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As Filed Data -

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

DLN: 93491196011560 OMB No. 1545-0052

2019

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Department of the Treasury
Intomol Doronno Comico

Form 990-PF

Internal Revenue Service

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

Open to Public ▶ Go to www.irs.gov/Form990PF for instructions and the latest information. Inspection For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019 A Employer identification number THE UNION HOME FOUNDATION INC 46-3696382 Number and street (or P.O. box number if mail is not delivered to street address) 8241 DOW CIRCLE WEST B Telephone number (see instructions) (440) 536-3496 City or town, state or province, country, and ZIP or foreign postal code STRONGSVILLE, OH $\,$ 44136 ${f C}$ If exemption application is pending, check here ☐ Initial return ☐ Initial return of a former public charity G Check all that apply: **D 1.** Foreign organizations, check here....... 2. Foreign organizations meeting the 85% test, check here and attach computation ... Amended return ☐ Final return Address change ☐ Name change If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation **H** Check type of organization: under section 507(b)(1)(A), check here \square Section 4947(a)(1) nonexempt charitable trust \square Other taxable private foundation I Fair market value of all assets at end J Accounting method: ✓ Cash ☐ Accrual If the foundation is in a 60-month termination of year (from Part II, col. (c), under section 507(b)(1)(B), check here ☐ Other (specify) line 16) >\$ 681,381 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total Disbursements Revenue and (b) Net investment (c) Adjusted net for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books equal the amounts in column (a) (see instructions).) (cash basis only) Contributions, gifts, grants, etc., received (attach 223,528 schedule) Check \blacktriangleright \bigsqcup if the foundation is **not** required to attach 2 11.356 11.356 3 Interest on savings and temporary cash investments Dividends and interest from securities Gross rents 5a b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . 10a Gross sales less returns and allowances Less: Cost of goods sold Gross profit or (loss) (attach schedule) c Other income (attach schedule) 36,779 11 Total. Add lines 1 through 11 271,663 11,356 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule) . . . 4,015 Accounting fees (attach schedule) 4,015 Other professional fees (attach schedule) ر**چه** 7,810 7,810 [چە 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 19 20 21 Travel, conferences, and meetings 22 Printing and publications . . 4,358 4,358 23 Other expenses (attach schedule) 77,855 77,685 24 Total operating and administrative expenses. Add lines 13 through 23 . . . 94,338 93,868 154,000 25 Contributions, gifts, grants paid 154,000 26 Total expenses and disbursements. Add lines 24 and 25 248,338 247,868 27 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements

Net investment income (if negative, enter -0-)

Adjusted net income (if negative, enter -0-) . . .

Beginning of year

Page 2

End of year

681,381

658,056

681,381

681,381 Form **990-PF** (2019)

23,325

0

0

1

2

3

4

5

6

658,056

Form 990-PF (2019)

30

Part III

2

3

4

5

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

of-year figure reported on prior year's return)

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶ _

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

	2	Savings and temporary cash investments	604,567	543,267	543,267
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ▶			
<u>.</u>	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe 🕨)	9	9 6,000	9 6,000
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	658,056	681,381	681,381
	17	Accounts payable and accrued expenses			
	18	Grants payable			
<u>ie</u>	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jat	21				
-		Mortgages and other notes payable (attach schedule)			
- 1	22	Mortgages and other notes payable (attach schedule)			
	22 23	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	0	0	
Ş		Other liabilities (describe —) Total liabilities(add lines 17 through 22)	0	0	
nces		Other liabilities (describe	0	0	
alances		Other liabilities (describe) Total liabilities(add lines 17 through 22) Foundations that follow FASB ASC 958, check here	0	0	
Balance	23	Other liabilities (describe Total liabilities(add lines 17 through 22)	0	0	
1 Balance	23	Other liabilities (describe Total liabilities(add lines 17 through 22) Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29 and 30. Net assets without donor restrictions Net assets with donor restrictions	0	0	
Fund Balance	23	Other liabilities (describe Total liabilities(add lines 17 through 22) Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29 and 30. Net assets without donor restrictions Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here ✓	0	0	
Fund Balance	24 25	Other liabilities (describe Total liabilities(add lines 17 through 22)			
Fund Balance	24 25 26	Other liabilities (describe Total liabilities(add lines 17 through 22)	0	0	
Fund Balance	24 25 26 27	Other liabilities (describe Total liabilities(add lines 17 through 22)	0 0	0	
1 Balance	24 25 26	Other liabilities (describe Total liabilities(add lines 17 through 22)	0	0 0 681,381	

2-story brick warehouse; or common stock, 200 shs. MLC Co.)

(a) List and describe the kind(s) of property sold (e.g., real estate,

Date acquired

How acquired

P—Purchase

		D—Dona	tion	(1110., day, y1.)	(IIIO., day, yr.)
1a					
	(f)	(g)		(h)
(e) Gross sales price	Depreciation allowed	Cost or other basis			r (loss)
Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) minus (g)
a					
b					
c					
d					
e					
Complete only for assets sho	wing gain in column (h) and own	ed by the foundation on 12/31/69		(I)
·	(i)	(k)			h) gain minus
(i) F.M.V. as of 12/31/69	Adjusted basis	Excess of col. (i)		col. (k), but not	less than -0-) or
F.M.V. as of 12/31/09	as of 12/31/69	over col. (j), if any		Losses (fro	om col.(h))
a					
b					
c					
d					
e					
2 Capital gain net income or (If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	}		
	(J	2	
3 Net short-term capital gain	or (loss) as defined in sections 17	222(5) and (6):			
· · · · · · · · · · · · · · · · · · ·	line 8, column (c) (see instructio	ns). If (loss), enter -0-	1	_	
in Part I, line 8			• }	3	
Part V Qualification Und	or Faction 4040(a) for Box	duced Tay on Not Investme	mt In	como	
		duced Tax on Net Investme			
(For optional use by domestic privat	te foundations subject to the sect	ion 4940(a) tax on net investmen	t incon	ne.)	
If section 4940(d)(2) applies, leave	this part blank.				
	•	l			es 🔽 No
Was the foundation liable for the sec If "Yes," the foundation does not qu			perioa	? □ Y€	es 🛂 No
	<u> </u>	see instructions before making any	entrio	c	
(a)			T	(d)	
Base period years Calendar	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution rati	
year (or tax year beginning in)				(col. (b) divided by c	
2018	382,799	534,333	+		0.716407
2017	135,606	362,400	_		0.374189
2016	118,460	230,499	_		0.513928
2015	0	10,26	-		0.000000
2014			<u> </u>		
			2		1.604524
		ne total on line 2 by 5.0, or by the	3		0.401131
	on has been in existence if less th Iritable-use assets for 2019 from		4		655,667
		•	5		263,008
• • •	ncome (1% of Part I, line 27b)		6		114
	, , , , , , , , , , , , , , , , , , , ,		_	+	
	form Deat VII line 4		7		263,122
	from Part XII, line 4 ,		8	10/ 10	247,868
If line 8 is equal to or greater instructions.	tnan line /, check the box in Par	t VI, line 1b, and complete that p	art usir	ng a 1% tax rate. Se	e tne Part VI
mad deciona.				Fc	orm 990-PF (201

