

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20____

2018

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 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 VI, line 5)	4b _____ 96.
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 2018 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 2018 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 2018 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.

34069726831

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 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** (2018)

823051 10-26-18

08440823 132838 78008UN.0002 2018.04020 THE UNION HOME FOUNDATION, 78008U11

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.

2018

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

For calendar year 2018 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 440-536-3496
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) ▶ \$ 658,056.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	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	462,148.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	9,676.	9,676.		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	117,086.	0.	117,086.	STATEMENT 2	
12 Total. Add lines 1 through 11	588,910.	9,676.	117,086.		
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 3	2,500.	44.	0.	2,456.
	c Other professional fees STMT 4	3,950.	0.	0.	3,950.
	17 Interest				
	18 Taxes STMT 5	272.	0.	0.	0.
	19 Depreciation and depletion				
	20 Occupancy	14,072.	0.	9,477.	4,595.
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses STMT 6	171,837.	0.	107,609.	64,227.
	24 Total operating and administrative expenses. Add lines 13 through 23	192,631.	44.	117,086.	75,228.
	25 Contributions, gifts, grants paid	307,667.			307,667.
26 Total expenses and disbursements. Add lines 24 and 25	500,298.	44.	117,086.	382,895.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	88,612.				
b Net investment income (if negative, enter -0-)		9,632.			
c Adjusted net income (if negative, enter -0-)			0.		

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.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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. THE UNION HOME FOUNDATION, INC.	Employer identification number (EIN) or 46-3696382
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 8241 DOW CIRCLE WEST	Social security number (SSN)
	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. ▶ **440-536-3496** 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, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2018** 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	\$	100.
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	\$	100.

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	569,444.	53,489.	53,489.
	2 Savings and temporary cash investments		604,567.	604,567.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	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			
	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)	569,444.	658,056.	658,056.	
Liabilities	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	569,444.	658,056.		
30 Total net assets or fund balances	569,444.	658,056.		
31 Total liabilities and net assets/fund balances	569,444.	658,056.		

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	569,444.
2 Enter amount from Part I, line 27a	2	88,612.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	658,056.
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	658,056.

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))
2017	135,606.	362,400.	.374189
2016	118,460.	230,499.	.513928
2015	0.	10,261.	.000000
2014			
2013			

2	Total of line 1, column (d)	2	.888117
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	.296039
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	534,332.
5	Multiply line 4 by line 3	5	158,183.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	96.
7	Add lines 5 and 6	7	158,279.
8	Enter qualifying distributions from Part XII, line 4	8	382,895.

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)

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)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	96.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% 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	96.
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	96.
6 Credits/Payments:			
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a	0.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	100.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	100.	
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	4.	
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax <input checked="" type="checkbox"/> 4. Refunded <input checked="" type="checkbox"/>	11	0.	

Part VII-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. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? SEE STATEMENT 7 If "Yes," attach a detailed description of the activities.	X	
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? If "Yes," attach the statement required by General Instruction T.		X
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 XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. OH		
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 General Instruction G? If "No," attach explanation SEE STATEMENT 8		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 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 9	X	

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? If "Yes," attach statement. See instructions
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address: HTTPS://WWW.UNIONHOMEMORTGAGE.COM/CORPORATE-SOCIA
14 The books are in care of: CHRISTINA FAGAN Telephone no.: 440-536-3496 Located at: 8241 DOW CIRCLE WEST, STRONGSVILLE, OH ZIP+4: 44136
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year: 15 N/A
16 At any time during calendar year 2018, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the 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? (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.)
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 Organizations relying on a current notice regarding disaster assistance, check here
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 2018?
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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? 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.)
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 2018 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.)
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 2018?

Part VII-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:			Yes	No
(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		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
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	
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

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.
SCOTT SCHADEN (3/1/18-12/31/18) 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."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

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

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

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	542,469.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	542,469.
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	542,469.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	8,137.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	534,332.
6	Minimum investment return. Enter 5% of line 5	6	26,717.

