

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Department of the Treasury

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No 1545 0047

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

		The digamization may have to use a copy or time rotatin to satisfy sta							
	For the	e 2008 calendar year, or tax year beginning , 2008, and	d endin			<u> </u>			
В	Check if	applicable		D Emplo	yer Identific	cation Number			
	Add	ress change   Please use   Association of College Unions - Int	1	35-	-18165	10			
	HNar	ne change or print 120 West 7th St. #200		E Teleph	none numbe	ır			
	$\vdash$	I See IBloomington IN 47404		812	2-245-	8051			
	$\vdash$	al return specific Instruc-		- 012	. 245	0031			
	Ter	mination tions.				4 000	724		
	L Am	ended return		<del></del>	G Gross receipts \$ 4,892,734.				
	App	olication pending F Name and address of principal officer	1	H(a) Is this a group retu		ates? Yes	X No		
		Same As C Above		H(b) Are all affiliates in If 'No,' attach a lis		uctions) Yes	No		
ī	Tax-	exempt status X 501(c) ( 3 )    (insert no )    4947(a)(1) or    5	527	ii iio, allacii a iis	(366 111311	uciions)			
<u> </u>		site: N/A		H(c) Group exemption i	number ►				
K			of Format		State of leg	ial domicile IN			
	ırt I	Summary	0 0		0,0,0				
F 4	1 1		12+10	n rosardina	Colla	oo Union			
		Briefly describe the organization's mission or most significant activities. <u>Educ</u>	atio	ir redardrind	rorre	de nirroir	<u>&gt;</u>		
e S	-	programs and services				<del></del>			
Governance	-	· <b></b>					. – – –		
ē	_								
Š		Check this box ► ☐ if the organization discontinued its operations or disposed	of mor	e than 25% of its a	1 - 1				
ಷ		Number of voting members of the governing body (Part VI, line 1a)			3		9		
S	ľ	Number of independent voting members of the governing body (Part VI, line 1b)			4		<del>- 3</del>		
Ę		Total number of employees (Part V, line 2a)			5		27		
Activities &		Total number of volunteers (estimate if necessary)			6		400		
∢	7a	Total gross unrelated business revenue from Part of the 1 Volume Co.			7a	48,	850.		
	b	Net unrelated business taxable income from Form 34		<del></del>	7b		<u> </u>		
		0 0 0 0 0 0 0 0		Prior Year	r L	Current Ye	ar		
4.	8	Contributions and grants (Part VIII, line 1h) AUG 1 9 2010	252,	368.	139,	134.			
μe		Program service revenue (Part VIII, line 2g)	2,192,	125.	2,203,	270.			
Revenue		Investment income (Part VIII, column (A), lines 1.4-and (A) A 1 1 1			012.		274.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c Q G b 5 d 16)		206,			887.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	2,698,		2,751,			
-		Grants and similar amounts paid (Part IX, column (A), lines 1-3)					792.		
	l	·	· <del></del>	<del>- +</del>					
	l	Benefits paid to or for members (Part IX, column (A), line 4)	848,	<del></del>	1,199,	107			
S	i	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	J)	040,	337.	1,133,	107.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)							
ĝ	b	Total fundraising expenses (Part IX, column (D), line 25) ► 48,	143.						
ú		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,667,	206.	1,559,	213.		
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,515,		2,782,			
				182,			547.		
_	19	Revenue less expenses Subtract line 18 from line 12							
<b>3</b> 0 2				Beginning of		End of Ye			
₹;		Total assets (Part X, line 16)		1,733,		1,733,			
- 25 E	21	Total liabilities (Part X, line 26)		1,018,	<u>971.  </u>	1,102,	<u>429.</u>		
~zī	22	Net assets or fund balances Subtract line 21 from line 20		714,	900.	630,	906.		
Pa	irt II	Signature Block				_			
<u> </u>		<u> </u>	es and sta	atements, and to the be-	st of my kno	owledge and belief	. it is		
<b>9</b>		Under penalties of perjury, I declare that I have examined this return, including accompanying schedule true, correct, and complete Declaration of preparer (other than officer) is based on all information of w	which prep	parer has any knowledge	)	<b>-</b>			
)Si	an	Marshe Herman- Eten		18-12	-10				
JHE	yıı re	> Marshe Herman-Betzen Executive D	•	Data -					
<u>چ</u> ارو	.10	Marsha Herman-Betzen Executive D	مصمرا	1					
He			11720	700		•			
ζ		Type or print name and title		<del></del>					
<b>)</b>		Date		Check if self	(see	parer's identifying instructions)	number		
۹ <u>P</u> a		Preparer's		employed •	▶ ∐				
Pr	_	signature (Var 8/	/02/1	0	31	2-54-3118	3		
	rer's	Firm's name (or Stampfli Associates, CPAs, PC							
Us		yours if self employed), > 200 S College Ave		EIN ►	35-190	08065			
U	ıly	address, and ZIP + 4 Bloomington, IN 47404-5177			<del>- (812</del>		0		
	ا عملان			Luone no	,012	X Yes	No		
ма	ν the II	RS discuss this return with the preparer shown above? (see instructions)				177 162	1110		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