Pai	rt ATI-B	Statements Regard	ıng	Activities for Which	Form 4/20 May Be	Requirea	continue	ea)				
5a	During the	year did the foundation p	ау о	r incur any amount to:							Yes	No
	(1) Carry	on propaganda, or otherw	ise a	ttempt to influence legisl	ation (section 4945(e))?		☐ Yes	✓	No			
	(2) Influe	nce the outcome of any sp	ecifi	c public election (see sect	tion 4955); or to carry			_				
	on, di	rectly or indirectly, any vo	ter re	egistration drive?			Yes	✓	No			
	(3) Provid	le a grant to an individual	for t	ravel, study, or other sim	ilar purposes?		Yes	✓	No			
	(4) Provid	le a grant to an organizati	on ot	her than a charitable, etc	, organization described	d						
		tion 4945(d)(4)(A)? See ir					☐ Yes	✓	No			
		le for any purpose other th										
		tional purposes, or for the	•	•			Yes	✓	No			
b	-	wer is "Yes" to 5a(1)–(5),		= =			ribed in					
	_	ns section 53.4945 or in a						•		5b		
	•	ons relying on a current n		5 5			•					
С		wer is "Yes" to question 5a			•							
		se it maintained expenditu		-			Yes		No			
		ttach the statement requir										
6a		undation, during the year,										
		I benefit contract?					☐ Yes	✓	No			
b		undation, during the year,	pay	premiums, directly or ind	lirectly, on a personal be	nefit contract	?	•		6b		No
		6b, file Form 8870.										
7a	-	ne during the tax year, was					☐ Yes	✓	No			
b		id the foundation receive a		•				•		7b		
8		ndation subject to the sect				in remunerat	ion or					
	excess pa	rachute payment during th	ie ye	ar?			Yes	✓	No			
Pai	rt VIII	Information About C	offic	ers, Directors, Trust	tees, Foundation Ma	anagers, Hi	ghly Pa	id Er	nplo	yees,		
ГШ	CVIII	and Contractors										
1	List all of	ficers, directors, trustee	s, fo	oundation managers ar	d their compensation	. See instruc	tions					
		1 11	(b) Title, and average	(c) Compensation (If		ributions :		(e)	Expen	ise acci	ount,
	(a) Na	me and address		hours per week devoted to position	not paid, enter -0-)	employee be deferred o			1 ' '		lowanc	
C WIL	LIAM COSGR	OVE JR	CHAI	RMAN	0	 	ompensac	<u></u>				
	DOW CIRCLE		2.00					·				ŭ
	NGSVILLE, O											
PAUL	A COSGROVE		VICE 2.00	-CHAIRMAN	0	1		0				0
	DOW CIRCLE NGSVILLE, OF		2.00									
	LD GRIFFITH		SECE	ETARY	0			0	1			
	DOW CIRCLE		2.00	a i i i i i i i i i i i i i i i i i i i	ľ			·	Ί			U
	NGSVILLE, O											
SCOT	T SCHADEN			URER	0	1		0				0
	DOW CIRCLE		2.00									
2	NGSVILLE, OF	1 44136 ation of five highest-pai	d er	anlovees (other than t	 hose included on line !	 1 —see instru	ctions)	If no	<u> </u>	ntor "	NONE	71
	Compens	ation of five ingliest par	u ci				ributions		iic, ci	itt	ITOITE.	
(a)		address of each employee	paid	(b) Title, and average hours per week	(c) Compensation		ee benefit		(e)	Expens	se acco	unt,
	mo	ore than \$50,000		devoted to position	(c) compensation		d deferre	d	ot	her all	owance	es
NONI	<u> </u>			,		comp	ensation					
NON	<u> </u>											
Tota	I number of	f other employees paid ove	er \$5	0,000			. •					0
									For	m 99 0	0-PF (2019)

Form 990-PF (2019)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional servic	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ		r of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see i	nstructions)	
Describe the two largest program-related investments made by the foundation during the	<u> </u>	Amount
1	,	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		• o
Total Add Mico Landagn 5		Form 990-PF (2019)

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2a |

2b

Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4

organizations check here

and do not complete this part.)

Tax on investment income for 2019 from Part VI, line 5.

Income tax for 2019. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Page 8

9,985

655.667

32.783

32,783

227

32,556

32.556

32.556

247,868

247.868

247.868

Form 990-PF (2019)

4

5

6

2c

3

4

5

6

7

1a

1b

2

За 3h

4

5

227

Form 990-PF (2019)

Part X

5

6

1

2a

3

4 5

6

1

2

3

4

5

b

Part XII

Part XI

Part XIIII Undistributed Income (see instruc	ctions)			
	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
Distributable amount for 2019 from Part XI, line 7				32,556
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only			0	
b Total for prior years: 20, 20, 20		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016 106,502				
d From 2017				
e From 2018				
f Total of lines 3a through e	580,406			
4 Overlighten dietailentieren fan 2010 fanne Deut			l	

215,312

795,718

795,718

106,502

117,630

356,274

215,312

Page 9

32,556

Form **990-PF** (2019)

С	From 2016.										106	,502	
d	From 2017.										117	,630]
e	From 2018.										356	,274]
f	Total of lines	За	thr	ou	gh e	e							
1	Qualifying dist	rib	utic	ns	for	2019	fro	m F	art				
	XII, line 4: ▶	\$						24	7,86	8			

a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

6 Enter the net total of each column as

9 Excess distributions carryover to 2020.

Subtract lines 7 and 8 from line 6a.