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	26,717.
2a	Tax on investment income for 2018 from Part VI, line 5	2a	96.
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	96.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	26,621.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	26,621.
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	26,621.

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	382,895.
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	382,895.
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	96.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	382,799.

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				26,621.
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
c From 2015				
d From 2016	106,502.			
e From 2017	117,630.			
f Total of lines 3a through e	224,132.			
4 Qualifying distributions for 2018 from Part XII, line 4: ▶ \$	382,895.			
a Applied to 2017, 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 2018 distributable amount				26,621.
e Remaining amount distributed out of corpus	356,274.			
5 Excess distributions carryover applied to 2018 (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:	580,406.			
a Corpus, Add lines 3f, 4c, and 4e, Subtract line 5				
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 2017. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				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 2013 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	580,406.			
10 Analysis of line 9:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016	106,502.			
d Excess from 2017	117,630.			
e Excess from 2018	356,274.			

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 2018, 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) 2018, (b) 2017, (c) 2016, (d) 2015, (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.

a The name, address, and telephone number or email address of the person to whom applications should be addressed: SEE STATEMENT 11

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 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				
ALLISON ROSE FOUNDATION PO BOX 31842 INDEPENDENCE, OH 44131		PC	AWARDED UNION HOME MORTGAGE PARTNER IMPACT AWARD TO PROVIDE OPERATING SUPPORT.	1,000.
AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET NW SUITE 400 ATLANTA, GA 30303		PC	RELAY FOR LIFE CONTRIBUTION TO PROVIDE GENERAL OPERATING SUPPORT.	1,000.
APECA INC. 23371 MULHOLLAND DR STE 197 WOODLAND HILLS, CA 91364		PC	AWARDED UNION HOME MORTGAGE PARTNER IMPACT AWARD TO PROVIDE OPERATING SUPPORT.	2,000.
BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA INC. 2960 N MERIDIAN STREET NO 150 INDIANAPOLIS, IN 46208		PC	TO SUPPORT THE LITTLE IMPACTS PROGRAM - LIFE SKILLS THRIVING INDICATOR PROGRAM.	5,000.
BOYS & GIRLS CLUBS OF CLEVELAND 6114 BROADWAY AVENUE CLEVELAND, OH 44127		PC	TO SUPPORT CAREER READINESS FOR CLEVELAND YOUTH.	10,000.
Total	SEE CONTINUATION SHEET(S)			307,667.
b Approved for future payment				
NONE				
Total				0.

Part XVI-A Analysis of Income-Producing Activities

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, Other investment income, Gain or loss from sales, Net income from special events, Gross profit from sales, and Other revenue.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes.

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

Table with 3 columns: Question, Yes, No. Contains questions 1a through 1c regarding transfers and transactions.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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.

Table for Preparer information: Print/Type preparer's name, Preparer's signature, Date, Title, Check self-employed, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown below? See instr. Yes No

