

TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

FOR THE YEAR ENDING

DECEMBER 31, 2023

PREPARED FOR:

THE UNION HOME FOUNDATION, INC.
8241 DOW CIRCLE WEST
STRONGSVILLE, OH 44136

PREPARED BY:

PEASE BELL CPAS, LLC
1111 SUPERIOR AVE E. STE 2500
CLEVELAND, OH 44114

AMOUNT DUE OR REFUND:

AN OVERPAYMENT OF \$881. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED
TO THE ESTIMATED TAX PAYMENTS.

MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE
REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN,
DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE
RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.
RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2024

PLEASE NOTE THAT THE FORM 990-PF RETURN CONTAINS EXCESS
DISTRIBUTION CARRYOVER OF \$1,681,999. THIS MAY BE APPLIED TO TAX YEAR
2024 AND SUBSEQUENT YEARS.

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**2023**

Name of filer

THE UNION HOME FOUNDATION, INC.

EIN or SSN

46-3696382Name and title of officer or person subject to tax **C. WILLIAM COSGROVE, JR.**
CHAIRMAN**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** 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 one 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 V, line 5)	4b 479.
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2023 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

as my signature on the tax year 2023 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 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.

Signature of officer or person subject to tax

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.

34069767431

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return 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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**2023**

Name of filer

THE UNION HOME FOUNDATION, INC.

EIN or SSN

46-3696382Name and title of officer or person subject to tax **C. WILLIAM COSGROVE, JR.**
CHAIRMAN**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** 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 one 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 type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input checked="" type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b 500.
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2023 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

as my signature on the tax year 2023 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 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.

Signature of officer or person subject to tax

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.

34069767431

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return 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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

LHA 302521 01-05-24

14591115 132838 78008UN.0002

2023.05000 THE UNION HOME FOUNDATION 78008UN1

Return of Private Foundation

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

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Form 990-PF

Department of the Treasury
Internal Revenue Service

For calendar year 2023 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 833-426-8463
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: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change </div> <div> <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change </div> </div>		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) \$ 884,723.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(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	389,727.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	34,468.	34,468.		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	44,382.	0.		STATEMENT 2	
12 Total. Add lines 1 through 11	468,577.	34,468.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees STMT 3	13,705.	0.		0.
	c Other professional fees STMT 4	37,214.	0.		0.
	17 Interest				
	18 Taxes STMT 5	950.	0.		0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications	2,079.	0.		0.
	23 Other expenses STMT 6	97,421.	0.		0.
	24 Total operating and administrative expenses. Add lines 13 through 23	151,369.	0.		0.
	25 Contributions, gifts, grants paid	359,182.			349,182.
26 Total expenses and disbursements. Add lines 24 and 25	510,551.	0.		349,182.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	-41,974.				
b Net investment income (if negative, enter -0-)		34,468.			
c Adjusted net income (if negative, enter -0-)			N/A		

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. THE UNION HOME FOUNDATION, INC.	Taxpayer identification number (TIN) 46-3696382
	Number, street, and room or suite no. If a P.O. box, see instructions. 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) **04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **SCOTT SCHADEN**
8241 DOW CIRCLE WEST - STRONGSVILLE, OH 44136

Telephone No. **833-426-8463** 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **23** or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	1,360.
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	\$	860.
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	\$	500.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

LHA 323841 12-22-23
**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

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	150,550.	66,156.	66,156.
	2 Savings and temporary cash investments	733,560.	768,028.	768,028.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable 37,303.	13,380.	37,303.	37,303.
	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	16,707.	13,236.	13,236.
	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)	914,197.	884,723.	884,723.
	17 Accounts payable and accrued expenses		12,500.	
	18 Grants payable			
Net Assets or Fund Balances	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.	12,500.	
	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	914,197.	872,223.	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds ...			
	29 Total net assets or fund balances	914,197.	872,223.	
	30 Total liabilities and net assets/fund balances	914,197.	884,723.	

