Form	990
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Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or th	e 2022 calendar year, or tax year beginning and e	ending				
B (Check if pplicab	e: C Name of organization	C Name of organization D Employer identification number				
	Addre	PHILADELPHIA UNION FOUNDATION					
	Name chang	pe Doing business as		45-264581	L3		
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final	2501 SEAPORT DRIVE BOILER HOUSE #100	(610) 497	7-1657			
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,527,396.		
	Amer	CHESIER, PA 19015		H(a) Is this a group re			
	Appli tion pend	F Name and address of principal officer: IATES HONT		for subordinates?			
		SAME AS C ABOVE		H(b) Are all subordinates ind			
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	r 527	1	list. See instructions		
	Nebs			H(c) Group exemption			
	orm o art I	f organization: X Corporation Trust Association Other Summary	L Year	of formation: ZUII N	State of legal domicile: PA		
10		Briefly describe the organization's mission or most significant activities: THE E		TON'S DROCE	ANG FOCILG		
e	1	ON A VARIETY OF CHARITABLE INITIATIVES TO					
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose					
veri	3				24		
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			24		
ა ა	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			2		
itie	6	Total number of volunteers (estimate if necessary)			41		
ctiv	1			7a	0.		
<	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
¢	8	Contributions and grants (Part VIII, line 1h)		381,887.	1,133,164.		
nué	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42,940.	50,466.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		424,827.	1,183,630.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		170,000.	175,000.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_$		89,915.	129,713.		
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 158,85		150 207	457 060		
	1 11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		158,287. 418,202.	457,860.		
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,625.	762,573. 421,057.		
	19	Revenue less expenses. Subtract line 18 from line 12		0,020. ginning of Current Year	End of Year		
ts or	20	Total acasta (Dart V. Jina 16)	56	663,518.	1,009,223.		
Assets (Assets (20	Total assets (Part X, line 16)	·····	151,493.	76,141.		
Net A	-	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		512,025.	933,082.		
	<u>1 22</u> art II			512,023.	555,002.		

Part II Signature Block

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

Sign	Signature of officer			Date		
Here	HAYES HUNT, CHAIRMAN					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	HELEN M. MARTIN		11/15/2	23 self-employed	P01330899	
Preparer	Firm's name EISNER ADVISORY G			Firm's EIN 87	-1353108	
Use Only	Firm's address 130 NORTH 18TH ST	REET, SUITE 3000				
	PHILADELPHIA, PA 19103-2757 Phone no. (215) 881-8800					
May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a	separate	application	TOR	each retur	n.

► 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.

Туре о	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	r identification numb	er (TIN)
print	PHILADELPHIA UNION FOUNDATI	ON			45-264581	3
File by the due date f filing your return. Se	Number, street, and room or suite no. If a P.O. box, s			1		
instruction		oreign add	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applica	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
Form 990-T (corporation) 07						
● If thi box ▶ 1 I th	e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit (Group Exe and atta NOVE1 anization's , an	mption Number (GEN) .ch a list with the names and TINs of <u>MBER 15, 2023</u> , to file return for: d ending	If this is fo all memb	r the whole group, c ers the extension is n pt organization retu	for.
<u>a</u> b If	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year overp	, enter any	refundable credits and	3a 3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa					
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Cautio instruct	n: If you are going to make an electronic funds withdrawal ions.	(direct det	bit) with this Form 8868, see Form 8	453-TE an	d Form 8879-TE for p	payment

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

Form 8868 (Rev. 1-2022)

	1990 (2022) PHILADELPHIA UNION FOUNDATION	45-2645813 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: <u>THE FOUNDATION'S PROGRAMS FOCUS ON A VARIETY OF CHARIT</u>	
	TO SUPPORT UNDERSERVED COMMUNITIES AND UNDERPRIVILEGED	
	ADDITIONAL RESOURCES FOR EDUCATION, ATHLETICS/SOCCER A	ND WELL BEING.
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes X No
Ŭ	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services	as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$387,499. including grants of \$175,000.) (including grants of \$175,000.)	Revenue \$
	GRANTS AND CONTRIBUTIONS DONATED TO SUPPORT LOCAL CHAR	ITIES AND
	ORGANIZATIONS	
4b	(Code:) (Expenses \$) (I	Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (I	Revenue \$
-10))
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 387, 499.	
		Form 990 (2022)
23200	2 12-13-22	

Form 990 (2022)	PHILADELPHIA	UNION	FOUNDATION
Part IV	Ch	ecklist of Required Schedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		- 21
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
232003	12-13-22	Form	990	(2022)

Form **990** (2022)

Form	990	(2022)
	330	

	· (contract)		Vee	NIa
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b17			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
232004	12-13-22	Form	990	(2022)

232004 12-13-22

Form	990 (2022) PHILADELPHIA UNION FOUNDATION 45-2645	813	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		X
-				
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans 13b	-		
	Enter the amount of reserves on hand	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
00000	If "Yes," complete Form 6069.	Form	900	(2022)
232005	12-13-22	LOIU	1000	(2022)

Form	990	(2022)
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PHILADELPHIA UNION FOUNDATION