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
CENTER FOR FINANCIAL HEALTH 3815 W ST JOSEPH STREET C-200 LANSING, MI 48917		PC	TO SUPPORT THE FINANCIAL WELLNESS PROGRAM.	5,000.
CHN HOUSING PARTNERS 2999 PAYNE AVE THIRD FLOOR CLEVELAND, OH 44114		PC	TO SUPPORT LEASE PURCHASE/FINANCIAL ADVISORY COUNSELING.	5,000.
CLEVELAND KIDS BOOK BANK 3635 PERKINS AVE. CLEVELAND, OH 44114		PC	TO PROVIDE 26,500 BOOKS TO CLEVELAND KIDS OVER WINTER BREAK.	6,750.
COLLEGE NOW GREATER CLEVELAND INC. 50 PUBLIC SQUARE SUITE 1800 CLEVELAND, OH 44113		PC	TO SUPPORT POSTSECONDARY ADVISORY SERVICES TO LOW INCOME INDIVIDUALS.	5,000.
COMMUNITY FOUNDATION OF GREATER FORT WAYNE INC 555 E WAYNE STREET FORT WAYNE, IN 46802		PC	AWARDED UNION HOME MORTGAGE PARTNER IMPACT AWARD TO PROVIDE SUPPORT TO THE MILITARY SUPPORT FUND.	2,000.
DESTINATION DOWNTOWN DOVER 117 W REED ST DOVER, DE 19904		PC	AWARDED UNION HOME MORTGAGE PARTNER IMPACT AWARD TO PROVIDE OPERATING SUPPORT.	2,000.
EMPOWERING & STRENGTHENING OHIO'S PEOPLE 11890 FAIRHILL ROAD CLEVELAND, OH 44120		PC	TO SUPPORT THE AFFORDABLE HOMEOWNERSHIP INITIATIVE.	5,000.
EMPOWERING YOUTH, EXPLORING JUSTICE 3535 PERKINS AVE. CLEVELAND, OH 44114		PC	TO PROVIDE GENERAL OPERATING SUPPORT.	2,500.
ENTERPRISE COMMUNITY PARTNERS INC 1360 E. 9TH STREET, STE 510 CLEVELAND, OH 44114		PC	TO SUPPORT THE HOUSING FIRST INITIATIVE.	2,500.
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110		PC	TO FUND THE HOLIDAY MATCH CAMPAIGN (SUPPORTS GENERAL OPERATING NEEDS).	10,000.
Total from continuation sheets				288,667.

