

TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

FOR THE YEAR ENDING
DECEMBER 31, 2017

Prepared for	THE UNION HOME FOUNDATION, INC. 8241 DOW CIRCLE WEST STRONGSVILLE, OH 44136
Prepared by	PEASE & ASSOCIATES, LLC 1422 EUCLID AVE., SUITE 400 CLEVELAND, OH 44115
Amount due or refund	BALANCE DUE OF \$72
Make check payable to	UNITED STATES TREASURY
Mail tax return and check (if applicable) to	MAIL CHECK TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	CHECK MUST BE MAILED NO LATER THAN MAY 15, 2018
Special Instructions	<p>THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2018.</p> <p>PLEASE NOTE THAT THE FORM 990-PF RETURN CONTAINS EXCESS DISTRIBUTION CARRYOVER OF \$224,132. THIS MAY BE APPLIED TO TAX YEAR 2018 AND SUBSEQUENT YEARS.</p> <p>BE SURE TO WRITE "2017 FORM 990-PF" AND THE FOUNDATION'S NAME, ADDRESS, AND FEIN ON THE CHECK.</p>

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20____

2017

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

THE UNION HOME FOUNDATION, INC.

46-3696382

Name and title of officer

**CHRISTINA FAGAN
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b <u>72.</u>
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **PEASE & ASSOCIATES, LLC** to enter my PIN **96382**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

34069784507
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

Return of Private Foundation

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

2017

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2017 or tax year beginning _____, and ending _____

Name of foundation THE UNION HOME FOUNDATION, INC.		A Employer identification number 46-3696382
Number and street (or P.O. box number if mail is not delivered to street address) 8241 DOW CIRCLE WEST	Room/suite	B Telephone number 440-234-4300
City or town, state or province, country, and ZIP or foreign postal code STRONGSVILLE, OH 44136		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 569,444.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	317,595.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	7,161.	7,161.	7,161.	STATEMENT 1
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11		324,756.	7,161.	7,161.	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees STMT 2	550.	0.	0.	0.
	c Other professional fees STMT 3	3,950.	0.	0.	0.
	17 Interest				
	18 Taxes STMT 4	240.	0.	0.	0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses STMT 5	437.	0.	0.	0.
	24 Total operating and administrative expenses. Add lines 13 through 23	5,177.	0.	0.	0.
	25 Contributions, gifts, grants paid	135,678.			135,678.
26 Total expenses and disbursements. Add lines 24 and 25	140,855.	0.	0.	135,678.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	183,901.				
b Net investment income (if negative, enter -0-)		7,161.			
c Adjusted net income (if negative, enter -0-)			7,161.		

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

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

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

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

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	THE UNION HOME FOUNDATION, INC.	46-3696382
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	8241 DOW CIRCLE WEST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	STRONGSVILLE, OH 44136	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CHRISTINA FAGAN

• The books are in the care of ▶ **8241 DOW CIRCLE WEST - STRONGSVILLE, OH 44136**
Telephone No. ▶ **440-234-4300** Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	383,043.	569,444.	569,444.
	2 Savings and temporary cash investments			
	3 Accounts receivable			
	Less: allowance for doubtful accounts	2,500.		
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	Liabilities	11 Investments - land, buildings, and equipment: basis		
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		385,543.	569,444.	569,444.
17 Accounts payable and accrued expenses				
18 Grants payable				
19 Deferred revenue				
20 Loans from officers, directors, trustees, and other disqualified persons				
21 Mortgages and other notes payable				
22 Other liabilities (describe)				
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/>			
	and complete lines 24 through 26, and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/>			
	and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds	0.	0.		
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
29 Retained earnings, accumulated income, endowment, or other funds	385,543.	569,444.		
30 Total net assets or fund balances	385,543.	569,444.		
31 Total liabilities and net assets/fund balances	385,543.	569,444.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	385,543.
2 Enter amount from Part I, line 27a	2	183,901.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	569,444.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	569,444.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b	NONE			
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a				
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016	118,460.	230,499.	.513928
2015	0.	10,261.	.000000
2014			
2013			
2012			