10 Analysis of line 9: a Excess from 2015. .

b Excess from 2016. .

c Excess from 2017. .

e Excess from 2019. .

d Excess from 2018. . .

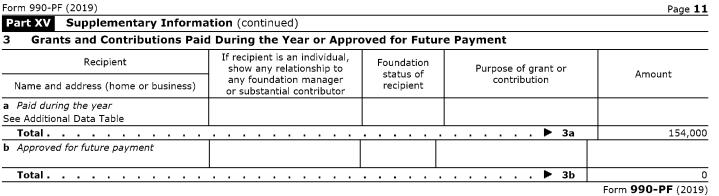
indicated below:

Forr	n 990-PF (2019)					Page 1 0
F	art XIV Private Operating Found	ations (see instr	uctions and Part \	VII-A, question 9)		
1a	If the foundation has received a ruling or defoundation, and the ruling is effective for 20			erating		
b	Check box to indicate whether the organization	on is a private oper	ating foundation des	scribed in section	☐ 4942(j)(3) or ☐] 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) rotar
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Da	Supplementary Information			foundation had	\$5,000 or more	in
1	Information Regarding Foundation Mana- List any managers of the foundation who have	agers: re contributed more	than 2% of the tota			on .
h	before the close of any tax year (but only if List any managers of the foundation who own					
	ownership of a partnership or other entity)	of which the foundar	ion has a 10% or g	reater interest.	large portion of the	
2	Information Regarding Contribution, Gr	ant, Gift, Loan, Sc	holarship, etc., Pr	ograms:		
	Check here ▶ ☐ if the foundation only mak unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, a	tion makes gifts, gr	ants, etc. to individu			
a	The name, address, and telephone number of ONLINE GRANT APPLICATION VIA SURVEY 8241 DOW CIRCLE WEST STRONGSVILLE, OH 44136 (440) 536-3496 GRANTS@UNIONHOMEFOUNDATION.COM	or e-mail address of	the person to whom	n applications shoul	d be addressed:	
b	The form in which applications should be sul	omitted and informa	tion and materials t	:hey should include:		
	GRANT APPLICATIONS ARE ACCEPTED QUAR REVIEW EACH APPLICATION WITHIN SIX W NECESSARY FROM THE APPLICANT. TO APPL APPLY. PLEASE SEE STATEMENT 12 FOR FUR	EEKS AFTER THE CO LY FOR A GRANT, YO	MPLETED GRANT C DU WILL BE PROMPT	YCLE AND MAY ASK FED TO COMPLETE A	FOR ADDITIONAL IN RELIGIBILITY QUIZ	IFORMATION IF BEFORE YOU MAY
C	Any submission deadlines: 2019/2020 GRANT CYCLE GRANT DEADLINE	: O1: FFBRUARY 15	i. 02: MAY 15, 03:	AUGUST 15 O4· NO	VEMBER 15	
d	Any restrictions or limitations on awards, su factors:					

THE UNION HOME FOUNDATION, INC. DOES NOT PROVIDE GRANT SUPPORT TO INDIVIDUALS OR INDIVIDUAL FUNDRAISING EFFORTS, POLITICAL CAMPAIGNS/PARTIES, RELIGIOUS ORGANIZATIONS, GROUPS THAT DISCRIMINATE ON THE BASIS OF AGE, RELIGION, COLOR, RACE, SEX, SEXUAL ORIENTATION, GENDER IDENTITY OR NATIONAL ORIGIN, DISEASE RELATED CAUSES (SPECIAL EXCEPTION MAY BE MADE

IF THE EVENT ADVANCES OUR CORPORATE PURPOSE) AND INDIVIDUAL SPORTS TEAMS, CLUBS, AND ACTIVITIES. THE ONLY OTHER RESTRICTION IS THAT WE ASK OUR GRANT RECIPIENTS TO COMPLETE A GRANT AGREEMENT AND SUBMIT A FINAL REPORT A YEAR AFTER

THE GRANT WAS AWARDED.



Part XVI-A Analysis of Income-Producing	Activities				
inter gross amounts unless otherwise indicated.	Unrelated b	usiness income (b)	Excluded by section	(d)	(e) Related or exempt function income
1 Program service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
a					
b c					
d					
e					
f					
g Fees and contracts from government agencies					
 Membership dues and assessments. Interest on savings and temporary cash investments 			14	11,356	
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate:				11,550	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property7 Other investment income.					
8 Gain or (loss) from sales of assets other than					
inventory					
9 Net income or (loss) from special events:			01	-24,252	
.0 Gross profit or (loss) from sales of inventory .1 Other revenue: a					
b					
c					
d					
e					
e		0	12	-12,896	
e	lations.)		13	-12,896 3	
e	lations.) ne Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes Fart XVI-A contribu	ted importantly to	-12,896
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes Fart XVI-A contribu	ted importantly to	-12,896
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes Fart XVI-A contribu	ted importantly to	-12,896
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes Fart XVI-A contribu	ted importantly to	-12,896
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes Fart XVI-A contribu	ted importantly to	-12,896
e	lations.) ne Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes Fart XVI-A contribu	ted importantly to	-12,896
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes Fart XVI-A contribu	ted importantly to	-12,896
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes Fart XVI-A contribu	ted importantly to	-12,896
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes Fart XVI-A contribu	ted importantly to	-12,896
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes Fart XVI-A contribu	ted importantly to	-12,896
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes Fart XVI-A contribu	ted importantly to	-12,896
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes Fart XVI-A contribu	ted importantly to	-12,896
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes Fart XVI-A contribu	ted importantly to	-12,896
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes Fart XVI-A contribu	ted importantly to	-12,896
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes Fart XVI-A contribu	ted importantly to	-12,896
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes Fart XVI-A contribu	ted importantly to	-12,896
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes Fart XVI-A contribu	ted importantly to	-12,896
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes Fart XVI-A contribu	ted importantly to	-12,896
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes Fart XVI-A contribu	ted importantly to	-12,896
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempleted in column (e) of	pt Purposes Fart XVI-A contribu	ted importantly to	-12,896