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
H.O.P.E TEAM SERVICE ALLIANCE INC. 14200 W CELEBRATE LIFE WAY GOODYEAR, AZ 85338		PC	TO PROVIDE OPERATING SUPPORT THROUGH A VOLUNTEER GROUP GRANT.	500.
HABITAT FOR HUMANITY OF HILLSBOROUGH COUNTY FLORIDA 509 E. JACKSON ST TAMPA, FL 33602		PC	AWARDED UNION HOME MORTGAGE PARTNER IMPACT AWARD TO PROVIDE OPERATING SUPPORT.	2,000.
HOMELESS YOUTH CONNECTION, INC. 9950 W. VAN BUREN STREET AVONDALE, AZ 85323		PC	TO SUPPORT EMPOWERING YOUTH FOR THE FUTURE.	7,000.
HOMESTRETCH INC. 303 SOUTH MAPLE AVENUE NO 400 FALLS CHURCH, VA 22046		PC	TO PROVIDE SUPPORT TO THE HOMESTRECH CREDIT COUNSELING AND DEBT REDUCTION PROGRAM.	5,000.
HOUSING AND EDUCATION ALLIANCE INC. 9215 N FLORIDA AVENUE STE 104 TAMPA, FL 33612		PC	TO PROVIDE SUPPORT FOR HOMETRACK ONLINE - YOUR RIGHT TRACK HOME.	5,000.
JUNIOR ACHIEVEMENT OF GREATER CLEVELAND INC. 1422 EUCLID AVENUE SUITE 952 CLEVELAND, OH 44115		PC	TO SUPPORT FINANCIAL LITERACY EDUCATION IN 40 CLASSROOMS.	25,000.
MBA OPENS DOORS FOUNDATION 1919 M STREET WASHINGTON, DC 20036		PC	TO PROVIDE MORTGAGE ASSISTANCE GRANTS TO FAMILIES WITH CHILDREN BATTLING ILLNESS.	75,000.
MINDS MATTER OF CLEVELAND OHIO INC. PO BOX 14519 CLEVELAND, OH 44114		PC	TO PROVIDE GENERAL OPERATING SUPPORT.	5,000.
NATIONAL KIDNEY FOUNDATION INC. 30 EAST 33RD STREET NEW YORK, NY 10016		PC	TO SUPPORT THE PREVENTION OF KIDNEY & URINARY TRACT DISEASES, IMPROVE THE HEALTH & WELL-BEING OF	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.	5,000.
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
PLAYHOUSE SQUARE FOUNDATION 1501 EUCLID AVE STE 200 CLEVELAND, OH 44115		PC	TO SUPPORT A PERFORMING ARTS AND ENTERTAINMENT CENTER THAT ENHANCES AND FURTHER DEVELOPS THE	2,500.
RONALD MCDONALD HOUSE OF CLEVELAND INC. 10415 EUCLID AVENUE CLEVELAND, OH 44106		PC	TO SUPPORT FAMILIES AT AREA MEDICAL CENTERS BY PROVIDING A HOME-LIKE ENVIRONMENT AND ESSENTIAL	417.
SAINT MARTIN DE PORRES HIGH SCHOOL 6202 ST. CLAIR AVE CLEVELAND, OH 44103		PC	TO PROVIDE GENERAL OPERATING SUPPORT.	25,000.
SEEDS OF LITERACY 3104 W 25TH STREET 3RD FLOOR CLEVELAND, OH 44109		PC	TO PROVIDE GENERAL OPERATING SUPPORT.	5,000.
SPECIAL OLYMPICS TEXAS INC. 1804 RUTHERFORD LANE AUSTIN, TX 78754		PC	TO PROVIDE OPERATING SUPPORT THROUGH A VOLUNTEER GROUP GRANT.	500.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL INC. 262 DANNY THOMAS PLACE MEMPHIS, TN 38105		PC	AWARDED \$1,000 UNION HOME MORTGAGE PARTNER IMPACT AWARD TO PROVIDE OPERATING SUPPORT. AN ADDITIONAL	1,500.
THE LITERACY COOPERATIVE OF GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115		PC	TO SUPPORT THE 2 GEN, 1 PLAN PROGRAM.	5,000.
THE METROHEALTH FOUNDATION INC. 2500 METROHEALTH DRIVE CLEVELAND, OH 44109		PC	TO SUPPORT THE METROHEALTH SYSTEM LEADING THE WAY TO A HEALTHIER COMMUNITY THROUGH SERVICE,	2,500.
THE OHIO FOUNDATION OF INDEPENDENT COLLEGES 250 E BROAD STREET NO 1700 COLUMBUS, OH 43215		PC	TO FUND THE UNION HOME MORTGAGE SCHOLARSHIP.	10,000.
TOWARDS EMPLOYMENT INC. 1255 EUCLID AVENUE NO 300 CLEVELAND, OH 44115		PC	TO PROVIDE SUPPORT FOR THE REENTRY CAREER PATHWAYS PROGRAM.	30,000.
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
TURNSTONE DEVELOPMENT CORPORATION 10 S LASALLE STREET CHICAGO, IL 60603		PC	TO PROVIDE OPERATING SUPPORT THROUGH A VOLUNTEER GROUP GRANT.	500.
UNITED CHRUCH OF CHRIST - ORGAN RESTORTATION 13740 PEARL ROAD STRONGSVILLE, OH 44136		PC	TO PROVIDE SUPPORT FOR ORGAN RESTORATION.	2,500.
UNITED WAY 305 E HIGH STREET MOUNT VERNON, OH 43050		PC	TO PROVIDE OPERATING SUPPORT THROUGH A VOLUNTEER GROUP GRANT.	500.
VOLUNTEERS OF AMERICA GREATER OHIO 1776 EAST BROAD STREET COLUMBUS, OH 43203		PC	TO PROVIDE SUPPORTIVE SERVICES TO VETERANS IN BOTH OHIO AND INDIANA IN OBTAINING EMPLOYMENT, AFFORDABLE	25,000.
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 - NATIONAL KIDNEY FOUNDATION INC.

TO SUPPORT THE PREVENTION OF KIDNEY & URINARY TRACT DISEASES, IMPROVE THE HEALTH & WELL-BEING OF INDIVIDUALS & FAMILIES AFFECTED BY THESE DISEASES & TO INCREASE THE AVAILABILITY OF ORGANS FOR TRANSPLANTATION.