45-2645813 Page 6

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.							
b	Enter the number of voting members included on line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other					
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision					
	of officers, directors, trustees, or key employees to a management company or other person?			3		<u>X</u>		
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X		
6	Did the organization have members or stockholders?			6		X		
7a		point	one or			37		
	more members of the governing body?			7a		<u> </u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					х		
•	persons other than the governing body?			7b				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	0.0	Х			
a b	The governing body? Each committee with authority to act on behalf of the governing body?			8a 8b		x		
b 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			uo				
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Code)	5				
		venue	00000.)		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	·		10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befoi	re filing the form?	11a		Х		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," d	lescribe					
	on Schedule O how this was done			12c				
13	Did the organization have a written whistleblower policy?			13		X		
14	Did the organization have a written document retention and destruction policy?			14		X		
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					v		
	The organization's CEO, Executive Director, or top management official			15a		X X		
D	Other officers or key employees of the organization			15b				
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	ont	ith a					
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen taxable entity during the year?			16a		Х		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			104				
D.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-						
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed PA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)s	only)	availat	ole		
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain	on So	chedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			l financ	cial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records					
	NICOLE FANCHER, CONTROLLER - 610-497-8798							
	2501 SEAPORT DRIVE, CHESTER, PA 19013				000			
23200	5 12-13-22			Form	990	(2022)		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

		l	mza			ipen	ourc			(E)
(A)	(B)				C) ition			(D)	(E)	(F)
Name and title	Average		(do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	hours per		, unles cer an					compensation	compensation	amount of
	week	or					,	from the	from related	other
	(list any hours for	lirect						organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	l trus		ee	npen		1099-NEC)	1033-1120)	and related
	below	lual t	tiona		n pl o	st cor yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) PAUL HOWARD	40.00	-				1 0				
EXECUTIVE DIRECTOR		1		х				91,114.	0.	972.
(2) HAYES HUNT	5.00									
CHAIRMAN		X		Х				0.	0.	0.
(3) CHRIS ALBRECHT (THRU 10/22)	1.00									
DIRECTOR, BOARD MEMBER		Х						0.	0.	0.
(4) JEAN BLEY	1.00									
DIRECTOR, BOARD MEMBER		Х						0.	0.	0.
(5) BRIAN BORRADAILE	3.00									_
DIRECTOR, BOARD MEMBER		Х						0.	0.	0.
(6) CHRIS BRANSCOME	1.00									
DIRECTOR, BOARD MEMBER		Х						0.	0.	0.
(7) MARK CORNISH (THRU 10/22)	1.00									
DIRECTOR, BOARD MEMBER		Х						0.	0.	0.
(8) SEAN CURRAN	1.00									
DIRECTOR, BOARD MEMBER		Х						0.	0.	0.
(9) DANA CONNORS	1.00									
DIRECTOR, BOARD MEMBER		Х						0.	0.	0.
(10) CHRISTIN DEACON	1.00									•
DIRECTOR, BOARD MEMBER		X						0.	0.	0.
(11) LORELEI GAUS	3.00								0	0
DIRECTOR, BOARD MEMBER	1 0 0	Χ						0.	0.	0.
(12) VINCE GIANNINI	1.00	v						0	0	0
DIRECTOR, BOARD MEMBER (13) GREGG HOLGATE	3.00	X						0.	0.	0.
DIRECTOR, BOARD MEMBER	3.00	x						0.	0.	0.
(14) JIM KORMAN	1.00								0.	0.
DIRECTOR, BOARD MEMBER	1000	x						0.	0.	0.
(15) CINDY LEIBOVITCH	1.00									
DIRECTOR, BOARD MEMBER		x						0.	0.	0.
(16) JOHN MCCLUNG	1.00									
DIRECTOR, BOARD MEMBER		х						0.	Ο.	0.
(17) TIM MCDERMOTT	2.00									
DIRECTOR, BOARD MEMBER		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

	form 990 (2022)PHILADELPHIA UNION FOUNDATION45-2645813Page 8									
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploye	ees,	and	l Hig	ghes	st Co	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box,	, unles	s per	son i	s both	n an	compensation	compensation	amount of
	week		Jer an	aaa	recio	n/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		yolqr	st con yee	-	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(18) WILLIAM MORGAN	1.00	_	_							
DIRECTOR, BOARD MEMBER		x						0.	0.	0.
(19) HOWARD SILVERSTONE	1.00									
DIRECTOR, BOARD MEMBER		x						0.	0.	0.
(20) ROB SMITH	1.00									
DIRECTOR, BOARD MEMBER		x						0.	0.	0.
(21) PATRICK TRAYNOR	1.00									
DIRECTOR, BOARD MEMBER		x						0.	0.	0.
(22) ALEXANDER POOR (EFF 7/22)	1.00									
DIRECTOR, BOARD MEMBER		x						0.	0.	0.
(23) CARLOS MONTOYA (EFF 10/22)	1.00									
DIRECTOR, BOARD MEMBER		x						0.	0.	0.
(24) JULIE LANZILLO (EFF 3/22)	1.00									
DIRECTOR, BOARD MEMBER		Х						0.	0.	0.
(25) JAKE GUZMAN (EFF 3/22)	1.00									
DIRECTOR, BOARD MEMBER		Х						0.	0.	0.
(26) MATT WALLACH (3/22)	1.00									
DIRECTOR, BOARD MEMBER		Х						0.	0.	0.
1b Subtotal								91,114.	0.	972.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								91,114.	0.	972.
2 Total number of individuals (including but n								ceived more than \$100,	000 of reportable	
compensation from the organization										0
										Yes No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oyee	e, or	hig	hest compensated empl	oyee on	
line 1a? If "Yes," complete Schedule J for s	uch individual		-		-				-	з Х
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a	,									
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch r	bers	on .		-		5 X
Section B. Independent Contractors										
1 Complete this table for your five highest con	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compensa	tion from
the organization. Report compensation for t	he calendar ye	ear e	ndin	g w	ith c	or wi	thin	the organization's tax ye	ear.	
(A)								(B)		(C)
Name and business	address	NC	ONE	2				Description of s	ervices C	ompensation
2 Total number of independent contractors (ir	•	ot lin	nited	l to 1	thos	se lis	ted	above) who received mo	ore than	
\$100,000 of compensation from the organiz		T > 7			0	<u>,</u>		TIMO		- 000
SEE PART VII, SECTION	A CONT	ТΝ	υA	Τ.Τ.	UN	5	пĽ	P.1.2		Form 990 (2022)