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 29 (must agree with end-of-year figure reported on prior year's return)	1	914,197.
2 Enter amount from Part I, line 27a	2	-41,974.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	872,223.
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 29	6	872,223.

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.					
(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
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). See instructions. If (loss), enter -0- in Part I, line 8			3		

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	479.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	479.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	479.
6 Credits/Payments:			
a 2023 estimated tax payments and 2022 overpayment credited to 2023	6a	860.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	500.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	1,360.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	881.	
11 Enter the amount of line 10 to be: Credited to 2024 estimated tax 881. Refunded	11	0.	

Form 990-PF (2023)

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by <i>General Instruction T</i> .		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <u>SEE STATEMENT 7</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation <u>SEE STATEMENT 8</u>		X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses <u>STMT 9</u>	X	
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		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address <u>HTTPS://WWW.UHMFUNDATION.ORG</u>		
14 The books are in care of <u>SCOTT SCHADEN</u> Telephone no. <u>833-426-8463</u> Located at <u>8241 DOW CIRCLE WEST, STRONGSVILLE, OH</u> ZIP+4 <u>44136</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15 <u>N/A</u>		
16 At any time during calendar year 2023, 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?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

Form **990-PF** (2023)

Part VI-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? **1a(1)**(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? **1a(2)**(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? **1a(3)**(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? **1a(4)**(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)? **1a(5)**(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) **1a(6)****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? See instructions **N/A****c** Organizations relying on a current notice regarding disaster assistance, check here ☐**d** 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 2023? **1d****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 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023? **2a**

If "Yes," list the years _____, _____, _____, _____

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? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.) **N/A****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? **3a****b** If "Yes," did it have excess business holdings in 2023 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? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2023.) **N/A****4a** Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? **4a****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 2023? **4b**Form **990-PF** (2023)

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

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

(3) Provide a grant to an individual for travel, study, or other similar purposes?

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

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**c** Organizations relying on a current notice regarding disaster assistance, check here**d** 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?

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?**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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?**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?**8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

	Yes	No
5a(1)		X
5a(2)		X
5a(3)		X
5a(4)		X
5a(5)		X
5b		
5d		
6a		X
6b		X
7a		X
7b		
8		X

Part VII 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. 8241 DOW CIRCLE WEST STRONGSVILLE, OH 44136	CHAIRMAN 2.00	0.	0.	0.
PAULA COSGROVE 8241 DOW CIRCLE WEST STRONGSVILLE, OH 44136	VICE-CHAIRMAN 2.00	0.	0.	0.
DONALD GRIFFITHS 8241 DOW CIRCLE WEST STRONGSVILLE, OH 44136	SECRETARY 2.00	0.	0.	0.
SCOTT SCHADEN 8241 DOW CIRCLE WEST 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

Form 990-PF (2023)

Part IX 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	828,275.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	828,275.
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	828,275.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	12,424.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	815,851.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	40,793.

Part X 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 IX, line 6	1	40,793.
2a	Tax on investment income for 2023 from Part V, line 5	2a	479.
b	Income tax for 2023. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	479.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	40,314.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	40,314.
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 XII, line 1	7	40,314.

Part XI 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	349,182.
b	Program-related investments - total from Part VIII-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 XII, line 4	4	349,182.

Form 990-PF (2023)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7				40,314.
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2023:				
a From 2018 356,274.				
b From 2019 215,312.				
c From 2020 481,406.				
d From 2021 331,121.				
e From 2022 345,292.				
f Total of lines 3a through e	1,729,405.			
4 Qualifying distributions for 2023 from Part XI, line 4: \$ 349,182.				
a Applied to 2022, 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 2023 distributable amount				40,314.
e Remaining amount distributed out of corpus	308,868.			
5 Excess distributions carryover applied to 2023 (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	2,038,273.			
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 2022. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024				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 2018 not applied on line 5 or line 7	356,274.			
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a	1,681,999.			
10 Analysis of line 9:				
a Excess from 2019 ... 215,312.				
b Excess from 2020 ... 481,406.				
c Excess from 2021 ... 331,121.				
d Excess from 2022 ... 345,292.				
e Excess from 2023 ... 308,868.				