		35-18	1651	<u> 1</u> 0		Page 2
Pa	rt III 7 Statement of Program Service Accomplishments (see Instructions)					
1	, as a series and a games and a model in					
	Education regarding College Unions programs and services					
	~	<b>-</b>				
2	Did the organization undertake any significant program services during the year which were not listed on the prior	r		.,	ι <del>σ</del>	
	Form 990 or 990-EZ?			Yes	X	No
,	If 'Yes,' describe these new services on Schedule O.			٧	€ī	NI
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule O.		Ш	Yes	X	No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expe	oncoc (	Contine	S E O 1 /	٠١/2١	
7	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocat	ions to	others	, the t	otal	
	expenses, and revenue, if any, for each program service reported					
	<del> </del>		<del></del>			
4 a	a (Code:) (Expenses \$ 466,210. including grants of \$) (Reve	nue	\$			)
	Conferences - 1237participants					
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	<del></del>					
41	b (Code) (Expenses \$ 271,550. including grants of \$) (Reve	nue	\$			)
	Association operations - served 4211 individual members					·
40	c (Code) (Expenses \$	nue	\$			)
	Corporate partnerships - 120 corporate members					
			- <del>-</del>			
	<del> </del>					
40	d Other program services (Describe in Schedule O)  See Schedule O					
	(Expenses \$ 863, 328. including grants of \$ ) (Revenue \$	<del></del>			)	
4 6	e Total program service expenses ▶ \$ 1,860,792. (Must equal Part IX, Line 25, column (B))					

			T.,	
			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?	2	X	
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? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If 'Yes,' complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16_		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III  Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	19 20		X
20 21	Did the organization operate one or more hospitals? If Yes, complete Schedule in Parts I and II	21		X
22	Did the organization report more than \$5,000 on 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, questions 3, 4, or 5° If 'Yes,' complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		x
t	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	Section 501(c)(3) and 501(c)(4) 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
1	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
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Form 990/(2008) Association of College Unions - Intl
Part IV | Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		Х
	<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		X
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, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
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		Х
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		Х
_		Г	- 000	(2000)

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Form 990 (2008)

		Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable  1a 29			
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		х
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 27			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	Χ	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь	X	
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		Х
<b>b</b> If 'Yes,' enter the name of the foreign country			
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Х
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9ь		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter.			
a Gross income from other 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.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	<u></u>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>	<del></del>	
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Form 990 (2008) Association of College Unions - Intl 35-1816510 Page 6