232008 12-13-22

Form 990 PHILADE Part VII Section A. Officers, Directors,	LPHIA UNI	ON	F	'OU	ND	AT	'IO	N	45-264	5813
Part VII Section A. Officers, Directors,	Trustees, Key En	nplo	yee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(check all that apply)					ly)	compensation	compensation	amount of
	per							from	from related	other
	week	r				loyee		the	organizations (W-2/1099-MISC)	compensation from the
	(list any hours for	direct				d em p		organization (W-2/1099-MISC)	(W-2/1099-1015C)	organization
	related	ee or	stee			nsate		(** 2/ 1000 10100)		and related
	organizations	trust	al tru		o yee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest com pen sated em ployee	Former			-
	line)	Indi	Inst	Officer	Key	High	Forr			
(27) NICOLE FANCHER (EFF 10/22)	1.00									
DIRECTOR, BOARD MEMBER		Х						0.	0.	0.
					-	-				
						\vdash				
Total to Part VII, Section A, line 1c										

232201 04-01-22

			2022) PHILADELPHI	A UNION FO	UNDATION		45-2645	813 Page 9
Pa	rt V	111	Statement of Revenue					
			Check if Schedule O contains a respor	nse or note to any li	((=)	(
					(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue		business revenue	
								sections 512 - 514
ς Ω	1	а	Federated campaigns 1a					
ant	-	b	Membership dues 1b		1			
ษิยิ			Fundraising events	343,391.	-			
fts,			a	545,551.	-			
Contributions, Gifts, Grants and Other Similar Amounts			· · · · · · · · · · · · · · · · · · ·		-			
ns,			Government grants (contributions) 1e		-			
er S		f	All other contributions, gifts, grants, and					
ibu			similar amounts not included above 1f	789,773.	_			
d C		-	Noncash contributions included in lines 1a-1f					
an		h	Total. Add lines 1a-1f	<u></u>	1,133,164.			
				Business Code				
θ	2	а						
vic		b						
Ser		с						
gram Ser Revenue		d						
Program Service Revenue								
ro		e						
			All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, in	terest, and				
	4		Income from investment of tax-exempt bor	nd proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
			Gross amount from sales of (i) Securiti	es (ii) Other				
	· ·	u	assets other than inventory 7a		-			
		b	Less: cost or other basis		-			
đ		D						
evenue			and sales expenses 7b		-			
eve			Gain or (loss) 7c					
Other Re			Net gain or (loss)					
hei	8	а	Gross income from fundraising events (not					
ō			including \$ 343,391. of					
			contributions reported on line 1c). See					
			Part IV, line 18	_{8a} 154,192.				
		b	Less: direct expenses	_{8b} 188,044.				
		с	Net income or (loss) from fundraising event	S	-33,852.			-33,852.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	9a240,040.				
		b	Less: direct expenses	9b155,722.				
			Net income or (loss) from gaming activities		84,318.			84,318.
			Gross sales of inventory, less returns					
		4		102				
		b		10a 10b				
			•					
		С	Net income or (loss) from sales of inventory	1				
S				Business Code				
eor	11	а						
ant		b		_				
scellaneo Revenue		С		_				
Miscellaneous Revenue		d	All other revenue		1			
~		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions		1,183,630.	0.	0.	50,466.
23200	9 12-	13-	22					Form 990 (2022)

232009 12-13-22

PHILADELPHIA UNION FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
10, 1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21	175,000.	175,000.		
2	Grants and other assistance to domestic	2,0,0000	2/0/0000		
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Č	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	92,086.		92,086.	
6	Compensation not included above to disgualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	28,370.		28,370.	
8	Pension plan accruals and contributions (include	,		,	
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,257.		9,257.	
1	Fees for services (nonemployees):			,	
а	Management				
b	Legal	13,858.		13,858.	
с	Accounting	24,525.		24,525.	
d	⁻				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ũ	column (A), amount, list line 11g expenses on Sch 0.)	59,827.		13,555.	46,272
12	Advertising and promotion	12,048.			<u>46,272</u> 12,048
13	Office expenses	14,815.	12,999.	1,816.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	7,404.		7,404.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PLAYGROUND REFURBISHMEN	119,747.	119,747.		
b	OTHER FUNDRAISING EXPEN	62,323.	-		62,323
с	STUDENT SOCCER PROGRAM	51,493.	51,493.		•
d	BANK AND PAY PAL FEES	46,121.		16,441.	29,680
e		45,699.	28,260.	8,905.	8,534
25	Total functional expenses. Add lines 1 through 24e	762,573.	387,499.	216,217.	158,857
26	Joint costs. Complete this line only if the organization				•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