Form 990-P	PF (2019)						Pa	ige 13
Part XV	Information Re Exempt Organi		fers To and Transact	ions and I	Relationships With Nonchari	table		
	organization directly or in er than section 501(c)(3)				ganization described in section 501 anizations?		Yes	No
a Transfe	rs from the reporting foun	dation to a noncha	aritable exempt organization	on of:				
(1) Ca	sh					1a(1)		No
(2) Ot	her assets					1a(2)		No
b Other to	ransactions:							
(1) Sa	les of assets to a nonchar	itable exempt orga	nization			1b(1)		No
(2) Pu	rchases of assets from a r	oncharitable exem	npt organization			1b(2)		No
	ntal of facilities, equipmer	•				1b(3)		No
	imbursement arrangemen					1b(4)		No
` '	ans or loan guarantees.					1b(5)		No
	formance of services or m	•	-			1b(6)		No
_					should always show the fair market	1c		No
in any t	ransaction or sharing arra	ngement, show in	column (d) the value of t	he goods, ot	n received less than fair market valu ther assets, or services received.			
(a) Line No.	(b) Amount involved	(c) Name of nonch	aritable exempt organization	(d) Des	cription of transfers, transactions, and sha	aring arra	ngemer	nts
describ	oundation directly or indirectly or indirectly or indirectly of in section 501(c) (other complete the following some (a) Name of organization	r than section 501(chedule.	· · · · · · · · · · · · · · · · · · ·			✓ No		
	(=) or organization		(=) . , pe or organiza		(C) Description of Teletr	e.np		
			I		Î.			

(a) Name of organization	(b) Type of organization	(C) Description of relationship
Under penalties of perjury. I declare that I have	ve examined this return, including acc	companying schedules and statements, and to the hest

of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return 2020-07-14 with the preparer shown

Sign Here Signature of officer or trustee Title Date (see instr.) 🗹 Yes 🗆 No Print/Type preparer's name Preparer's Signature Date PTIN Check if self-P01326831 employed ▶ 🔲 KATHRYN DRAKE Paid **Preparer** PEASE & ASSOCIATES LLC Firm's name ▶ Firm's EIN ▶36-4267431 **Use Only** Firm's address ► 1422 EUCLID AVE SUITE 400 Phone no. (216) 348-9600 CLEVELAND, OH 44115

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
ALLEN TEMPLE AME CHURCH 232 ARNOLD MILL ROAD WOODSTOCK, GA 30188	PC	PARTNER IMPACT AWARD	2,000
AWAKENING ANGELS	PC	PARTNER IMPACT AWARD	2 000

•			
AWAKENING ANGELS 18605 DETRIOT AVENUE LAKEWOOD, OH 44107	PC	PARTNER IMPACT AWARD.	2,0
BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA INC	PC	TO SUPPORT THE LITTLE IMPACTS PROGRAM - LIFE	5,0

AWAKENING ANGELS 18605 DETRIOT AVENUE LAKEWOOD, OH 44107	PC	PARTNER IMPACT AWARD.	2,00
BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA INC 2960 N MERIDIAN STREET NO 150	PC	TO SUPPORT THE LITTLE IMPACTS PROGRAM - LIFE SKILLS THRIVING INDICATOR	5,00

Total .

CENTRAL INDIANA INC 2960 N MERIDIAN STREET NO 150 IMPACTS PROGRAM - LIFE SKILLS THRIVING INDICATOR	LAKEWOOD, OH 44107			
INDIANAPOLIS, IN 46208 PROGRAM.	CENTRAL INDIANA INC		IMPACTS PROGRAM - LIFE	5,000

orm 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
BOYS & GIRLS CLUBS OF CLEVELAND 6114 BROADWAY AVENUE CLEVELAND, OH 44127		PC	TO SUPPORT CAREER READINESS FOR CLEVELAND YOUTH.	10,000
BOYS HOPE GIRLS HOPE OF NORTHEASTERN OHIO 9619 GARFIELD BOULEVARD GARFIELD HEIGHTS, OH 44125		PC	TO SUPPORT THE ORGANIZATION'S MISSION OF EMPOWERING YOUNG PEOPLE IN POVERTY TO REACH THEIR FULL POTENTIAL AND PREPARE FOR POST-SECONDARY AND CAREER SUCCESS THROUGH A DECADE LONG CONTINUUM OF HOLISTIC PROGRAMMING AND PARTNERSHIP.	5,000
CHN HOUSING PARTNERS 2999 PAYNE AVE THIRD FLOOR		PC	TO SUPPORT LEASE PURCHASE/FINANCIAL	7,500

		PROGRAMMING AND PARTNERSHIP.	
CHN HOUSING PARTNERS 2999 PAYNE AVE THIRD FLOOR CLEVELAND, OH 44114	PC	TO SUPPORT LEASE PURCHASE/FINANCIAL ADVISORY COUNSELING TO HELD EXPAND HOMEOWNERSHIP	7,5

OPPORTUNITIES.

154,000

Total . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CLEVELAND KIDS BOOK BANK PC TO SUPPORT PROVIDING 40,000 10,000

3635 PERKINS AVE CLEVELAND, OH 44114		STUDENTS FOR WINTER BREAK.	
COLLEGE NOW GREATER CLEVELAND INC 50 PUBLIC SQUARE SUITE 1800	PC	TO SUPPORT POSTSECONDARY ADVISORY SERVICES TO LOW INCOME INDIVIDUALS.	7,000

INC 50 PUBLIC SQUARE SUITE 1800 CLEVELAND, OH 44113	PC	TO SUPPORT POSTSECONDARY ADVISORY SERVICES TO LOW INCOME INDIVIDUALS.	7,000
COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC 555 E WAYNE STREET FORT WAYNE, IN 46802		GROUP VOLUNTEER CONTRIBUTION FOR RACE FOR A WARRIOR (\$500) AND PARTNER IMPACT AWARD (\$2,000).	2,500