Part XIII Private Operating Foundations (see instructions and Part VI-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 2023, 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)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed

Tax year	Prior 3 years			(e) Total
	(a) 2023	(b) 2022	(c) 2021	(d) 2020
b 85% (0.85) of line 2a				
c Qualifying distributions from Part XI, line 4, for each year listed				
d Amounts included in line 2c not used directly for active conduct of exempt activities				
e 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:				
a "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 IX, 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				

Part XIV 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). (See section 507(d)(2).)

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 10

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 XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
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
a Paid during the year				
BEREA ANIMAL RESCUE FUND 10015 EAST RIVER RD COLUMBIA STATION, OH 44028		PC	TO SUPPORT THE ORGANIZATION'S MISSION OF PROVIDING COMPASSIONATE, QUALITY CARE FOR COMPANION	500.
BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA INC. 2960 N MERIDIAN STREET NO 150 INDIANAPOLIS, IN 46208		PC	TO SUPPORT THE LITTLE FUTURE'S LIFE SKILLS EVENT SERIES AND TOWARDS BIG FUTURES PROGRAMMING.	20,000.
BOYS & GIRLS CLUBS OF CLEVELAND 6114 BROADWAY AVENUE CLEVELAND, OH 44127		PC	TO SUPPORT FINANCIAL LITERACY FOR CLEVELAND YOUTH.	7,500.
BOYS HOPE GIRLS HOPE OF NORTHEASTERN OHIO 9619 GARFIELD BOULEVARD GARFIELD HEIGHTS, OH 44125		PC	TO ASSIST IN POST-SECONDARY AND CAREER SUCCESS THROUGH CRITICAL WORKFORCE DEVELOPMENT	10,000.
CATHOLIC DAUGHTERS DIVINE MERCY 15615 JEFFERSON HWY. BATON ROUGE, LA 70817		PC	PARTNER IMPACT AWARD.	250.
Total	SEE CONTINUATION SHEET(S)			3a 349,182.
b Approved for future payment				
FEEDING TAMPA BAY 4702 TRANSPORT DR BUILDING 6 TAMPA, FL 33605		PC	TO SUPPORT THE ORGANIZATION'S MISSION OF CHANGING LIVES ONE MEAL AT A TIME AND LEADING THE COMMUNITY	10,000.
Total			3b	10,000.

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
	Signature of officer or trustee	Date	CHAIRMAN Title

May the IRS discuss this return with the preparer shown below? See instr.

☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SARAH C. KODERL				P01899772
	Firm's name PEASE BELL CPAS, LLC				Firm's EIN 36-4267431
	Firm's address 1111 SUPERIOR AVE E. STE 2500 CLEVELAND, OH 44114				Phone no. 216-348-9600