232010 12-13-22

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

PHILADELPHIA UNION FOUNDATION

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	589,399.	1	956,063.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	12,615.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
	Ŭ	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disgualified persons (as defined			
	•	we down as a time 4050(f)), and paragraphic down in a string 4050(s)(0)(D)		6	
(0	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	5,228.
As	9	Prepaid expenses and deferred charges	E7 02/	9	21,444.
		Land, buildings, and equipment: cost or other		-	/
		basis. Complete Part VI of Schedule D 10a 36,95	8.		
	b	Less: accumulated depreciation 10b 36,95	8. 0.	10c	0.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	13,873.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,009,223.
	17	Accounts payable and accrued expenses	44,266.	17	76,141.
	18	Grants payable		18	
	19	Deferred revenue		19	0.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	00.007		0
		of Schedule D	20,927.	25	
	26	Total liabilities. Add lines 17 through 25	151,493.	26	76,141.
Ś		Organizations that follow FASB ASC 958, check here			
nce	07	and complete lines 27, 28, 32, and 33.	511,252.	07	858,569.
alaı	27	Net assets without donor restrictions		27 28	74,513.
d B	28	Net assets with donor restrictions	113.	28	/4,JIJ•
'n		Organizations that do not follow FASB ASC 958, check here			
or	20	and complete lines 29 through 33.		29	
Net Assets or Fund Balances	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		30	
Asse	30 31	Retained earnings, endowment, accumulated income, or other funds		30	
et /	32	Total net assets or fund balances		32	933,082.
Ż	33	Total liabilities and net assets/fund balances	CC0 E10	33	1,009,223.
	00	יטנער וועטווונוטט ערוע רוטג מטטטנט/ וערוע טעומדועכט	0007010.	55	_,000,220.

Form 990 (2022)

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

Form 990 (2022) Part X Balance Sheet

Form 990 (2022) PHILADELPHIA UNION FOUN	DATION 45	-2645813	Pag	_{ge} 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this	s Part XI			
1 Total revenue (must equal Part VIII, column (A), line 12)		1,18		
2 Total expenses (must equal Part IX, column (A), line 25)			2,5	
3 Revenue less expenses. Subtract line 2 from line 1			-	<u>57.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line	e 32, column (A)) 4	51	2,0:	25.
5 Net unrealized gains (losses) on investments				
6 Donated services and use of facilities	6			
7 Investment expenses	7			
8 Prior period adjustments				
9 Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (r	must equal Part X, line 32,			
column (B))	10	93	3,0	82.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this	s Part XII			
			Yes	No
1 Accounting method used to prepare the Form 990: Cash X	Accrual Other			
If the organization changed its method of accounting from a prior year o	r checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an	n independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements	for the year were compiled or reviewed on a			
separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Both cor	nsolidated and separate basis			
b Were the organization's financial statements audited by an independent	accountant?	2b	Х	
If "Yes," check a box below to indicate whether the financial statements	for the year were audited on a separate basis,			
consolidated basis, or both:				
X Separate basis Consolidated basis Both cor	nsolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that as	sumes responsibility for oversight of the audit,			
review, or compilation of its financial statements and selection of an inde	ependent accountant?	2c	Х	
If the organization changed either its oversight process or selection proc	cess during the tax year, explain on Schedule (D.		
3a As a result of a federal award, was the organization required to undergo	an audit or audits as set forth in the			
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				X
b If "Yes," did the organization undergo the required audit or audits? If the	organization did not undergo the required auc	lit		
or audits, explain why on Schedule O and describe any steps taken to u	ndergo such audits	3b		

Form **990** (2022)

232012 12-13-22

SCHEDULE A	٩
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
	2022
	Open to Public Inspection
Employer	identification number

Name of the organization

			NION FOUNDAT				4	5-2645813			
Part	I Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions					
The oro 1 [2 [3 [4 [ganization is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga	n of churches described Attach Schedule E (Form anization described in se	in sectio 1 990).) ection 170	n 170(b)(1 (b)(1)(A)(ii	ii).	iii). Enter	the hospital's name,			
	city, and state:										
5 🗌	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).					
7 2		0				.,	general	oublic described in			
		•		0			0				
8	A community trust describe		(1)(A)(vi). (Complete Par	t II.)							
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a la	and-grant	college			
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of th	ne college	or			
	university:										
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership	fees, and	d gross receipts from			
	activities related to its exen							•			
	income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the orga	nization a	Ifter June 30, 1975.			
	See section 509(a)(2). (Co	• •									
11	An organization organized	-		•							
12 🗌	An organization organized a	-	•	-			-				
	more publicly supported or	-						Sheck the box on			
а	lines 12a through 12d that Type I. A supporting orga						-	aivina			
a	the supported organization			•	-						
	organization. You must o			indjointy o				pporting			
b	Type II. A supporting org	-		ion with it:	s supporte	ed organization	s), by hav	vina			
	control or management of	-				-		•			
	organization(s). You mus			·		C C					
с	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally	integrate	d with,			
	its supported organizatio	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.					
d	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection w	vith its supporte	ed organiz	zation(s)			
	that is not functionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and a	an attentiv	reness			
	requirement (see instruct	-									
е	Check this box if the orga					Type I, Type II,	Type III				
	functionally integrated, or										
	Enter the number of supported or Provide the following information	•	d organization(a)								
<u>g</u> ⊦	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of r	nonetary	(vi) Amount of other			
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)			
Total											