NAME OF RECIPIENT - PLAYHOUSE SQUARE FOUNDATION

TO SUPPORT A PERFORMING ARTS AND ENTERTAINMENT CENTER THAT ENHANCES AND FURTHER DEVELOPS THE PLAYHOUSE SQUARE DISTRICT.

NAME OF RECIPIENT - RONALD MCDONALD HOUSE OF CLEVELAND INC.

TO SUPPORT FAMILIES AT AREA MEDICAL CENTERS BY PROVIDING A HOME-LIKE ENVIRONMENT AND ESSENTIAL RESOURCES AND SERVICES.

NAME OF RECIPIENT - ST. JUDE CHILDREN'S RESEARCH HOSPITAL INC.

AWARDED \$1,000 UNION HOME MORTGAGE PARTNER IMPACT AWARD TO PROVIDE OPERATING SUPPORT. AN ADDITIONAL \$500 WAS PROVIDED THROUGH A VOLUNTEER GROUP GRANT.

NAME OF RECIPIENT - THE METROHEALTH FOUNDATION INC.

TO SUPPORT THE METROHEALTH SYSTEM LEADING THE WAY TO A HEALTHIER COMMUNITY THROUGH SERVICE, TEACHING, DISCOVERY, AND TEAMWORK.

NAME OF RECIPIENT - VOLUNTEERS OF AMERICA GREATER OHIO

TO PROVIDE SUPPORTIVE SERVICES TO VETERANS IN BOTH OHIO AND INDIANA IN OBTAINING EMPLOYMENT, AFFORDABLE HOUSING, AND MORE.

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

2018

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization THE UNION HOME FOUNDATION, INC.	Employer identification number 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	\$ 274,244.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	GALLAGHER & COMPANY 36966 TAIL FEATHER DRIVE NORTH RIDGEVILLE, OH 44039	\$ 7,279.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WEINER BRODSKY KIDER 1300 19TH STREET NW, FIFTH FLOOR WASHINGTON, DC 20036	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	HYLAND SOFTWARE, INC. 28500 CLEMENS ROAD WESTLAKE, OH 44145	\$ 7,279.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CAMERON ALLIE DEVELOPMENT GROUP, LLC 13000 DARICE PARKWAY STRONGSVILLE, OH 44149	\$ 5,384.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ELLIE MAE, INC. 4420 ROSEWOOD DRIVE, SUITE 500 PLEASANTON, CA 94588	\$ 7,279.	Person <input checked="" 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
--------------------------------------------------------------------	---------------------------------------------------------

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
7	VANTAGE FINANCIAL 6200 ROCKSIDE ROAD INDEPENDENCE, OH 44131	\$ 8,384.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	C. WILLIAM COSGROVE, JR. 1222 WINTERBURY LANE MEDINA, OH 44256	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	THE CLEVELAND CAVALIERS ORGANIZATION 1 CENTER COURT CLEVELAND, OH 44115	\$ 5,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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
8	TWO FOURSOMES TO LAUREL VALLEY COUNTRY CLUB	\$ 5,000.	10/05/18
9	A SUITE (18 TICKETS) FOR THE CLEVELAND CAVALIERS VERSUS GOLDEN STATE WARRIORS ON DECEMBER 5, 2018.	\$ 5,500.	10/05/18
1	SUITE ACCESS (12 TICKETS) TO CIRQUE DU SOLEIL ON A DATE BETWEEN 11/15/18 - 11/18/18	\$ 2,500.	10/05/18
1	SUITE ACCESS (12 TICKETS) TO DISNEY ON ICE PRESENTS MICKEY'S SEARCH PARTY BETWEEN 1/11/19 - 1/20/19	\$ 2,955.	10/05/18
1	SUITE ACCESS (12 TICKETS) TO PANIC! AT THE DISCO ON 1/30/19	\$ 2,500.	10/05/18
		\$	

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	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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	9,676.	9,676.	0.
TOTAL TO PART I, LINE 3	9,676.	9,676.	0.