Part XIV 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
CHN HOUSING PARTNERS 2999 PAYNE AVE THIRD FLOOR CLEVELAND, OH 44114		PC	TO SUPPORT THE LEASE-PURCHASE PROGRAM, THE SCHOLAR HOUSE EXPLORATION PHASE, AND TO PROVIDE	20,000.
CITY CARE 6001 N CLASSEN BOULEVARD, BUILDING 5 OKLAHOMA CITY, OK 73118		PC	TO SUPPORT THE ORGANIZATION'S MISSION OF TRANSFORMING THE CITY BY ENDING THE CYCLE OF SOCIAL	2,500.
CITY MISSION 8710 51ST AVE ELMHURST, NY 11373-3971		PC	TO SUPPORT THE MISSION OF LAURA'S HOME.	5,000.
EMPOWERING & STRENGTHENING OHIO'S PEOPLE 11890 FAIRHILL ROAD CLEVELAND, OH 44120		PC	TO SUPPORT THE ORGANIZATION'S MISSION OF PROMOTING FINANCIAL WELLNESS AND HOUSING STABILITY THROUGHOUT	10,000.
ENTERPRISE COMMUNITY PARTNERS INC. 1360 E. 9TH STREET, STE 510 CLEVELAND, OH 44114		PC	TO PROVIDE SUPPORT TOWARDS A NEW INITIATIVE FOCUSED ON YOUTH HOMELESSNESS IN CLEVELAND, OHIO.	10,000.
FAMILY PROMISE OF LAS VEGAS 3690 E. TROPICANA AVE. LAS VEGAS, NV 89121		PC	TO SUPPORT THE ORGANIZATION'S MISSION OF HELPING AT-RISK AND HOMELESS FAMILIES WITH CHILDREN IN CLARK	5,000.
GATEWAY CENTER 275 PRYOR ST SW ATLANTA, GA 30303		PC	TO SUPPORT THE ORGANIZATION'S MISSION OF CONNECTING PEOPLE EXPERIENCING HOMELESSNESS WITH THE	2,500.
HABITAT FOR HUMANITY OF HILLSBOROUGH COUNTY FLORIDA 509 E. JACKSON ST TAMPA, FL 33602		PC	TO SUPPORT THE ANNUAL TAMPA REALTOR BUILD PROJECT.	15,000.
HABITAT FOR HUMANITY SUMMIT COUNTY 2301 ROMIG ROAD AKRON, OH 44320		PC	TO SUPPORT THE NEIGHBORHOOD REVITALIZATION PROGRAM.	50,000.
HFS CHICAGO SCHOLARS 1019 S MAY ST CHICAGO, IL 60607		PC	TO SUPPORT THE ORGANIZATION'S MISSION OF HELPING UNDERSERVED CHICAGO HIGH SCHOOL STUDENTS FLOURISH IN	5,000.
Total from continuation sheets				310,932.

Part XIV 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
HOME OF THE SPARROW 969 EAST SWEDES FORD ROAD EXTON, PA 19341		PC	TO PROVIDE EVICTION PREVENTION SERVICES FOR WOMEN AND CHILDREN.	7,500.
HOME REPAIR SVCS OF KENT COUNTY 1100 DIVISION AVE S GRAND RAPIDS, MI 49507		PC	TO SUPPORT THE ORGANIZATION'S MISSION OF VIBRANT COMMUNITIES.	5,000.
HOMELESS YOUTH CONNECTION, INC. 9950 W. VAN BUREN STREET STE. 114 AVONDALE, AZ 85323		PC	TO SUPPORT THE ORGANIZATION'S EMPOWERING YOUTH FOR THE FUTURE PROGRAM.	7,500.
HOMESTRETCH INC. 303 SOUTH MAPLE AVENUE NO 400 FALLS CHURCH, VA 22046		PC	TO ASSIST IN FINANCIAL LITERACY PROGRAMMING FOR FAMILIES IN THE HOUSING PROGRAM.	9,500.
HOUSING FOR NEW HOPE 18 W COLONY PLACE DURHAM, NC 27705		PC	TO PROVIDE SUPPORT FOR THE RAPID REHOUSING, PERMANENT SUPPORTIVE HOUSING, WORKFORCE/AFFORDABLE	15,000.
HOUSING OPPORTUNITIES 2418 WILMINGTON RD NEW CASTLE, PA 16105		PC	TO SUPPORT THE ORGANIZATION'S MISSION OF BUILDING STRONGER COMMUNITIES THROUGH A DIVERSE RANGE OF	3,000.
HOUSTON FURNITURE BANK 8220 MOSLEY ROAD HOUSTON, TX 77075		PC	TO SUPPORT THE ORGANIZATION'S MISSION OF FURNISHING HOPE BY MAKING EMPTY HOUSES HOME.	2,500.
JUNIOR ACHIEVEMENT OF GREATER CLEVELAND INC. 1422 EUCLID AVENUE SUITE 952 CLEVELAND, OH 44115		PC	TO PROVIDE FINANCIAL LITERACY PROGRAMMING TO MORE THAN 10,000 STUDENTS IN CUYAHOGA, GEAUGA, LAKE, AND	22,500.
KIDS WITHIN AUTISM CAN 1138 E REDFIELD RD PHOENIX, AZ 85022		PC	PARTNER IMPACT AWARD.	2,000.
LAKE ERIE NATURE AND SCIENCE CENTER 28728 WOLF ROAD BAY VILLAGE, OH 44140		PC	PARTNER IMPACT AWARD.	2,000.
Total from continuation sheets				