2	Total of line 1, column (d)	2	.513928
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.256964
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	362,400.
5	Multiply line 4 by line 3	5	93,124.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	72.
7	Add lines 5 and 6	7	93,196.
8	Enter qualifying distributions from Part XII, line 4	8	135,678.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, credits/payments, and tax due. Total tax due is 72.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, unrelated business income, and substantial contributors. Includes 'SEE STATEMENT 6' and 'SEE STATEMENT 7' references.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
14 The books are in care of CHRISTINA FAGAN Telephone no. 440-234-4300
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year, did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official?
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance?
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income?
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
5a During the year, did the foundation pay or incur any amount to:			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	X
If "Yes" to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
C. WILLIAM COSGROVE, JR. 1222 WINTERBERRY LANE MEDINA, OH 44256	CHAIRMAN 2.00	0.	0.	0.
PAULA COSGROVE 1222 WINTERBERRY LANE MEDINA, OH 44256	VICE-CHAIRMAN 2.00	0.	0.	0.
DONALD GRIFFITHS 927 RIDGE RD HINCKLEY, OH 44233	SECRETARY 2.00	0.	0.	0.
PETER J. DEROOY (1/1/17-5/31/17) 8241 DOW CIRCLE W STRONGSVILLE, OH 44136	TREASURER 2.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activities, Expenses. Row 1 contains 'N/A'.

Part IX-B Summary of Program-Related Investments

Table with 2 columns: Description of investments, Amount. Row 1 contains 'N/A'.

Total. Add lines 1 through 3 0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	367,919.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	367,919.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	367,919.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,519.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	362,400.
6	Minimum investment return. Enter 5% of line 5	6	18,120.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	18,120.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	72.
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	72.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	18,048.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	18,048.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	18,048.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	135,678.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	135,678.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	72.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	135,606.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				18,048.
2 Undistributed income, if any, as of the end of 2017:				
a Enter amount for 2016 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				106,502.
f Total of lines 3a through e	106,502.			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$	135,678.			
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2017 distributable amount				18,048.
e Remaining amount distributed out of corpus	117,630.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	224,132.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				0.
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)	0.			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	224,132.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				106,502.
e Excess from 2017				117,630.

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2017, (b) 2016, (c) 2015, (d) 2014, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-c (Alternative tests).

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed: SEE STATEMENT 9

SEE STATEMENT 8

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
Name and address (home or business)				
a Paid during the year				
AIDS TASKFORCE OF GREATER CLEVELAND INC 2829 EUCLID AVENUE CLEVELAND, OH 44115		PC	TO SUPPORT THE NEEDS OF PEOPLE WHO ARE INFECTED, AFFECTED AND AT RISK OF HIV/AIDS	2,500.
AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET NW SUITE 400 ATLANTA, GA 30303		PC	TO SUPPORT RESEARCH, EDUCATION, ADVOCACY, AND SERVICE RELATED TO CANCER FUNDRAISER EVENT RELAY FOR LIFE	2,500.
AMERICARES FOUNDATION INC 88 HAMILTON AVENUE STAMFORD, CT 06902		PC	TO SUPPORT PEOPLE AFFECTED BY POVERTY OR DISASTER	2,009.
ANGELA GARRETT 3715 BELLINGER WAY MISSOURI CITY, TX 77459	N/A	I	DISASTER RELIEF SUPPORT	500.
BOYS & GIRLS CLUBS OF CLEVELAND 6114 BROADWAY AVENUE CLEVELAND, OH 44127		PC	TO INSPIRE AND ENABLE YOUNG PEOPLE TO REALIZE THEIR FULL POTENTIAL AS PRODUCTIVE,	376.
Total SEE CONTINUATION SHEET(S)				135,678.
b Approved for future payment				
NONE				
Total				0.