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	ction A.	Governing Body and Management								
		'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, or es, or changes in Schedule O. See instructions	lescribe the circumstances,		Yes	No				
1 a	a Enter the	number of voting members of the governing body	1a 9							
1	<b>b</b> Enter the	number of voting members that are independent	<b>1b</b> 9							
2		officer, director, trustee, or key employee have a family relationship or a business relirector, trustee or key employee?	ationship with any other	2		X				
3	Did the o	rganization delegate control over management duties customarily performed by or u s, directors or trustees, or key employees to a management company or other perso	nder the direct supervision n?	3		X				
4	Did the d	rganization make any significant changes to its organizational documents		4		X				
	since the	prior Form 990 was filed?								
5		rganization become aware during the year of a material diversion of the organization	i's assets? See Sch O	5	Х					
6	Does the	organization have members or stockholders? See Schedule 0		6	Х					
	governin			7a 7b	X					
ļ	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? See Sch									
	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
	•	erning body?		8a	X					
		nmittee with authority to act on behalf of the governing body?		8b	X					
		organization have local chapters, branches, or affiliates?		9 a		<u>X</u>				
	and bran	does the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	• • •	9 b						
	describe	opy of the Form 990 provided to the organization's governing body before it was filed in Schedule O the process, if any, the organization uses to review the Form 990	See Schedule O	10		<u>X</u>				
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O										
Sec	ction B.	Policies								
				10	Yes X	No				
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Λ_					
	to conflic		·	12b		<u>X</u>				
	Schedul	organization regularly and consistently monitor and enforce compliance with the pole O how this is done	icy? If 'Yes,' describe in	12c	.,,	X				
		organization have a written whistleblower policy?		13	X					
14		organization have a written document retention and destruction policy?		14	X	<del></del> -				
15	persons,	process for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent ision.		,,					
		inization's CEO, Executive Director, or top management official?		15a	X					
		icers of key employees of the organization? See Schedule 0		15 b	Χ					
		the process in Schedule O. (see instructions)								
	entity du	organization invest in, contribute assets to, or participate in a joint venture or similar a ring the year?	_	16 a		X				
	in joint v	has the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	to evaluate its participation the organization's exempt	16b						
Sec	ction C.		······································							
17	List the	states with which a copy of this Form 990 is required to be filed   IN								
18	Section inspection	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an in Indicate how you make these available. Check all that apply	d 990-T (501(c)(3)s only) avai	lable	for pul	olic				
	Own	website X Another's website Upon request								
19	Describe statemei	in Schedule O whether (and if so, how) the organization makes its governing documnts available to the public. See Schedule O	ents, conflict of interest policy	, and	finan	cial				
		e name, physical address, and telephone number of the person who possesses the barries and telephone number of the person who possesses the barries and telephone number of the person who possesses the barries and telephone number of the person who possesses the barries and telephone number of the person who possesses the barries and telephone number of the person who possesses the barries and telephone number of the person who possesses the barries and telephone number of the person who possesses the barries and telephone number of the person who possesses the barries and telephone number of the person who possesses the barries are also become a supplied the person of the person who possesses the barries are also become a supplied the person of the	ooks and records of the orgar 404 (812) 245-8051	nizatio	n.					
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Form 990 (2008)

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 and/or Box 7 of Form 1099-MISC) or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons.

Check this box if the organization did no (A)	(B)		.y U		c)		,	(D)	(E)	(F)
Name and Title	Average	Posi	tion (		-	hat app	ly)	' '	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099 MISC)	amount of other compensation from the organization and related organizations
Donald Luse										
Past President	2			X				0.	0.	0.
Meg O'Sullivan	_									_
President	2	X	_			<u> </u>		0.	0.	0
Sarah Aikman At-Large Member	2	Х						0.	0.	0.
Wesley Epplin	_									
At-Large Member	2	Х						0.	0.	0.
Jerry Mann										
At-Large Member	2	Х						0.	0.	0 .
Sharon Silverstein										
At-Large Member	2	Х						0.	0.	0.
Thomas Lane										
President Elect	2	X_						0.	0.	0.
Marsha Herman-Betzen										
Executive Direc	45			X				166,765.	0.	7,891.
Raymond D. West		Ì								
At-Large Member	2	Х	<u> </u>					0.	0.	. 0
Susan H. Payment	]					<u> </u>				
At-Large Member	2	X						0.	0.	0
					-					
	<del></del>	<del> </del>			<del>                                     </del>		-			
	1									
	<del>                                     </del>		<del>                                     </del>				-			
	1						İ			