Part XIV 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
LIFE OF A SINGLE MOM 12015 JUSTICE AVE BATON ROUGE, LA 70816		PC	TO PROVIDE UP TO FIFTY MOMS WITH ACCESS TO SINGLE MOM UNIVERSITY AND PROVIDE ADDITIONAL OPERATING FUNDS.	20,000.
MINDS MATTER OF CLEVELAND OHIO INC. PO BOX 14519 CLEVELAND, OH 44114		PC	TO PROVIDE GENERAL OPERATING SUPPORT CONCERNING THE MENTORSHIP PROGRAMMING MODEL.	7,000.
MOAB HOUSE 5912 SOUTH AVE, UNIT A BOARDMAN, OH 44512		PC	TO SUPPORT THE ORGANIZATION'S MISSION OF HELPING FORMER FOSTER YOUTH LEARN SKILLS IN THE AREAS OF	500.
MUSTARD SEED OF CENTRAL FLORIDA 12 MUSTARD SEED LANE ORLANDO, FL 32810		PC	TO SUPPORT THE ORGANIZATION'S MISSION OF REBUILDING THE LIVES OF FAMILIES AND INDIVIDUALS WHO HAVE	2,500.
NEIGHBORHOOD HOUSING SERVICES OF GREATER CLEVELAND INC. 5700 BROADWAY AVENUE CLEVELAND, OH 44127		PC	TO SUPPORT THE FINANCIAL CAPABILITY PROGRAM AND GENERAL OPERATING SUPPORT.	2,500.
PROVIDENCE HOUSE 2050 WEST 32ND STREET CLEVELAND, OH 44113		PC	TO SUPPORT THE ORGANIZATION'S MISSION OF KEEPING KIDS SAFE AND FAMILIES TOGETHER BY EMBRACING THEM WITH	15,000.
SAINT MARTIN DE PORRES HIGH SCHOOL 6202 ST. CLAIR AVE CLEVELAND, OH 44103		PC	TO PROVIDE GENERAL OPERATING SUPPORT.	2,932.
SEEDS OF LITERACY 3104 W 25TH STREET 3RD FLOOR CLEVELAND, OH 44109		PC	TO PROVIDE GENERAL OPERATING SUPPORT TOWARDS ONE-ON-ONE ADULT LITERACY TUTORING.	7,500.
SETH'S WISH 345 DESMOND DR FAYETTEVILLE, NC 28314		PC	PARTNER IMPACT AWARD.	2,000.
SMART DEVELOPMENT INC 1192 E 40E STREET CLEVELAND, OH 44114		PC	TO SUPPORT SUSTAINABLE AND VIBRANT COMMUNITIES THROUGH NEIGHBORHOOD REVITALIZATION.	5,000.
Total from continuation sheets				