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BROOKLYN MUSIC BOOSTERS, INC. 9200 BIDDULPH ROAD BROOKLYN, OH 44144		PC	TO SUPPORT MUSIC EDUCATION	1,000.
BUCKEYE JAYCEES FOUNDATION 5905 BEECHCROFT ROAD COLUMBUS, OH 43229		PC	TO SUPPORT PHILANTHROPY, VOLUNTEERISM, AND GRANTMAKING	1,000.
CAITLIN BOWEN FAIT 4979 HERTON DR JACKSONVILLE, FL 32258	N/A	I	DISASTER RELIEF SUPPORT	1,000.
COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC 555 E WAYNE STREET FORT WAYNE, IN 46802		PC	TO IMPROVE THE QUALITY OF LIFE BY BUILDING PERMANENT ENDOWMENTS, PROMOTING EFFECTIVE GRANTMAKING, FOSTERING	2,000.
COMMUNITY HARVEST FOOD BANK OF NORTHEAST INDIANA INC PO BOX 10967 FORT WAYNE, IN 46855		PC	TO SUPPORT THE ALLEVIATION OF HUNGER THROUGH THE FULL USE OF DONATED FOOD AND OTHER RESOURCES	1,500.
CRIME STOPPERS OF CUYAHOGA COUNTY 1300 ONTARIO STREET CLEVELAND, OH 44113		PC	TO SUPPORT LAW ENFORCEMENT AND THE PAYMENT OF REWARDS FOR INFORMATION LEADING TO THE APPREHENSION OF	2,500.
CYSTINOSIS RESEARCH FOUNDATION 18802 BARDEEN AVE IRVINE, CA 92612		PC	TO SUPPORT BENCH, CLINICAL AND TRANSLATIONAL RESEARCH RELATED TO CYSTINOSIS	1,000.
DENISE ARIALE 365 GLOUCESTER ST. SAFETY HARBOR, FL 34695	N/A	I	DISASTER RELIEF SUPPORT	500.
DIOCESAN COUNCIL SOCIETY OF SVDP CLEVELAND 1404 E 9TH ST. 3RD FLOOR CLEVELAND, OH 44114		PC	TO SUPPORT FUNDRAISER MEADOWS TURKEY BOWL, WHICH PROVIDES PERSON TO PERSON SERVICE TO THOSE WHO ARE NEEDY	1,500.
DONNA LAFONT 16762 FALLEN TIMBERS DRIVE CONROE, TX 77385	N/A	I	DISASTER RELIEF SUPPORT	2,500.
Total from continuation sheets				127,793.