Total	 	▶ 3a	154,000
555 E WAYNE STREET FORT WAYNE, IN 46802		WARRIOR (\$500) AND PARTNER IMPACT AWARD (\$2,000).	
FORT WAYNE INC		CONTRIBUTION FOR RACE FOR A	
COMMUNITY FOUNDATION OF GREATER	PC	GROUP VOLUNTEER	2,500
CLEVELAND, OH 44113			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

OHIO'S PEOPLE 11890 FAIRHILL ROAD CLEVELAND, OH 44120	PC	HOMEOWNERSHIP INITIATIVE.	2,500
ENTERPRISE COMMUNITY PARTNERS INC	PC	TO SUPPORT THE HOUSING FIRST INITIATIVE.	2,500

ENTERPRISE COMMUNITY PARTNERS INC 1360 E 9TH STREET STE 510 CLEVELAND, OH 44114	PC	TO SUPPORT THE HOUSING FIRST INITIATIVE.	2,500
GREATER CLEVELAND VOLUNTEERS	PC	TO SUPPORT THE AARP	2,500

1360 E 9TH STREET STE 510 CLEVELAND, OH 44114			
GREATER CLEVELAND VOLUNTEERS 4415 EUCLID AVENUE SUITE 200 PO BOX, OH 44103		TO SUPPORT THE AARP FOUNDATION EXPERIENCE CORPS LITERACY TUTORING.	2,500

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HABITAT FOR HUMANITY OF PC TO SUPPORT BUILDING A HOME 5,000

HILLSBOROUGH COUNTY FLORIDA 509 E JACKSON ST TAMPA, FL 33602		FOR A TAMPA FAMILY IN NEED.	
HOMELESS YOUTH CONNECTION INC 9950 W VAN BUREN STREET AVONDALE, AZ 85323	PC	TO SUPPORT EMPOWERING YOUTH FOR THE FUTURE.	7,000

9950 W VAN BUREN STREET AVONDALE, AZ 85323	PC	YOUTH FOR THE FUTURE.	7,000
HOMESTRETCH INC 303 SOUTH MAPLE AVENUE NO 400 FALLS CHURCH, VA 22046	PC	TO PROVIDE SUPPORT TO THE HOMESTRECH CREDIT COUNSELING AND DEBT REDUCTION PROGRAM.	5,000

Total .

За

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

a raid during the year			
HOUSING AND EDUCATION ALLIANCE INC 9215 N FLORIDA AVENUE STE 104 TAMPA, FL 33612	PC	TO PROVIDE SUPPORT FOR HOMETRACK ONLINE - YOUR RIGHT TRACK HOME.	5,000
HOUSING FOR NEW HOPE	PC	TO SUPPORT LIFE SKILLS	5,000

TAMPA, FL 33612			
HOUSING FOR NEW HOPE 18 W COLONY PLACE DURHAM, NC 27705	PC	TO SUPPORT LIFE SKILLS MANAGEMENT TRAINING.	5,000
IZZIE'S POND	PC	PARTNER IMPACT AWARD.	2,000

18 W COLONY PLACE DURHAM, NC 27705	PC	MANAGEMENT TRAINING.	5,00
IZZIE'S POND 2131 WOODRUFF ROAD SUITE 180	PC	PARTNER IMPACT AWARD.	2,00

DURHAM, NC 27705			
IZZIE'S POND 2131 WOODRUFF ROAD SUITE 180 GREENVILLE, SC 29607	PC	PARTNER IMPACT AWARD.	2,000

154,000

IZZIE'S POND 2131 WOODRUFF ROAD SUITE 180	PC	PARTNER IMPACT AWARD.	2,
GREENVILLE, SC 29607			

Total .

2131 WOODRUFF ROAD SUITE 180 GREENVILLE, SC 29607	ZZIE'S POND		PC [PARTNER IMPACT AWARD.	2,

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JUNIOR ACHIEVEMENT OF GREATER PC TO SUPPORT FINANCIAL 10,000 CLEVELAND INC

1422 EUCLID AVENUE SUITE 952 CLEVELAND, OH 44115		GREATER CLEVELAND K-12 STUDENTS.	
MINDS MATTER OF CLEVELAND OHIO INC PO BOX 14519 CLEVELAND, OH 44114	PC	TO PROVIDE GENERAL OPERATING SUPPORT.	2,500
NORTH CAROLINA BANKERS ASSOCIATION FOUNDATION PO BOX 19999	PF	TO SUPPORT CAMP CHALLENGE, A WEEK LONG SUMMER CAMP EXPERIENCE FOR HIGH	2,500

PO BOX 14519 CLEVELAND, OH 44114			
NORTH CAROLINA BANKERS ASSOCIATION FOUNDATION PO BOX 19999 RALEIGH, NC 27609	PF	TO SUPPORT CAMP CHALLENGE, A WEEK LONG SUMMER CAMP EXPERIENCE FOR HIGH ACHIEVING, LOW RESOURCE	2,50

▶ 3a

154,000

CLEVELAND, OH 44114			
NORTH CAROLINA BANKERS ASSOCIATION FOUNDATION PO BOX 19999 RALEIGH, NC 27609	PF	TO SUPPORT CAMP CHALLENGE, A WEEK LONG SUMMER CAMP EXPERIENCE FOR HIGH ACHIEVING, LOW RESOURCE MIDDLE SCHOOL STUDENTS.	2,50

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

a Paid during the year			
OFFICE OF THE CHILD ADVOCATE 18 W COLONY PLACE DURHAM, NC 27705	PC	EVENT GIFT	1,000
SEEDS OF LITERACY	PC	TO PROVIDE GENERAL	6,000

DURHAM, NC 27705			
SEEDS OF LITERACY 3104 W 25TH STREET 3RD FLOOR CLEVELAND, OH 44109	PC	TO PROVIDE GENERAL OPERATING SUPPORT.	6,000
THE LIFE OF A SINGLE MOM	PC	TO SUPPORT THE SINGLE MOM	5,000

3104 W 25TH STREET 3RD FLOOR CLEVELAND, OH 44109		OPERATING SUPPORT.	,
THE LIFE OF A SINGLE MOM 11613 NEWCASTLE AVENUE SUITE A BATON ROUGE, LA 70816		TO SUPPORT THE SINGLE MOM UNIVERSITY PROGRAM.	5,000