Part XIV 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
TENFOLD 308 E KING ST, PO BOX 1676 LANCASTER, PA 17608		PC	TO SUPPORT THE ORGANIZATION'S MISSION OF PROVIDING ONE-ON-ONE COUNSELING AND COACHING AND GROUP	2,500.
THE JOURNEY FORWARD 223 W JACKSON BLVD, SUITE 1116 CHICAGO, IL 60606		PC	TO SUPPORT THE ORGANIZATION'S MISSION OF UPLIFTING FAMILIES ON THEIR JOURNEY TO ACHIEVE GOALS THAT	2,500.
THE SHELTER, INC. P.O. BOX 144 CONNERSVILLE, IN 47331		PC	TO SUPPORT THE ORGANIZATION'S MISSION TO HELP THE HOMELESS TO BECOME SELF-SUFFICIENT	2,500.
TOWARDS EMPLOYMENT INC. 1255 EUCLID AVENUE NO 300 CLEVELAND, OH 44115		PC	TO PROVIDE SUPPORT FOR THE CAREER PATHWAYS PROGRAM.	10,000.
VOLUNTEERS OF AMERICA OHIO AND INDIANA 1780 E BROAD STREET COLUMBUS, OH 43203		PC	TO SUPPORT THE ORGANIZATION'S MISSION OF TRANSFORMING LIVES AND HELPING PEOPLE REACH THEIR FULL	20,000.
WEST PARK KAMM'S NEIGHBORHOOD DEVELOPMENT 17407 LORAIN AVENUE STE. 200 CLEVELAND, OH 44111		PC	TO SUPPORT THE ORGANIZATION'S MISSION OF SUPPORTING AND IMPROVING THE WEST PARK BUSINESS	2,500.
WITH LOVE CHARITY 1200 BROADWAY #1309 NASHVILLE, TN 37203		PC	PARTNER IMPACT AWARD.	2,000.
YOUTH CHALLENGE 800 SHARON DRIVE WESTLAKE, OH 44145		PC	PARTNER IMPACT AWARD.	2,500.
Total from continuation sheets				

Part XIV Supplementary Information

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

NAME OF RECIPIENT - BERE A ANIMAL RESCUE FUND

TO SUPPORT THE ORGANIZATION'S MISSION OF PROVIDING COMPASSIONATE,
QUALITY CARE FOR COMPANION ANIMALS IN NEED.

NAME OF RECIPIENT - BOYS HOPE GIRLS HOPE OF NORTHEASTERN OHIO

TO ASSIST IN POST-SECONDARY AND CAREER SUCCESS THROUGH CRITICAL
WORKFORCE DEVELOPMENT ACTIVITIES, TO PROVIDE POST-SECONDARY SUPPORT TO
SCHOLARSHIP ALUMNI AND CREATE A CAREER PATHWAY PROGRAM.

NAME OF RECIPIENT - CHN HOUSING PARTNERS

TO SUPPORT THE LEASE-PURCHASE PROGRAM, THE SCHOLAR HOUSE EXPLORATION
PHASE, AND TO PROVIDE ADDITIONAL OPERATING FUNDS NEEDED DUE TO
COVID-19.

NAME OF RECIPIENT - CITY CARE

TO SUPPORT THE ORGANIZATION'S MISSION OF TRANSFORMING THE CITY BY
ENDING THE CYCLE OF SOCIAL INJUSTICE AND EXTREME POVERTY ONE PERSON AT
A TIME.

NAME OF RECIPIENT - EMPOWERING & STRENGTHENING OHIO'S PEOPLE

TO SUPPORT THE ORGANIZATION'S MISSION OF PROMOTING FINANCIAL WELLNESS
AND HOUSING STABILITY THROUGHOUT OHIO.

NAME OF RECIPIENT - FAMILY PROMISE OF LAS VEGAS

TO SUPPORT THE ORGANIZATION'S MISSION OF HELPING AT-RISK AND HOMELESS
FAMILIES WITH CHILDREN IN CLARK COUNTY ACHIEVE SUSTAINABLE HOUSING AND
INDEPENDENCE THROUGH A COMPASSIONATE, COMMUNITY-BASED RESPONSE.

Part XIV Supplementary Information

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

NAME OF RECIPIENT - GATEWAY CENTER

TO SUPPORT THE ORGANIZATION'S MISSION OF CONNECTING PEOPLE EXPERIENCING HOMELESSNESS WITH THE SUPPORT NECESSARY TO BECOME SELF-SUFFICIENT AND FIND A PERMANENT HOME.

