORMANCE AND SALARY REVIEW OF THE PRESIDENT. THE NOMINATING COMMITTEE PREPARES RECOMMENDATIONS WHICH ARE THEN PRESENTED TO THE BOARD OF DIRECTORS AT A REGULAR BOARD MEETING. THE FULL BOARD MAKES THE FINAL DECISION ON RETENTION, SALARY, AND BENEFITS FOR THE PRESIDENT. THE ORGANIZATION MAINTAINS A FORMAL SALARY SCHEDULE FOR OTHER KEY EMPLOYEES, WHICH INCLUDES THE VP OF PROGRAMS. THE SALARY SCHEDULE IS REVIEWED ANNUALLY AND IS COMPARED TO SALARY AND BENEFIT INFORMATION FOR SIMILAR POSITIONS GAINED FROM SALARY AND BENEFIT SURVEYS, INFORMATION FROM FORM 990S OF SIMILAR ORGANIZATIONS, AND DISCUSSIONS WITH A FEW KEY HR DEPARTMENTS OF LOCAL AGENCIES SIMILAR TO THE ORGANIZATION. THIS INFORMATION IS SHARED WITH THE PRESIDENT. IF NECESSARY, THE SALARY SCHEDULE IS REVISED AT THAT TIME. THE PRESIDENT DOES THE PERFORMANCE AND SALARY REVIEW OF THESE KEY STAFF ON AN ANNUAL BASIS AND THE PRESIDENT MAKES THE DECISION REGARDING RETENTION AND SALARY LEVELS OF THESE EMPLOYEES.

43

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

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020         Name of the organization       MIDWEST SPECIAL SERVICES, INC.         (DBA MSS)	Page 2 Employer identification number **-**6072
THE STATEMENT OF ACTIVITIES FROM THE AUDITED FINANCIAL STA	TEMENTS IS
PUBLISHED IN THE ANNUAL REPORT, WHICH IS MAILED EACH YEAR	TO FUNDERS,
DONORS, AND OTHER FRIENDS OF THE ORGANIZATION. IT IS ALSO	AVAILABLE ON THE
ORGANIZATION'S WEBSITE. THE FULL AUDITED FINANCIAL STATEME	NT IS MAILED ON
AN ANNUAL BASIS TO MAJOR FUNDERS. IT IS ALSO AVAILABLE UPO	N REQUEST. THE
GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY AR	E AVAILABLE UPON
REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	