TEEA0107L 04/24/09

Part VII Section A. Officers, Directors, Trus	tees, l	Key	Er	npl	oye	es	, an	d Highest Co	mpensated Em	ploye	es (c	ont.)	
(A)	(B)			-	c)			(D)	(E)		(F)		
Name and Title	Average hours		_	_	T	_		Reportable compensation from	Reportable compensation from	Estimated amount of other			
	per week	Individual trustee or director	nstrt	Officer	ey	Highest compensatemployee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	co	mpensati from the	IOR	
		dividual director	l tig	4	employee	est co	ner -			O i	rganızatıd and relate	on ed	
		25	al tru		oyee	ompe				or	ganızatıo	ins	
		e	nstitutional trustee			nsat			•				
		ŀ				ted				Ī			
		_								1			
												-	
	ļ			_		Ш							
				-	-	$\vdash$	_						
			-	-	-	H				<del>                                     </del>			
		İ		İ									
						П							
		_				Ш							
			_		-	Н							
·			<del>                                     </del>		├─	Н				├			
									<del> </del>	<u> </u>			
1 b Total			<u> </u>				<b></b>	166,765.	0.	-	7	891.	
2 Total number of individuals (including those in 1a) w	ho rece	wed	mo	re th	nan '	\$100					,,	091.	
organization > 1	110 1000	,,,,			iu.,	Ψ.ο.	,,,,,,,,	o in reportable cor	iipensation nom ti	C			
											Yes	No	
3 Did the organization list any former officer, director	or truste	e. k	ev e	lam	ove	e. or	hta:	hest compensated	l emplovee				
on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdual		-	-			_	•		3	<u> </u>	X	
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	ortable	com	pen	satı	on a	ind o	othe	r compensation fro	om ch				
individual	iaii ψiot	,,,,,,,,,	, ,,		.5 C	omp		Schedule 5 for 30	CIT	4	<u> </u>		
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	mpensa	ation	fro	m aı	ny u	nrela	ated	organization for s	services				
	edule J	for s	such	pei	rson					5		<u> X</u>	
Section B. Independent Contractors  1 Complete this table for your five highest compensate	nd inden	end	ent	cont	ract	ors	that	received more tha	an \$100 000 of				
compensation from the organization		Criu						Tecented more and					
(A)								(B)	,		(C)		
Name and business addres	s							Description of	of Services	Comp	ensatio	on	
	_								<u> </u> -				
						-							
2 Total number of independent contractors (including	hose in	1) w	/ho	rece	ive	d mo	re ti	han \$100,000 in					
compensation from the organization ► 0													

Pai	t V	Statement of Re	evenue						
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SIS	1 a	Federated campaigns		1 a					
AN	b	Membership dues		1ь					
P S	С	Fundraising events		1 c					
IR A	d	Related organizations		1 d					
S, ∰		Government grants (contributi	ons)	1 e					
SIS					-				
PH H	ı	All other contributions, gifts, q similar amounts not included	above	1f	139,134.				
E O	g	Noncash contribus included in	Ins la-lf	\$					
ᅙᄛ	_	Total. Add lines 1a-1f		_	•	139,134.			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS					Business Code				
NE	2a	Membership Dues &	Assessm	ents[		748,499.	748,499.		
8	b	Registration		[		1,405,921.	1,405,921.		
22		Advert1s1ng				48,850.	-	48,850.	
SER	d								
¥	е								
8	f	All other program service	e revenu	<u>.</u> [					
ě	g	Total. Add lines 2a-2f			<b>•</b>	2,203,270.			
	3	Investment income (incl	luding divi	dends	, interest and	46 674			46 674
	_	other similar amounts)			•	46,674.			46,674.
	4	Income from investmen	t of tax-ex	empt					
	5	Royalties	(i) Re		(ii) Personal				<u> </u>
	<b>.</b>	Oraca Danta	(1) 146	eai	(ii) Personai				
		Gross Rents			1				
		Less, rental expenses Rental income or (loss)	_						
		Net rental income or (lo	cc)						
		•	(i) Secu	irities	(II) Other				
	7 a	Gross amount from sales of assets other than inventory		600	<del>  ```</del>				
	_	•	133,		•				
	þ	Less cost or other basis and sales expenses	197	000					
	c	Gain or (loss)		600					
		Net gain or (loss)			<u> </u>	2,600.			2,600.
Ę.		Gross income from fund (not including \$	draising ev	vents					
OTHER REVENU		of contributions reporter	d on line	lc).					
<u> </u>		See Part IV, line 18	u 011 11110	•	a				
[ [	ь	Less, direct expenses			b				
5		Net income or (loss) fro	m fundrai	sing e	vents ►		Ì		
						-			
	•	Gross income from gan See Part IV, line 19	mig activi		a				
	b	Less direct expenses		ı	b				
	c	Net income or (loss) fro	m gamıng	g activi	ti <u>es</u>			····	:
	10 a	Gross sales of inventor	y, less ret	urns					
i		and allowances			a 2,283,911.				
		Less cost of goods sole			ь 1,944,169.	220 740	220 740		
		Net income or (loss) from Miscellaneous Reven		of inver	ntory Business Code	339,742.	339,742.		
	11 2	Miscellaneous			Business Code	20,145.			20,145.
	l l			}		20,143.			20,143.
			- <b></b>				<del></del>		
		All other revenue							
		Total. Add lines 11a-11	d	L	<b>•</b>	20,145.	`		
		Total Revenue. Add line		3, 4, 5	5, 6d, 7d, 8c, 9c,		2 404 162	AO 050	60 410
		10c, and 11e				2,751,565.	2,494,162 <u>.</u>	48,850.	69,419.