NAME OF RECIPIENT - HFS CHICAGO SCHOLARS

TO SUPPORT THE ORGANIZATION'S MISSION OF HELPING UNDERSERVED CHICAGO HIGH SCHOOL STUDENTS FLOURISH IN AND OUT OF THE CLASSROOM BY PROVIDING EDUCATIONAL ENRICHMENT THROUGH LIFELONG MENTORING, COLLEGE READINESS AND ACADEMIC EXCELLENCE PROGRAMS, AND PROVIDING FINANCIAL ASSISTANCE TO ATTEND TOP CHICAGO-AREA SCHOOLS.

NAME OF RECIPIENT - HOUSING FOR NEW HOPE

TO PROVIDE SUPPORT FOR THE RAPID REHOUSING, PERMANENT SUPPORTIVE HOUSING, WORKFORCE/AFFORDABLE HOUSING AND STREET OUTREACH PROGRAMS.

NAME OF RECIPIENT - HOUSING OPPORTUNITIES

TO SUPPORT THE ORGANIZATION'S MISSION OF BUILDING STRONGER COMMUNITIES THROUGH A DIVERSE RANGE OF HOUSING SERVICES, GUIDED BY OUR DEDICATED BOARD OF DIRECTORS.

NAME OF RECIPIENT - JUNIOR ACHIEVEMENT OF GREATER CLEVELAND INC.

TO PROVIDE FINANCIAL LITERACY PROGRAMMING TO MORE THAN 10,000 STUDENTS IN CUYAHOGA, GEAUGA, LAKE, AND LORAIN COUNTIES.

NAME OF RECIPIENT - MOAB HOUSE

TO SUPPORT THE ORGANIZATION'S MISSION OF HELPING FORMER FOSTER YOUTH LEARN SKILLS IN THE AREAS OF HOUSEHOLD AND FINANCIAL MANAGEMENT AND

Part XIV Supplementary Information

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

RELATIONSHIP BUILDING.

NAME OF RECIPIENT - MUSTARD SEED OF CENTRAL FLORIDA

TO SUPPORT THE ORGANIZATION'S MISSION OF REBUILDING THE LIVES OF
FAMILIES AND INDIVIDUALS WHO HAVE SUFFERED DISASTER OR PERSONAL TRAGEDY
BY PROVIDING HOUSEHOLD FURNISHINGS AND CLOTHING WHILE BEING
ENVIRONMENTALLY RESPONSIBLE TO THE COMMUNITY.

NAME OF RECIPIENT - PROVIDENCE HOUSE

TO SUPPORT THE ORGANIZATION'S MISSION OF KEEPING KIDS SAFE AND FAMILIES
TOGETHER BY EMBRACING THEM WITH SUPPORT.

NAME OF RECIPIENT - TENFOLD

TO SUPPORT THE ORGANIZATION'S MISSION OF PROVIDING ONE-ON-ONE
COUNSELING AND COACHING AND GROUP FINANCIAL EDUCATION TO THE RESIDENTS
OF LANCASTER COUNTY, PENNSYLVANIA.

NAME OF RECIPIENT - THE JOURNEY FORWARD

TO SUPPORT THE ORGANIZATION'S MISSION OF UPLIFTING FAMILIES ON THEIR
JOURNEY TO ACHIEVE GOALS THAT FOSTER THEIR EMOTIONAL, FINANCIAL, AND
PERSONAL SUCCESSES WHILE BUILDING THRIVING COMMUNITIES.

NAME OF RECIPIENT - THE SHELTER, INC.

TO SUPPORT THE ORGANIZATION'S MISSION TO HELP THE HOMELESS TO BECOME
SELF-SUFFICIENT THROUGH MEETING SPIRITUAL, EMOTIONAL AND PHYSICAL
NEEDS.