Schedule A (Form 990) 2022

Part II

PHILADELPHIA UNION FOUNDATION

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

fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	379,844.	60,924.	260,663.	381,887.	1133164.	2216482.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	379,844.	60,924.	260,663.	381,887.	1133164.	2216482.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						506,343.
	Public support. Subtract line 5 from line 4.						1710139.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	379,844.	60,924.	260,663.	381,887.	1133164.	2216482.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the				40.040	50 466	00 406
	business is regularly carried on				42,940.	50,466.	93,406.
10	Other income. Do not include gain						
	or loss from the sale of capital		1 6 6 0				1 6 6 0
	assets (Explain in Part VI.)		1,669.				1,669.
11	1 1		-				2311557.
12	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	1,242.
13	First 5 years. If the Form 990 is for the	0					
80	organization, check this box and stop						
	ction C. Computation of Public		-				73.98 %
	Public support percentage for 2022 (I					14	
	Public support percentage from 2021					15	
168	33 1/3% support test - 2022. If the o	-					V
	stop here. The organization qualifies	1 , 11	0				
	33 1/3% support test - 2021. If the o						
47	and stop here. The organization qual		• •				
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		-	
	meets the facts-and-circumstances te	-				To and line 1E is t	
i:	10% -facts-and-circumstances test						10% UI
	more, and if the organization meets the						
10	organization meets the facts-and-circu Private foundation. If the organization				• •		
18	Finale foundation. If the organization	In all not check a l		a, 100, 17a, 01 170	, CHECK THIS DOX A		(Form 990) 2022
						Solio dalo A	

232022 12-09-22

PHILADELPHIA UNION FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support		,						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions,								
	merchandise sold or services per-								
	formed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge \dots								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
k	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Se	ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
k	• Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
	regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital								
	assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	-			-				
-	check this box and stop here								
	ction C. Computation of Publ								
	Public support percentage for 2022 (.,,		15			%
	Public support percentage from 2021					16			%
	ction D. Computation of Inves		•						
	Investment income percentage for 20					17			%
	Investment income percentage from					18	,		%
19a	a 33 1/3% support tests - 2022. If the								
_	more than 33 1/3%, check this box a								
k	33 1/3% support tests - 2021. If the								
	line 18 is not more than 33 1/3%, che								
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see ins			(5	
2320	23 12-09-22						Schedule A	(Form 990)	2022

PHILADELPHIA UNION FOUNDATION

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

232024 12-09-22

Sche	dule A (Form 990) 2022	PHILADELPHIA UNION FOUNDATION	45-2645813	Pa	ige 5
Par	t IV Supporting Organ	nizations (continued)			
				Yes	No
11	Has the organization accepted	d a gift or contribution from any of the following persons?			
а	A person who directly or indirectly	ectly controls, either alone or together with persons described on lines 11b ar	nd		
	11c below, the governing bod	ly of a supported organization?	11a		
b	A family member of a person	described on line 11a above?	11b		
с	A 35% controlled entity of a p	erson described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, p	provide		
	detail in Part VI.		11c		
	tion B. Type I Supportin	organizations			

DHILADFI.DHIA UNION FOUNDATION

		Yes	No
Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization.</i>			
supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, ntrollad the

supervis	sed, or con	trolled the supl	porting organization	7.
Section C.	Type II \$	Supporting	Organizations	5

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Section D. All Type III Supporting Organizations
--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

c L		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions)).
-----	--	---	--	----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

13521114 721252 1032878-1032878

2022.05000 PHILADELPHIA UNION FOUNDA 10328781

2

1

Yes No

Yes No

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

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

Schedule A (Form 990) 2022

232026 12-09-22

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

.

PHILADELPHIA UNION FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	ion D - Distributions	Current Year			
1	Amounts paid to supported organizations to accomplish exer				
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose				
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				

Schedule A (Form 990) 2022

SCHEDULE D)
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Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047 4 **Open to Public** Inspection

Employer identification number

45-2645813

Name of the organization

PHILADELPHIA UNION FOUNDATION

Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lir						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	-					
-	are the organization's property, subject to the organization's						
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of		ľ – –				
Pa		contraction answered "Vee" on Form 000	Port IV line 7				
			Fait IV, III e 7.				
1	Purpose(s) of conservation easements held by the organizati		a biotorically important land area				
	Protection of natural habitat		f a historically important land area f a certified historic structure				
	Preservation of open space		a certified historic structure				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last				
2	day of the tax year.		Held at the End of the Tax Year				
а							
b							
c	Number of conservation easements on a certified historic str						
	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re						
	year		0				
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements in	t holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year				
-							
8	Does each conservation easement reported on line 2(d) above						
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservati	•					
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the				
Pa	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	f Art. Historical Treasures, or Ot	her Similar Assets.				
I a	Complete if the organization answered "Yes" on Form						
	If the organization elected, as permitted under FASB ASC 95		nd balance sheet works				
Ĩ	of art, historical treasures, or other similar assets held for pul	, 1					
	service, provide in Part XIII the text of the footnote to its final	, , ,	1				
b	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		\$_				
			•				
2	If the organization received or held works of art, historical tre						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1		\$				
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022				
23205	1 09-01-22						

Sche		LPHIA UNION					45	5-26	45813	Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, His [.]	torical Tre	easures, o	r Other	Similar A	ssets	(continu	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, chec	k any of the t	following that	make sig	nificant use	e of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how t	hey further th	ne organizatio	on's exemp	ot purpose	in Part	XIII.		
5	During the year, did the organization solicit o				-	er similar a	issets		-		-
D	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if th	ie organizatio	n answered '	"Yes" on F	Form 990, F	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		•						7.4		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing	table:					Amount		
-	Designing belonce						10		Amount		
c d	Beginning balance						1c 1d				
	Additions during the year						1e				
f	Ending balance						16 1f				
2a	Did the organization include an amount on Fe						· · · · ·		Yes		No
	If "Yes," explain the arrangement in Part XIII.						, · · · · · · · · · · · · · · · · · · ·]
Par			÷		<u>.</u>).				-
		(a) Current year	(b)	Prior year	(c) Two yea	rs back 🛛 🕻	d) Three yea	rs back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1	lg, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
-	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	ssion of the organiza	tion th	at are held ar	nd administer	red for the			Г·	Yes	No
	organization by:									162	NU
	(i) Unrelated organizations								3a(i)		
h	(ii) Related organizations	tions listed as requir	od on 9	Schedule R2					3a(ii) 3b		
4	Describe in Part XIII the intended uses of the								50		
Par	t VI Land, Buildings, and Equipm	<u>u</u>	which	Turius.							
	Complete if the organization answere		, Part I	V, line 11a. S	See Form 990	, Part X, lii	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulated		(d) Book	value	е
		basis (investr	nent)	basis	(other)	. ,	reciation				
1a	Land	L									
b	Buildings										
с	Leasehold improvements										
	Equipment			3	6,958.		36,958	3.			0.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X, colu	mn (B), line 1	0c.)						0.
							Sc	hedule	D (Form	990)	2022