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ENTERPRISE COMMUNITY PARTNERS INC 1360 E. 9TH STREET, STE 510 CLEVELAND, OH 44114		PC	TO SUPPORT THE ENDING FAMILY HOMELESS GRANT	5,000.
FAMILY & COMMUNITY SERVICES INC 705 OAKWOOD SUITE 221 RAVENNA, OH 44226		PC	TO STRENGTHEN AND EMPOWER INDIVIDUALS AND FAMILIES THROUGH A BROAD CONTINUUM OF COMMUNITY-BASED	500.
FANS ACROSS AMERICA CHARITABLE FOUNDATION 78 WEST RAY RD CHANDLER, AZ 85225		PC	TO ASSIST HOMELESS STUDENTS, FAMILIES IN TRANSITION WITH CHILDREN, AND VICTIMS OF DOMESTIC VIOLENCE	1,000.
GAIL BRITTIAN 16020 FOUNTAINVIEW DRIVE #11, UNIT 11 MONTGOMERY, TX 77356	N/A	I	DISASTER RELIEF SUPPORT	1,000.
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110		PC	TO PROVIDE THAT EVERYONE IN OUR COMMUNITIES HAS THE NUTRITIOUS FOOD THEY NEED EVERY DAY	10,000.
GUSTAVO MACHADO 16243 SW 47TH CT MIRAMAR, FL 33027	N/A	I	DISASTER RELIEF SUPPORT	1,000.
JULIE BUCKNER WALKER 1021 18TH AVE. N ST. PETERSBURG, FL 33704	N/A	I	DISASTER RELIEF SUPPORT	1,000.
LADONNA WHITE 4578 CR 116 WILDWOOD, FL 34785	N/A	I	DISASTER RELIEF SUPPORT	2,500.
LEGACY GLOBAL FOUNDATION INC 1423 S HIGLEY ROAD STE 127 MESA, AZ 85206		PC	TO SUPPORT CHARITABLE GIVING THROUGH THE GETTINGS LEADERSHIP FOUNDATION	1,000.
MARK PRAINITO 13240 AMERIGO LANE VENICE, FL 34293	N/A	I	DISASTER RELIEF SUPPORT	1,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MATTHEW 25 MINISTRIES INC 11060 KENWOOD ROAD CINCINNATI, OH 45242		PC	TO DELIVER HUMANITARIAN AID & DISASTER RELIEF SUPPLIES TO THOSE IN NEED	500.
MBA OPENS DOORS FOUNDATION 1919 M STREET WASHINGTON, DC 20036		PC	TO SUPPORT AREAS OF HOUSING, COMMUNITY BUILDING, EDUCATION, EMPLOYMENT, AND ECONOMIC DEVELOPMENT	75,000.
MICHIGAN CROSSROADS COUNCIL INC 137 SOUTH MARKETPLACE BLVD LANSING, MI 48917		PC	TO SUPPORT YOUNG PEOPLE BY INSTILLING IN THEM THE VALUES OF THE SCOUT OATH AND LAW	2,000.
ONE SMALL STEP INC. CLOTHES CABIN 1100 N ALMA SCHOOL ROAD CHANDLER, AZ 85224		PC	TO SUPPORT PROPER CLOTHING NEEDED TO SECURE EMPLOYMENT, MAINTAIN A HEALTHY AND HYGIENIC LIFE, AND BE	1,000.
SHANNON WALKER 5505 SW 12TH AVENUE, UNIT 205 CAPE CORAL, FL 33914	N/A	I	DISASTER RELIEF SUPPORT	1,500.
SHELBY PEARSON 1315 SE 24TH ST. CAPE CORAL, FL 33990	N/A	I	DISASTER RELIEF SUPPORT	2,500.
STRONGSVILLE ROTARY FOUNDATION 15300 PEARL ROAD SUITE 200 STRONGSVILLE, OH 44136		PC	TO SUPPORT THE STRONGSVILLE ROTARY CLUB'S LOCAL ROTARY PROJECTS, SUCH AS THE ANNUAL CHILI OPEN	2,500.
TEAM GREYHOUND ADOPTION OF OHIO INC 5978 HOLLOW COURT BARGERSVILLE, IN 46106		PC	TO SUPPORT THE ADOPTION OF GREYHOUNDS	1,000.
THE CITY MISSION OF CLEVELAND, OHIO 5310 CARNEGIE AVENUE CLEVELAND, OH 44103		NC	TO PROVIDE SUPPORT AND HOPE TO ALL PEOPLE AT THEIR POINT OF CRISIS BY PROGRESSING THEM TOWARDS STABILITY,	1,500.
TYLER GARRETT 8787 SIENNA SPRINGS BLVD, #324 MISSOURI CITY, TX 77459	N/A	I	DISASTER RELIEF SUPPORT	586.
Total from continuation sheets				

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - BOYS & GIRLS CLUBS OF CLEVELAND

TO INSPIRE AND ENABLE YOUNG PEOPLE TO REALIZE THEIR FULL POTENTIAL AS
PRODUCTIVE, RESPONSIBLE, CARING CITIZENS THROUGH DAY OF SERVICE