NAME OF RECIPIENT - VOLUNTEERS OF AMERICA OHIO AND INDIANA

Part XIV Supplementary Information

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

TO SUPPORT THE ORGANIZATION'S MISSION OF TRANSFORMING LIVES AND HELPING
PEOPLE REACH THEIR FULL POTENTIAL BY OFFERING HOPE AND RESTORING
DIGNITY.

NAME OF RECIPIENT - WEST PARK KAMM'S NEIGHBORHOOD DEVELOPMENT

TO SUPPORT THE ORGANIZATION'S MISSION OF SUPPORTING AND IMPROVING THE
WEST PARK BUSINESS DISTRICT.

Part XIV Supplementary Information

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - FEEDING TAMPA BAY

TO SUPPORT THE ORGANIZATION'S MISSION OF CHANGING LIVES ONE MEAL AT A
TIME AND LEADING THE COMMUNITY IN THE FIGHT AGAINST HUNGER.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
THE UNION HOME FOUNDATION, INC.	46-3696382

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	\$ 169,661.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SOUTHWEST GENERAL HEALTH CENTER 18697 BAGLEY ROAD MIDDLEBURG HEIGHTS, OH 44130	\$ 18,890.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	OSWALD COMPANIES 950 MAIN AVENUE SUITE 1800 CLEVELAND, OH 44113	\$ 8,890.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ALBERT BLANK 33834 LAKE ROAD AVON LAKE, OH 44012	\$ 8,890.	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.)

Name of organization

Employer identification number

THE UNION HOME FOUNDATION, INC.

46-3696382

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	Employer identification number
THE UNION HOME FOUNDATION, INC.	46-3696382

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	34,468.	34,468.	
TOTAL TO PART I, LINE 3	34,468.	34,468.	

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	44,382.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	44,382.	0.	

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	13,705.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	13,705.	0.		0.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONTRACT SERVICES	37,214.	0.		0.
TO FORM 990-PF, PG 1, LN 16C	37,214.	0.		0.

FORM 990-PF	TAXES		STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
NET INVESTMENT INCOME				
EXCISE TAX	750.	0.		0.
OHIO ANNUAL FILING FEE	200.	0.		0.
TO FORM 990-PF, PG 1, LN 18	950.	0.		0.

FORM 990-PF	OTHER EXPENSES		STATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK SERVICE FEES	5,128.	0.		0.
GALA - EVENT EXPENSES	86,295.	0.		0.
OPERATION BACKPACK - EVENT EXPENSES	789.	0.		0.
STATE REGISTRATION AND FILING FEES	5,209.	0.		0.
TO FORM 990-PF, PG 1, LN 23	97,421.	0.		0.

FORM 990-PF	LIST OF STATES RECEIVING COPY OF RETURN	STATEMENT 7
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STATES

AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NE
NH, NJ, NM, NY, OK, OH, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY, IA, MA, NC, ND, NV

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

THE FOUNDATION INTENDS TO REGISTER IN ALL FIFTY STATES AND IS IN THE
PROCESS OF DOING SO. THE FOUNDATION COMPLIES WITH APPLICABLE STATE
REPORTING REQUIREMENTS.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS

STATEMENT 9

PART VI-A, LINE 10

NAME OF CONTRIBUTOR	ADDRESS
UNION HOME MORTGAGE CORP.	8241 DOW CIRCLE W STRONGSVILLE, OH 44136

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XIV, LINES 2A THROUGH 2D

STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ONLINE GRANT APPLICATION VIA BLACKBAUD'S GRANTS CONNECT
8241 DOW CIRCLE WEST
STRONGSVILLE, OH 44136

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

440-863-3217

GRANT APPLICATIONS

EMAIL ADDRESS

CONTACT@UHMFOUNDATION.ORG

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 SEE STATEMENT 13 FOR FURTHER INFORMATION ON THE INFORMATION REQUESTED AS PART OF THE PROCESS.

ANY SUBMISSION DEADLINES

2023/2024 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, 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.