Total	 	▶ 3a	154,000
THE LIFE OF A SINGLE MOM 11613 NEWCASTLE AVENUE SUITE A BATON ROUGE, LA 70816	PC	TO SUPPORT THE SINGLE MOM UNIVERSITY PROGRAM.	5,000
CLEVELAND, OH 44109			

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE LITERACY COOPERATIVE OF PC TO SUPPORT THE 2GEN 7,500

GREATER CLEVELAND 1422 EUCLID AVENUE SUITE 248 CLEVELAND, OH 44115		APPROACH TO SERVING CUYAHOGA COUNTY RESIDENTS.	
TOWARDS EMPLOYMENT INC 1255 EUCLID AVENUE NO 300 CLEVELAND, OH 44115	PC	TO PROVIDE SUPPORT FOR THE REENTRY CAREER PATHWAYS PROGRAM.	10,000
VOLUNTEERS OF AMERICA OHIO AND	PC	TO SUPPORT VETERANS	15,000

TRANSITIONING INTO

SUSTAINABLE HOUSING

За

154,000

INDIANA

Total .

8225 BRECKSVILLE ROAD SUITE 206

CLEVELAND, OH 44141

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Roundation Purpose of grant or contribution

Purpose of grant or contribution

a Paid during the year

Total .

YOUTH CHALLENGE800 SHARON DRIVE WESTLAKE, OH 44145	PC	PARTNER IMPACT AWARD.	2,000
YOUTH OPPORTUNITIES UNLIMITED 1361 EUCLID AVENUE CLEVELAND, OH 44115	PC	TO SUPPORT JOBS FOR OHIO'S GRADUATES THROUGH WORKFORCE DEVELOPMENT IN ECONOMICALLY DISTRESSED	5,000

AREAS.

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491196011560							
TY 2019 Accounting Fo	ees Schedu	le					
Name: THE UNION HOME FOUNDATION INC EIN: 46-3696382							
Category Amount Net Investment Adjusted Net Disbursements Income Income for Charitable Purposes							
ACCOUNTING FEES		4,015	0		4,015		

TY 2019 Activities not Previously Reported Explanation

Name: THE UNION HOME FOUNDATION INC

EIN: 46-3696382

Explanation: THE UNION HOME FOUNDATION HELD TWO MAJOR
FUNDRAISING EVENTS DURING 2019. THE PROFITS OF THE
EVENTS DIRECTLY BENEFIT THE UNION HOME FOUNDATION'S
MISSION, THUS GOING TO NONPROFITS WITH PROGRAMS
CENTERED ON FINANCIAL LITERACY, EDUCATION, CAREER
READINESS AND TRANSITIONAL RESOURCES. THE FIRST EVENT,
THE SECOND ANNUAL HUSTLE FOR HOMEOWNERSHIP 5K RACE,

\$30 FOR CHIPPED TIME RACING, \$25 FOR WALKING, AND \$10

REDUCED COST, COMPLETE A 5K ON THEIR OWN WITHIN A ONE WEEK TIME PERIOD, AND RECEIVE A RACE SHIRT. IN OCTOBER

INCLUDED A SILENT AUCTION RAFFLE WITH OVER TWENTY-FIVE PACKAGES TO BID ON, AS WELL AS A HEADS OR TAILS RAFFLE FOR A CHANCE TO WIN A SEVEN DAY/SIX NIGHT STAY ON THE CARIBBEAN ISLAND OF ST. THOMAS. ABOUT 250 PEOPLE ATTENDED THE EVENT, NETTING CLOSE TO \$60,000.

2019 A MURDER MYSTERY DINNER FUNDRAISER CALLED "SPEAKEASY OR SAY NOTHING" WAS HOSTED AT THE MUSIC BOX SUPPER CLUB IN DOWNTOWN CLEVELAND FEATURING A COMMISSIONED TROUPE FROM ENIGMA ENTERTAINMENT. SPONSORSHIPS WERE OFFERED RANGING FROM \$500 FOR AN INDIVIDUAL UP TO \$10,000. INDIVIDUAL TICKETS WERE SOLD FOR \$125 APIECE OR \$225 FOR A COUPLE. THE EVENING

SPONSORSHIPS WERE OFFERED FOR THE RACE ALONGSIDE

FOR KIDS AGES TWELVE AND UNDER. MARKETING

GIFT-IN-KIND SPONSORSHIPS FOR FOOD ITEMS AND PROMOTIONAL ITEMS DURING THE RACE. SPONSORSHIPS RANGED FROM \$250 TO \$5,000. A RAFFLE WAS ALSO HELD IN CONJUNCTION WITH THE RACE WITH TICKETS BEING SOLD ONE FOR \$2, THREE FOR \$5, OR FIFTEEN FOR \$20. A VIRTUAL 5K COMPONENT ALLOWED PARTICIPANTS TO SIGN UP AT A

MISSION, THUS GOING TO NONPROFITS WITH PROGRAMS
CENTERED ON FINANCIAL LITERACY, EDUCATION, CAREER
READINESS AND TRANSITIONAL RESOURCES. THE FIRST EVENT
THE SECOND ANNUAL HUSTLE FOR HOMEOWNERSHIP 5K RACE,
WAS HELD IN MAY 2019. THE FOUNDATION UTILIZED THE
SERVICES OF HERMES SPORTS AND EVENTS TO OVERSEE ALL
LOGISTICS AND OUTSIDE REGISTRATION FOR THE RACE. PEER
TO PEER FUNDRAISING SOFTWARE WAS USED TO TAKE ONLINE
DONATIONS AND REGISTRATIONS. RACE REGISTRATION COST

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491196011560 TY 2019 Explanation of Non-Filing with Attorney General Statement Name: THE UNION HOME FOUNDATION INC **EIN:** 46-3696382 Statement: OHIO DOES NOT REQUIRE A COMPLETE COPY OF THE FORM 990-PF TO BE PROVIDED. THE OHIO ATTORNEY GENERAL'S OFFICE ADMINISTERS A CHARITABLE REGISTRATION DIVISION WHICH