	(Form 990) 2022		A UNION FOUNDA	ATION	45-2645813 Page 3
Part VII		Other Securities.			
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or categ	JOTY (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financia	al derivatives				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (<u>b) must equal Form 990</u>), Part X, col. (B) line 12.)			
Part VIII		Program Related.			
				1c. See Form 990, Part X, line 13.	
	(a) Description of	investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (Part IX	b) must equal Form 990 Other Assets.), Part X, col. (B) line 13.)			
Partix			an Farma 000 Dart IV line 1	1d Cas Faunt 000 Dart V line 15	
	Complete il the org			1d. See Form 990, Part X, line 15.	
		(d)	Description		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
<u>(8)</u> (9)					
	imp (b) must squal Es	vrm 000 Port V ool (P) line	e 15.)		
Part X	Other Liabilitie	<u>ин 990, Ран А, сон (Б) ши</u> S.	9 10.)		
			on Form 990. Part IV. line 1	1e or 11f. See Form 990, Part X, li	ine 25.
1.		escription of liability		······································	(b) Book value
	leral income taxes	,			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	imn (h) must equal Fo	orm 990 Part X col (R) line	25)		
				the organization's financial statem	
				re if the text of the footnote has be	

Schedule D (Form 990) 2022

45-2645813 Page 3

232053 09-01-22

	edule D (Form 990) 2022 PHILADELPHIA UNION FOUNDA				2043013 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,298,884.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	115,254.		
е	Add lines 2a through 2d			2e	115,254.
3	Subtract line 2e from line 1			3	1,183,630.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
с					
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part 1 line 12)			5	1,183,630.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nents With		5 Returi	<u>1,183,630.</u> n.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With 2a.	Expenses per F	5 Returi	n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nents With 2a.	Expenses per F	5 Returi	<u>1,183,630.</u> n. <u>877,827.</u>
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With 2a.	Expenses per F	Returi	n.
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With	Expenses per F	Returi	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents With 2a.	Expenses per F	Returi	n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents With 2a. 2a 2a 2b	Expenses per F	Returi	n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a 2b 2c	Expenses per F	Returi	n. 877,827.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2a 2a 2b 2c 2d	Expenses per F	Returi	n. <u>877,827.</u> 115,254.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	Expenses per F	1	n. 877,827.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2a 2b 2c 2d	Expenses per F	1 2e	n. <u>877,827.</u> 115,254.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>877,827.</u> 115,254.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2c 2d 2d	Expenses per F	1 2e	n. <u>877,827.</u> 115,254.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2a 2b 2c 2d	Expenses per F	1 2e	n. <u>877,827.</u> <u>115,254.</u> 762,573. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2a 2b 2c 2d 4a 4b	Expenses per F	1 2e 3	n. <u>877,827.</u> <u>115,254.</u> 762,573.

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

PART X, LINE 2:

THE ORGANIZATION IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) AND SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE "CODE"). ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED A PROVISION FOR INCOME TAXES IN THE

ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION HAD NO UNRELATED

BUSINESS INCOME FOR EITHER OF THE YEARS ENDED DECEMBER 31, 2022 OR 2021.

U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN AND

RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN

POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION

BY A GOVERNMENT AUTHORITY. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN

BY THE ORGANIZATION AND HAS CONCLUDED THAT, AS OF DECEMBER 31, 2022 AND 232054 09-01-22 Schedule D (Form 990) 2022

13521114 721252 1032878-1032878 2022.05000 PHILADELPHIA UNION FOUNDA 10328781

Schedule D (Form 990) 2022 PHILADELPHIA UNION FOUNDATION	45-2645813 Page 5
Part XIII Supplemental Information (continued)	
2021, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN, OR EXPECTED	ED TO BE TAKEN,
THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE	IN THE
FINANCIAL STATEMENTS.	
THE ORGANIZATION RECOGNIZES ACCRUED INTEREST AND PENALTIES A	ASSOCIATED WITH
UNCERTAIN TAX POSITIONS, IF ANY. THERE WAS NO INCOME TAX REL	LATED INTEREST
OR PENALTY RECORDED FOR EITHER OF THE YEARS ENDED DECEMBER	31, 2022 OR
2021.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
ADDITIONAL GAMING COSTS	35,702.
ADDITIONAL SPECIAL EVENTS COSTS	79,552.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	115,254.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
ADDITIONAL SPECIAL EVENTS COSTS	79,552.
ADDITIONAL GAMING COSTS	35,702.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	115,254.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047			
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.										
Department of the Treasury		Attach to Form 990						Open to Public Inspection			
Internal Revenue Service	general Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. ame of the organization Employe										
Name of the organization		LPHIA UNION FOUNDA	TIOI	N			45-26				
Part I Fundrais		Complete if the organization answe			n Form 990, Part IV, li	ne 1					
	complete this part										
a 📃 Mail solicitat	b Internet and email solicitations f Solicitation of government grants										
d 🗌 In-person so		3									
2 a Did the organization	on have a written o	r oral agreement with any individual	(includ	ding of	ficers, directors, trus	tees,	or				
		art VII) or entity in connection with p			•			Yes No			
b If "Yes," list the 10 compensated at le	a .	viduals or entities (fundraisers) pursu	ant to	agreer	nents under which th	ne fur	ndraiser is to	be			
			т —								
(i) Name and addres or entity (fund		(ii) Activity	fùnd have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)		by) to (or retained by)			
			Yes	No							
Total											
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt fron	registration			