NAME OF RECIPIENT - COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC

TO IMPROVE THE QUALITY OF LIFE BY BUILDING PERMANENT ENDOWMENTS,
PROMOTING EFFECTIVE GRANTMAKING, FOSTERING PHILANTHROPY, STIMULATING
COMMUNITY DIALOGUE, AND HELPING DONORS ACHIEVE THEIR CHARITABLE GOALS

NAME OF RECIPIENT - CRIME STOPPERS OF CUYAHOGA COUNTY

TO SUPPORT LAW ENFORCEMENT AND THE PAYMENT OF REWARDS FOR INFORMATION
LEADING TO THE APPREHENSION OF CRIMINALS

NAME OF RECIPIENT - DIOCESAN COUNCIL SOCIETY OF SVDP CLEVELAND

TO SUPPORT FUNDRAISER MEADOWS TURKEY BOWL, WHICH PROVIDES PERSON TO
PERSON SERVICE TO THOSE WHO ARE NEEDY AND SUFFERING

NAME OF RECIPIENT - FAMILY & COMMUNITY SERVICES INC

TO STRENGTHEN AND EMPOWER INDIVIDUALS AND FAMILIES THROUGH A BROAD
CONTINUUM OF COMMUNITY-BASED SERVICES THAT MEET THE NEEDS AND VALUES OF
THE COMMUNITY

NAME OF RECIPIENT - ONE SMALL STEP INC. CLOTHES CABIN

TO SUPPORT PROPER CLOTHING NEEDED TO SECURE EMPLOYMENT, MAINTAIN A
HEALTHY AND HYGIENIC LIFE, AND BE SOCIALLY ACCEPTED

NAME OF RECIPIENT - THE CITY MISSION OF CLEVELAND, OHIO

TO PROVIDE SUPPORT AND HOPE TO ALL PEOPLE AT THEIR POINT OF CRISIS BY

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

THE UNION HOME FOUNDATION, INC.

Employer identification number

46-3696382

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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, 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. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE UNION HOME FOUNDATION, INC.	Employer identification number 46-3696382
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNION HOME MORTGAGE CORP. 8241 DOW CIRCLE W STRONGSVILLE, OH 44136	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE UNION HOME FOUNDATION, INC.	Employer identification number 46-3696382
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization THE UNION HOME FOUNDATION, INC.	Employer identification number 46-3696382
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME	7,161.	7,161.	7,161.
TOTAL TO PART I, LINE 3	7,161.	7,161.	7,161.

FORM 990-PF ACCOUNTING FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEE	550.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16B	550.	0.	0.	0.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONTRACT SERVICES	3,950.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	3,950.	0.	0.	0.

FORM 990-PF TAXES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	40.	0.	0.	0.
OHIO ANNUAL FILING FEE	200.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	240.	0.	0.	0.

FORM 990-PF	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK SERVICE FEES	437.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 23	437.	0.	0.	0.	

FORM 990-PF	STATEMENT OF ACTIVITIES NOT PREVIOUSLY REPORTED PART VII-A, LINE 2	STATEMENT	6
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EXPLANATION

DISASTER RELIEF LOSS PROGRAM: DUE TO FEDERAL QUALIFIED DISASTER DECLARED AFTER THE TREMENDOUS DESTRUCTION OF HURRICANE HARVEY AND IRMA, THE UNION HOME FOUNDATION, INC. CREATED A DISASTER RELIEF LOSS PROGRAM FOR ELIGIBLE EMPLOYEES OF UNION HOME MORTGAGE CORP. AND ITS IMMEDIATE FAMILY MEMBERS. UNION HOME MORTGAGE CORP. IS A SUBSTANTIAL CONTRIBUTOR OF THE UNION HOME FOUNDATION, INC. ANY CURRENT UNION HOME MORTGAGE CORP. EMPLOYEE (FULL TIME OR PART TIME) LIVING IN A FEMA DESIGNATED DISASTER AREA IN NEED OF TEMPORARY FINANCIAL RELIEF OR ASSISTANCE DUE TO A NATURAL DISASTER IS ELIGIBLE FOR FUNDS UP TO \$2,500 PER QUALIFYING EVENT. THE ELIGIBLE INDIVIDUAL MUST COMPLETE AND SUBMIT THE DISASTER RELIEF LOSS DECLARATION. THE EMPLOYEE EMERGENCY ASSISTANCE REVIEW COMMITTEE, WHICH IS AN INDEPENDENT REVIEW COMMITTEE, REVIEWS THE SUBMITTED DECLARATIONS AND DETERMINES THE AMOUNT OF FUNDS AWARDED TO THE APPLICANTS BASED ON LEVEL OF NEED.