REQUIRES A SEPARATE ANNUAL FILING BY THE FOUNDATION. INFORMATION FROM THE ANNUAL FILING MAY BE RETREIVED ONLINE BY SEARCH AT THE FOLLOWING URL: HTTPS://CHARITABLEREGISTRATION.OHIOATTORNEYGENERAL.GOV/

Name: THE UNION HOME FOUNDATION INC

EIN: 46-3696382

Conoral Explanation Attachment

General E	eneral Explanation Attachment						
Identifier	Return Reference	Explanation					
1	GRANT APPLICATIONS - REQUESTED INFORMATION	PAGE 10, PART XV, LINE 2	TO APPLY FOR A GRANT, YOU WILL BE PROMPTED TO COMPLETE AN ELIGIBILITY QUIZ BEFORE YOU MAY APPLY. PLEASE ALSO BE PREPARED TO INCLUDE OR UPLOAD THE FOLLOWING INFORMATION:1. YOUR ORGANIZATION'S MISSION STATEMENT, POPULATION SERVED AND A DESCRIPTION OF THE PROJECT OR PROGRAM 2. UPDATED FINANCIAL STATEMENTS 3. PROJECT BUDGETS (IF NECESSARY) AND OTHER SOURCES OF FUNDING (BOTH COMMITTED AND PENDING) 4. A LIST OF THE ORGANIZATION'S BOARD OF DIRECTORS 5. MOST RECENT IRS DETERMINATION LETTER INDICATING 501(C)(3) STATUS				

| Identifier | Return | Explanation | Reference |

NET INCOME

OR (LOSS)

FROM

SPECIAL

EVENTS

Explanation	
PAGE 12, PART XVI-A, LINE 9	PURSUANT TO EVENTS, LINE 9 SERVICES PRO 4,201REVENUE MY STERY EVE EVENTS 36,779 EVENT 4 932TO
	I EVENT 4.932 IU

EVENTS, LINE 9 OF PART XVI-A WAS COMPUTED AS FOLLOWS: REVENUE FOR GOODS AND SERVICES PROVIDED - SECOND ANNUAL HUSTLE FOR HOMEOWNERSHIP 5K EVENT 4,201 REVENUE FOR GOODS AND SERVICES PROVIDED - SPEAKEASY OR SAY NOTHING MURDER MY STERY EVENT 32,578 TOTAL REVENUE FOR GOODS AND SERVICES PROVIDED - SPECIAL EVENTS 36,779 TOTAL EVENT EXPENSES - SECOND ANNUAL HUSTLE FOR HOMEOWNERSHIP 5K EVENT 4,932 TOTAL EVENT EXPENSES - SPEAKEASY OR SAY NOTHINGMURDER MY STERY EVENT 36,016 ESTIMATED FAIR MARKET VALUE OF DONATED ITEMS AUCTIONED OFF AT SECOND ANNUAL HUSTLE FOR HOMEOWNERSHIP 5K EVENT 5,975 ESTIMATED FAIR MARKET VALUE OF DONATED ITEMSAUCTIONED OFF AT SPEAKEASY OR SAY NOTHING MURDERMY STERY EVENT 14,108 TOTAL EXPENSES - SPECIAL EVENTS 61,031 PART XVI-A, LINE 9 (36,779 - 61,031) - 24,252 PURSUANT TO THE PRESCRIBED FORM 990-PF ACCOUNTING, PART XVI-A, LINE 9 DOES NOT INCLUDE CONTRIBUTIONS ASSOCIATED WITH SPECIAL EVENTS. RATHER, ONLY RECEIPTS

THE PRESCRIBED FORM 990-PF A CCOUNTING FOR INCOME FROM FUNDRAISING

ANNUAL HUSTLE FOR HOMEOWNERSHIP 5K EVENT 5,975ESTIMATED FAIR MARKET VALUE OF DONATED ITEMSAUCTIONED OFF AT SPEAKEASY OR SAY NOTHING MURDERMY STERY EVENT 14,108TOTAL EXPENSES - SPECIAL EVENTS 61,031PART XVI-A, LINE 9 (36,779 - 61,031) - 24,252PURSUANT TO THE PRESCRIBED FORM 990-PF ACCOUNTING, PART XVI-A, LINE 9 DOES NOT INCLUDE CONTRIBUTIONS ASSOCIATED WITH SPECIAL EVENTS. RATHER, ONLY RECEIPTS THAT ARE REVENUE FOR GOODS AND SERVICES PROVIDED IN CONNECTION WITH EVENTS IS CONSIDERED. IF CONTRIBUTIONS ASSOCIATED WITH SPECIAL EVENTS WERE INCLUDED IN THE TOTAL, PART XVI-A, LINE 9 WOULD BE REPORTED AS FOLLOWS:PART XVI-A, LINE 9 AS REPORTED -24,252 ASSOCIATED CONTRIBUTIONS - SECOND ANNUAL HUSTLE FORHOMEOWNERSHIP 5K EVENT 12,479ASSOCIATED CONTRIBUTIONS - SPEAKEASY OR SAY NOTHING MURDER MY STERY EVENT 74,625PART XVI-A, LINE 9 IF CONTRIBUTIONS ASSOCIATED WITH SPECIAL EVENTS WERE INCLUDED IN EVENT REVENUE 62,852

Description

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As Filed Data -

DEPOSIT FOR PLANNED 2020 EVENT

Name: THE UNION HOME FOUNDATION INC.