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

Schedule G (Form 990) 2022

232081 10-27-22

PHILADELPHIA UNION FOUNDATION

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

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
				DOOP CUP		col. (c)
			(event type)	(event type)	(total number)	
00000	1	Gross receipts	332,747.	164,836.		497,583
	2	Less: Contributions	226,141.	117,250.		343,391
	3	Gross income (line 1 minus line 2)	106,606.	47,586.		154,192
	4	Cash prizes		3,475.		3,475
	5	Noncash prizes				
	6	Rent/facility costs	40,212.	21,380.		61,592
	7	Food and beverages		9,400.		9,400
- I -	8	Entertainment				
	9	Other direct expenses		66,671.		113,577
	10	Direct expense summary. Add lines 4 throug				188,044
	11	Net income summary. Subtract line 10 from				-33,852
-						
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1	Gross revenue	(a) Bingo		(c) Other gaming 240,040.	(d) Total gaming (add col. (a) through col. (c 240,040
	<u>1</u> 2	Gross revenue	(a) Bingo			col. (a) through col. (c
t			(a) Bingo		240,040.	col. (a) through col. (c
	3	Cash prizes	(a) Bingo		240,040.	col. (a) through col. (c
	3	Cash prizes		bingo/progressive bingo	240,040. 120,020. 35,702.	col. (a) through col. (c 240,040 120,020
	3 4 5	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		240,040. 120,020.	col. (a) through col. (c
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	%	bingo/progressive bingo	240,040. 120,020. 35,702. Yes% X No	col. (a) through col. (c 240,040 120,020
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		bingo/progressive bingo	240,040. 120,020. 35,702. Yes% X No	col. (a) through col. (240,040 120,020 35,702 155,722
	3 4 5 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes% No from line 1, column (d)	bingo/progressive bingo	240,040. 120,020. 35,702. Yes% X No	col. (a) through col. (c 240,040 120,020 35,702 155,722 84,318
	3 4 5 6 7 8 Ent	Cash prizes	Yes% No A 5 in column (d) 7 from line 1, column (d) ucts gaming activities: P ctivities in each of these s	bingo/progressive bingo	240,040. 120,020. 35,702. Yes% X No	col. (a) through col. (c 240,040 120,020 35,702 155,722 84,318
	3 4 5 6 7 8 Ent Is ti	Cash prizes	h 5 in column (d)	bingo/progressive bingo	240,040. 120,020. 35,702. Yes% X No	Col. (a) through col. (240,040 120,020 35,702 155,722 84,318 X Yes N

232082 10-27-22

Schedule G (Form 990) 2022

Sch	nedule G (Fo	orm 990) 202	22]	PHILADE	ELPHIA	UNIO	N FO	UNDATI	ON		45-2	645813	Page 3
11	Does the	organization	conduct gami	ing activities	with nonmer	nbers?						Yes	X No
12			grantor, benefic										
			le gaming?									Yes	X No
		-	ge of gaming a	•								40.	07
			ility									13a 13b 100	·00 %
			ddress of the p										
				-		-	-	•					
	Name	NICOLI	E FANCHE	ER									
	Address	SAME	AS BUSI	INESS A	DDRESS		CHES	STER,	PA 19	013			
15a	a Does the	organization	have a contra	act with a thir	d party from	whom t	he organ	ization rece	ives gamir	ig revenue?		Yes	X No
I	o If "Yes," e	enter the am	ount of gaming	g revenue rec	ceived by the	organiz	ation	\$		and the	amount		
			ained by the th										
(c If "Yes," e	enter name a	nd address of	the third par	ty:								
	Name												
	Name												
	Address												
16	Gaming n	nanager info	rmation:										
	Name	JULIA	SIFARI	(THRU	11/22)								
	Gaming n	nanager com	pensation	\$),727.								
				01177 gr									
	Description SOFTI	on of service אס אס די	s provided	OVERSE	EES DAY	ΤO	DAY	OPERAT	IONS	OF 50/5	50 RAFI	(LE	
	<u>50F I (</u>	VARE											
	Dir	rector/officer	-	X Employee	e	lı lı	ndepende	ent contrac	tor				
		y distributio											
â		anization rec state gamin	quired under st									X Yes	No
1		0	istributions red		state law to I						ent in the		
	organizati	on's own ex	empt activities	s during the t	ax year \$	6	12	0,020.		-			
Pa			ntal Inform								l (v); and Par	t III, lines 9, 9	9b, 10b,
	1:	5b, 15c, 16,	and 17b, as a	pplicable. Als	so provide an	y additio	onal infor	mation. Se	e instructio	ons.			
SC	HG.I	PART II	CI, LINE	E 2(C)									
				(-)									
PA	DIST	RIBUTIC	ON										
ਜਸ	OUTREI	זידא כ	RIBUTION	J BY PA	STATI	гε 1	0 P.S	3. 328	. 304A	- 120	020		
			1201101							1207	020		