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	117,086.	0.	117,086.
TOTAL TO FORM 990-PF, PART I, LINE 11	117,086.	0.	117,086.

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 FEE	2,500.	44.	0.	2,456.
TO FORM 990-PF, PG 1, LN 16B	2,500.	44.	0.	2,456.

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	3,950.	0.	0.	3,950.
TO FORM 990-PF, PG 1, LN 16C	3,950.	0.	0.	3,950.

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	72.	0.	0.	0.	
OHIO ANNUAL FILING FEE	200.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	272.	0.	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	3,589.	0.	0.	3,589.	
OFFICE SUPPLIES	247.	0.	0.	247.	
5K EVENT EXPENSES	9,461.	0.	837.	8,624.	
GALA EXPENSES	20,158.	0.	13,575.	6,582.	
GALA SUPPLIES	1,125.	0.	758.	367.	
GALA CATERING & DECOR	88,330.	0.	59,488.	28,842.	
GALA ADVERTISING & PROMOTIONS	13,359.	0.	8,997.	4,362.	
GALA POSTAGE	1,584.	0.	1,067.	517.	
GALA AUCTION PRIZES	33,984.	0.	22,887.	11,097.	
TO FORM 990-PF, PG 1, LN 23	171,837.	0.	107,609.	64,227.	

FORM 990-PF	STATEMENT OF ACTIVITIES NOT PREVIOUSLY REPORTED PART VII-A, LINE 2	STATEMENT	7
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EXPLANATION

IN 2018, THE UNION HOME FOUNDATION'S BOARD OF DIRECTORS VOTED TO APPROVE THE START OF FUNDRAISING EVENTS. THE PROFITS OF THE EVENTS DIRECTLY BENEFIT THE UNION HOME FOUNDATION'S MISSION, THUS GOING TO NONPROFITS WITH PROGRAMS CENTERED ON FINANCIAL LITERACY, EDUCATION, CAREER READINESS AND TRANSITIONAL RESOURCES. IN 2018, THE FOUNDATION HOSTED TWO NEW EVENTS: A TRADITIONAL GALA AND A 5K RACE.

IN AUGUST, THE UNION HOME FOUNDATION HOSTED ITS FIRST 5K RACE CALLED THE HUSTLE FOR HOMEOWNERSHIP 5K RACE, BENEFITTING THE UNION HOME FOUNDATION AND ONE OF OUR NONPROFIT PARTNERS, MINDS MATTER OF CLEVELAND. THE FOUNDATION UTILIZED THE SERVICES OF HERMES SPORTS AND EVENTS TO OVERSEE ALL OF THE LOGISTICS AND REGISTRATION FOR THE RACE. RACE REGISTRATION COST

\$30 FOR CHIPPED TIMED RACING, \$25 FOR WALKING AND \$10 FOR KIDS AGES 12 AND UNDER. THE FOUNDATION OFFERED MARKETING SPONSORSHIPS FOR THE RACE, ALONGSIDE GIFT-IN-KIND SPONSORSHIPS FOR FOOD ITEMS AND PROMOTIONAL ITEMS DURING THE RACE. A RAFFLE WAS ALSO HELD ON RACE DAY. RAFFLE TICKETS WERE SOLD FOR \$2 EACH, 3 FOR \$5 OR 15 FOR \$20. SPONSORSHIPS WERE OFFERED RANGING FROM \$250 - \$2,500. WE HAD ROUGHLY 117 PARTICIPANTS FOR THIS FIRST TIME EVENT.