UPDATED MISSION STATEMENT: THE UNION HOME FOUNDATION, INC. HELPS EQUIP FAMILIES IN COMMUNITIES WHERE OUR BUSINESS RESIDES WITH THE TOOLS AND RESOURCES TO ACHIEVE ECONOMIC SELF-SUFFICIENCY. OUR ORGANIZATION HELPS COMMUNITIES IMPROVE THEIR FINANCIAL HEALTH THROUGH EDUCATION, WORKFORCE DEVELOPMENT, FINANCIAL LITERACY, AND TRANSITIONAL RESOURCES.

ANNUAL GRANTS: THE UNION HOME FOUNDATION, INC. IS HAPPY TO PROVIDE GRANTS TO NONPROFITS IN COMMUNITIES WHERE OUR BUSINESS RESIDES. OUR STRATEGIC PRIORITY AREAS ARE FIANCIAL LITERACY, EDUCATION, WORKFLORCE DEVELOPMENT, AND TRANSITIONAL RESOURCES. GRANT FUNDS MAY BE USED FOR CAPACITY BUILDING, CAPITAL, PROGRAMMATIC, AND GENERAL OPERATING NEEDS.

FORM 990-PF EXPLANATION CONCERNING PART VII-A, LINE 8B STATEMENT 7

EXPLANATION

OHIO DOES NOT REQUIRE A COMPLETE COPY OF THE FORM 990PF TO BE PROVIDED.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ONLINE GRANT APPLICATION VIA SURVEY MONKEY
8241 DOW CIRCLE WEST
STRONGSVILLE, OH 44136

TELEPHONE NUMBER	NAME OF GRANT PROGRAM
440-536-3496	GRANT APPLICATIONS

EMAIL ADDRESS

GRANTS@UNIONHOMEFOUNDATION.COM

FORM AND CONTENT OF APPLICATIONS

GRANT APPLICATIONS ARE ACCEPTED QUARTERLY AND ONLINE ONLY. THE UNION HOME FOUNDATION INC.'S BOARD OF DIRECTORS WILL REVIEW EACH APPLICATION WITHIN SIX WEEKS AFTER THE COMPLETED GRANT CYCLE AND MAY ASK FOR ADDITIONAL INFORMATION IF NECESSARY FROM THE APPLICANT.

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 DESCRIPTION OF THE PROJECT OR PROGRAM
2. UPDATED FINANCIAL STATEMENTS
3. PROJECT BUDGETS (IF NECESSARY) AND OTHER SOURCES OF FUNDING (BOTH COMMITTED AND PENDING)

ANY SUBMISSION DEADLINES

2017/2018 GRANT CYCLE GRANT DEADLINE: Q1 FEBRUARY 15; Q2: MAY 15; Q3 AUGUST 15; Q4 NOVEMBER 15

RESTRICTIONS AND LIMITATIONS ON AWARDS

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, ACTIVITIES. THE ONLY OTHER RESTRICTION WE ASK IS FOR OUR GRANT RECIPIENTS TO COMPLETE A GRANT AGREEMENT AND SUBMIT A FINAL REPORT A YEAR AFTER GRANT WAS AWARDED.

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FEDERAL INFORMATIONAL FORMS