Other Assets Schedule

EIN: 46-3696382

DLN: 93491196011560



6,000

End of Year - Book Value

6,000

End of Year - Fair Market Value

Beginning of Year -**Book Value**

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	i: 93491196011560				
TY 2019 Other Expenses Schedule								
Name:	THE ONTON HO	ME FOUNDATION	INC					
EIN:	46-3696382							
Other Expenses Schedule								
Description	Revenue and	Net Investment	Adjusted Net	Disbursements for				

Description	Revenue and	Net Investment	Adjusted Net	Dis
Other Expenses Schedule	i.	1		
EIN	: 46-3696382			

	ETI	40-3030362			
(Other Expenses Schedule				
	Description	Revenue and	Net Investment	Adjusted Net	

Other Expenses Schedule		i	1	
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK SERVICE FEES	170	0		0

,	Expenses per Books	Income	Income	Charitable Purposes
BANK SERVICE FEES	170	0		0
LICENSES FOR MATERIALS TO OFFER FINANCIAL LITERACY WORKSHOPS	7,999	0		7,999
			· · · · · · · · · · · · · · · · · · ·	

BANK SERVICE FEES	170	0	0
LICENSES FOR MATERIALS TO OFFER FINANCIAL LITERACY WORKSHOPS	7,999	0	7,999
HUSTLE FOR HOMEOWNERSHIP 5K - EVENT EXPENSES	4,932	0	4,932
HUSTLE FOR HOMEOWNERSHIP 5K - EVENT	5,975	0	5,975

LICENSES FOR MATERIALS TO OFFER FINANCIAL LITERACY WORKSHOPS	7,999	0	7,999
HUSTLE FOR HOMEOWNERSHIP 5K - EVENT EXPENSES	4,932	0	4,932
HUSTLE FOR HOMEOWNERSHIP 5K - EVENT PRIZES	5,975	0	5,975
SPEAKEASY OR SAY NOTHING MURDER MYSTERY	36,016	0	36,016

HUSTLE FOR HOMEOWNERSHIP 5K - EVENT EXPENSES	4,932	0	4,932
HUSTLE FOR HOMEOWNERSHIP 5K - EVENT PRIZES	5,975	0	5,975
SPEAKEASY OR SAY NOTHING MURDER MYSTERY DINNER FUNDRAISER - EVENT EXPENSES	36,016	0	36,016
SPEAKEASY OR SAY NOTHING MURDER MYSTERY	14,108	0	14,108

PRIZES	5,210		
SPEAKEASY OR SAY NOTHING MURDER MYSTERY DINNER FUNDRAISER - EVENT EXPENSES	36,016	0	36,016
SPEAKEASY OR SAY NOTHING MURDER MYSTERY DINNER FUNDRAISER - EVENT PRIZES	14,108	0	14,108
VOLUNTEER EVENT EXPENSE	8,655	0	8,655

efile GRAPHIC print - DO NOT PROCESS

GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS

Name: THE UNION HOME FOUNDATION INC.

As Filed Data -

EIN: 46-3696382

Other Income Schedule

Revenue And

Net Investment

Adjusted Net Income

DLN: 93491196011560

Income

36,779

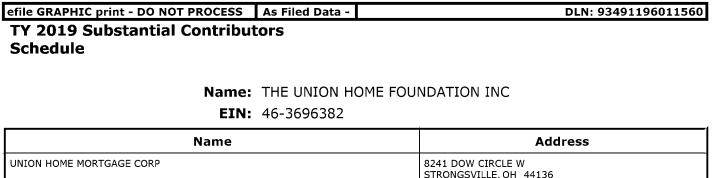
Description

Expenses Per Books

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491196011560 TY 2019 Other Professional Fees Schedule						
Name: THE UNION HOME FOUNDATION INC EIN: 46-3696382						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

7,810

CONTRACT SERVICES



efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491196011560		
TY 2019 Taxes Schedule						
Name:	THE UNION	HOME FOUNDATION	ON INC			
FTN:	46-3696382					
	40-3090302			+		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
NET INVESTMENT INCOME EXCISE TAX	100	0		0		
OHIO ANNUAL FILING FEE	200	0		0		

Schedule B				DLN: 93491196011560 OMB No. 1545-0047		
(Form 990, 990-EZ,		Schedule of Contributors				
r 990-PF) Partment of the Treasury ternal Revenue Service Attach to Form 990, 990-EZ, or 990-PF. So to www.irs.gov/Form990 for the latest information.				2019		
Name of the organization THE UNION HOME FOUND	ATION INC			identification number		
Organization type (che	ck one):		46-369638	2		
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (enter number	er) organization				
	4947(a)(1) nonexempt	charitable trust not treated as a p	private foundation			
	☐ 527 political organization	on				
Form 990-PF	✓ 501(c)(3) exempt privat	te foundation				
	4947(a)(1) nonexempt	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	☐ 501(c)(3) taxable privat	501(c)(3) taxable private foundation				
		990-PF that received, during the y or. Complete Parts I and II. See ir				
Special Rules						
under sections 5 received from ar	09(a)(1) and 170(b)(1)(A)(vi), that	filing Form 990 or 990-EZ that m checked Schedule A (Form 990 , total contributions of the greater Complete Parts I and II.	or 990-EZ), Part II, line 13	3, 16a, or 16b, and that		
during the year,	otal contributions of more than \$1	, (8), or (10) filing Form 990 or 99 I,000 <i>exclusively</i> for religious, cha en or animals. Complete Parts I, II	aritable, scientific, literary,			
during the year, If this box is che purpose. Don't c	contributions exclusively for religion ked, enter here the total contribut complete any of the parts unless th	, (8), or (10) filing Form 990 or 99 ous, charitable, etc., purposes, butions that were received during the General Rule applies to this or 000 or more during the year	it no such contributions to e year for an <i>exclusively</i> ganization because it rec	staled more than \$1,000. religious, charitable, etc. eived <i>nonexclusively</i>		
990-EZ, or 990-PF), but	it must answer "No" on Part IV, lii	al Rule and/or the Special Rules on ne 2, of its Form 990; or check th It meet the filing requirements of S	e box on line H of its Forr			
For Paperwork Reduction A for Form 990, 990-EZ, or 99	ct Notice, see the Instructions -PF.	Cat. No. 30613X	Schedule B (Form 99	90, 990-EZ, or 990-PF) (2019)		

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
	rganization N HOME FOUNDATION INC			mployer identification number 6-3696382
Part III	than \$1,000 for the year from any one conti	ributor. Complete of total of exclusivel instructions.) ►	columns <mark>(a) thr</mark> oug y religious, charitak	n section 501(c)(7), (8), or (10) that total more h (e) and the following line entry. For ole, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and ZIP 4		ansfer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
,	Transferee's name, address, and Z		ansfer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and ZIP 4		ansfer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) U	se of gift	(d) Description of how gift is held
	Transferee's name, address, and Z		ensfer of gift Relatio	onship of transferor to transferee
			Sch	nedule B (Form 990, 990-EZ, or 990-PF) (2019)