232083 10-27-22

Schedule G (Form 990) 2022

Schedule G	(Form	990)
De d IV/	0	

Part IV	Supplemental Informatio	n (continued)	
			Schedule G (Form 990)

232084 04-01-22

SCHEDULE I (Form 990)		Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	er Assistand d Individuals answered "Yes"	d Other Assistance to Organizations, ts, and Individuals in the United State anization answered "Yes" on Form 990, Part IV, line 21 o	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs.	Attach to Form 990. gov/Form990 for the Is	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	tion.		Open to Public Inspection
Name of the organization	ion PHILADELPHIA UNION	HIA UNION	FOUNDATION					Employer identification number 45-2645813
Part I General In	General Information on Grants and Assistance	id Assistance					-	
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	amount of the grants o	or assistance, the <u>c</u>	jrantees' eligibility i	for the grants or assis	tance, and the selectio	
criteria used to â	criteria used to award the grants or assistance?	tance?						Yes X No
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monite	oring the use of grant f	unds in the United	States.			
Part II Grants an recipient th	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.)omestic Organiz 5,000. Part II can	ations and Domestic be duplicated if additio	omestic Governments. Con if additional space is needed	omplete if the orga ed.	nization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and ac or go	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
YSC ACADEMY 983 OLD EAGLE SCHOOL RD # WAYNE, PA 19087	100L RD # 605	46-1609325	501(C)(3)	175,000.	0.			PA EITC SCHOLARSHIP PROGRAM SUPPORT
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	id government org	anizations listed in the	line 1 table	-			1.
3 Enter total numb	Enter total number of other organizations listed in the line 1 table	listed in the line 1	table					0.
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ons for Form 990.					Schedule I (Form 990) 2022

232101 10-31-22

Schedule I (Form 990) 2022 PHILADELPHIA UNION FOUNDATION	ION FOUND	ATION			45-2645813 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	rred "Yes" on Form 9	00, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	luired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
232102 10-31-22					Schedule I (Form 990) 2022

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

20

Employer identification number

45-2645813

22

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

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

Name of the organization

PHILADELPHIA UNION FOUNDATION

Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VI	ted on	(d) Method of de noncash contribu		•	3
1	Art - Works of art			,	, ,				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (SPECIAL EVENT A)	X	24	68	,652.				
26	Other ()				,				
27	Other ()								
28	Other (
29	Number of Forms 8283 received by the organize	ation during	1 1 the tax year for cr	ontributions					
25	for which the organization completed Form 828	-	•		29				
	for which the organization completed rollin 020	0, 1 alt V, L		ement	ZJ			Yes	No
30-2	During the year, did the organization receive by	contributio	n any proporty rop	orted in Part L line	e 1 through	28 that it		162	No
30a	must hold for at least 3 years from the date of the								
	2			•			00-		Х
	exempt purposes for the entire holding period?						30a		
	If "Yes," describe the arrangement in Part II.	- P 41 4		f					v
31	Does the organization have a gift acceptance p					ns?	31		X
32a	Does the organization hire or use third parties or contributions?		-	· -			222		х
L.							32a		- 23
	If "Yes," describe in Part II.	1. mm (-) f-		for which as here		ad			
33	If the organization didn't report an amount in co	numn (C) fói	a type of property	for which column	(a) is check	eu,			
	describe in Part II.	la a lucation d		<u></u>		0.1		- 0001	0000
LHA	For Paperwork Reduction Act Notice, see t	ne instruci	ions for Form 990			Schedule N	(rorn	n 990)	2022

232141 09-09-22

Schedule M (Form 990) 2022 PHILADELPHIA UNION FOUNDATION Part II Supplemental Information. Provide the information required by Part I

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF ITEMS REPRESENTS THE NUMBER OF UNIQUE CONTRIBUTIONS BY AN

INDIVIDUAL DONOR.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. EZ 2022 Open to Public Inspection Employer identification number

45-2645813

OMB No. 1545-0047

Name of the organization

PHILADELPHIA UNION FOUNDATION

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

COMMUNITIES AND UNDERPRIVILEGED FAMILIES WITH ADDITIONAL RESOURCES FOR

EDUCATION, ATHLETICS/SOCCER AND WELL BEING.

FORM 990, PART V, LINE 2B:

SALARIES AND WAGES INCLUDED ON LINE 5 IN PART IX ARE PAID BY A RELATED

ENTITY AND ALLOCATED TO THE ORGANIZATION

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES OF THE BOARD OF DIRECTORS FOR WHICH MINUTES WOULD BE KEPT.

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

ALL FINANCIALS ARE PROVIDED BY ACCOUNTING/FINANCE DIRECTOR TO THE

FOUNDATION EXECUTIVE DIRECTOR, THE BOARD MEMBER OF THE FINANCE COMMITTEE,

AND THE CHAIRMAN OF THE BOARD FOR REVIEW. MEETINGS ARE SETUP TO WALK

THROUGH AND DISCUSS. ONCE FINALIZED, THE CHAIRMAN OF THE BOARD SIGNS AND

APPROVES.

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

WHILE THERE ARE NO OFFICIAL POLICIES IN PLACE, THE FOUNDATION DOES HAVE

PRO-BONO COUNSEL TO ADDRESS CONFLICT ISSUES, AND BOARD MEMBERS HAVE BEEN

ADVISED BY COUNSEL OF THEIR FIDUCIARY DUTIES TO THE FOUNDATION.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization PHILADELPHIA UNION FOUNDATION	Employer identification number 45-2645813
THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE FOR F	EVIEW UPON
REQUEST OF THE ORGANIZATION'S MANAGEMENT.	

Schedule O (Form 990) 2022

232212 10-28-22