IN OCTOBER, THE FOUNDATION PRESENTED A GALA EVENT CALLED BREAKING GROUND, HOSTED AT THE ROCK AND ROLL HALL OF FAME IN DOWNTOWN CLEVELAND. THIS EVENT FEATURED A FORMAL PROGRAM HIGHLIGHTING THE WORK OF THE FOUNDATION AND THAT OF FOUR NONPROFIT PARTNERS: JUNIOR ACHIEVEMENT OF GREATER CLEVELAND, VOLUNTEERS OF AMERICA OHIO AND INDIANA, SAINT MARTIN DE PORRES AND TOWARDS EMPLOYMENT. ADMISSION TO THE PROGRAM INCLUDED A TOUR OF THE ROCK HALL, DINNER AND DRINKS, A LIVE AUCTION AND A LIVE BAND. GENERAL ADMISSION TICKETS WERE \$250 FOR AN INDIVIDUAL AND \$400 FOR A COUPLE. SPONSORSHIP OPPORTUNITIES RANGED FROM \$1,000 FOR INDIVIDUAL SPONSORS UP TO \$20,000 FOR THE PRESENTING SPONSOR. IN ADDITION, MOBILE BIDDING WAS FEATURED FOR SILENT AUCTION ITEMS AND ON-SITE 50/50 RAFFLES (FOR \$25 A TICKET) WERE ALSO CONDUCTED. OVERALL, THE EVENT NETTED CLOSE TO \$150,000. THE UNION HOME FOUNDATION PRESENTED EACH OF THE HIGHLIGHTED NONPROFITS WITH A \$25,000 GRANT FROM THE PROCEEDS.

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

OHIO DOES NOT REQUIRE A COMPLETE COPY OF THE FORM 990-PF TO BE PROVIDED. THE OHIO ATTORNEY GENERAL'S OFFICE ADMINISTERS A CHARITABLE REGISTRATION DIVISION WHICH REQUIRES A SEPARATE ANNUAL FILING BY THE FOUNDATION. INFORMATION FROM THE ANNUAL FILING MAY BE RETREIVED ONLINE BY SEARCH AT THE FOLLOWING URL:

[HTTPS://CHARITABLEREGISTRATION.OHIOATTORNEYGENERAL.GOV/](https://charitableregistration.ohioattorneygeneral.gov/)

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

STATEMENT 9

NAME OF CONTRIBUTOR

ADDRESS

UNION HOME MORTGAGE CORP.

8241 DOW CIRCLE W
STRONGSVILLE, OH 44136

FORM 990-PF

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

STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

<u>TELEPHONE NUMBER</u>	<u>NAME OF GRANT PROGRAM</u>
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 SEE STATEMENT 12 FOR FURTHER INFORMATION ON THE INFORMATION REQUESTED AS PART OF THE PROCESS.

ANY SUBMISSION DEADLINES

2018/2019 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.

FORM 990-PF	GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A - 2D (CONTINUATION)	STATEMENT 11
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GENERAL EXPLANATION	STATEMENT 12
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FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

PAGE 10, PART XV, LINE 2 - GRANT APPLICATIONS - REQUESTED INFORMATION

EXPLANATION:

TO APPLY FOR A GRANT, YOU WILL BE PROMPTED TO COMPLETE AN ELIGIBILITY QUIZ BEFORE YOU MAY APPLY. PLEASE ALSO BE PREPARED TO INCLUDE OR UPLOAD THE FOLLOWING INFORMATION:

1. YOUR ORGANIZATION'S MISSION STATEMENT, POPULATION SERVED AND A DESCRIPTION OF THE PROJECT OR PROGRAM
2. UPDATED FINANCIAL STATEMENTS
3. PROJECT BUDGETS (IF NECESSARY) AND OTHER SOURCES OF FUNDING (BOTH COMMITTED AND PENDING)
4. A LIST OF THE ORGANIZATION'S BOARD OF DIRECTORS
5. MOST RECENT IRS DETERMINATION LETTER INDICATING 501(C)(3) STATUS

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FEDERAL INFORMATIONAL FORMS

Tax Return Carryovers to 2019

NAME: THE UNION HOME FOUNDATION, INC.

ID Number: 46-3696382

Disallowing Form	Description	Originating Form	Entity/Activity	St/City	Amount
990-PF	EXCESS DISTRIBUTIONS	990-PF			580,406.