#### 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) but are not required to complete columns (B), (C), and (D).

Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	23,792.	23,792.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	166,765.	76,478.	88,452.	1,835.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	779,268.	357,372.	413,324.	8,572.
8	Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	86,501.	39,669.	45,880.	952.
9	Other employee benefits.	99,846.	45,789.	52,958.	1,099.
10	' '	66,727.	30,601.	35,392.	734.
11	Fees for services (non-employees)				
	a Management				
ı	<b>L</b> egal	13,200.		13,200.	
,	Accounting	3,507.		3,507.	
	d Lobbying				
•	e Prof fundraising svcs. See Part IV, In 17				
1	Investment management fees				
9	g Other	7,913.		7,913.	
12	Advertising and promotion				
13	Office expenses	33,188.	27,507.	4,340.	1,341.
14	Information technology	130,248.	103,504.	19,307.	7,437.
15	Royalties	50.650	00.507	06.050	
16	Occupancy	70,653.	39,697.	26,353.	4,603.
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	280,768.	247,212.	26,414.	7,142.
19	Conferences, conventions, and meetings	609,551.	608,502.	839.	210.
20	Interest				<del></del>
21	Payments to affiliates				
22	, , , , , , , , , , , , , , , , , , , ,	46,381.	37,105.	6,957.	2,319.
23 24	Insurance.  Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	9,359.	5,147.	3,744.	468.
	Printing and Publications	88,195.	72,133.	11,837.	4,225.
	Contract & service fees	76,454.	61,370.	11,330.	3,754.
	Bad debt expense	51,210.		51,210.	
	d_Gifts_and_awards	37,563.	37,538.		25.
1	Postage and Shipping	33,049.	26,514.	4,854.	1,681.
	f All other expenses	67,974.	20,862.	45,366.	1,746.
	Total functional expenses Add lines 1 through 24f	2,782,112.	1,860,792.	873,177.	48,143.
26	Joint Costs. Check here X if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA		<b>_</b>			Form 990 (2008)

	<u> </u>	Dalatice Officet					<del></del>
		•			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			-207,828.	1	-83,205.
	2	Savings and temporary cash investments			1,467,053.	2	972,124.
	3	Pledges and grants receivable, net				3_	
	4	Accounts receivable, net		[	195,561.	4	309,484.
	5	Receivables from current and former officers, director or other related parties. Complete Part II of Schedule	s, trust L	ees, key employees,		5	
	6	Receivables from other disqualified persons (as define	ed und	er section 4958(f)(1))			
ا ؞		and persons described in section 4958(c)(3)(B). Comp	lete Pa	art II of Schedule L		6	
A S E T S	7	Notes and loans receivable, net			· · · · · · · · · · · · · · · · · · ·	7	<del></del>
Ĕ	8	Inventories for sale or use			35,071.	8	18,647.
Ś	9	Prepaid expenses and deferred charges			59,571.	9	72,539.
		Land, buildings, and equipment cost basis	10 a	323,320.			
	b	Less accumulated depreciation Complete Part VI of	l I			•	
		Schedule D	10 Ь	234,619.	66,818.	10 c	88,701.
	11	Investments - publicly-traded securities			106,147.	11	355,045.
	12	Investments – other securities. See Part IV, line 11			···	12	
	13	Investments – program-related. See Part IV, line 11				13	
	14	Intangible assets			11 470	14	
	15	Other assets See Part IV, line 11			11,478.	15	1 500 005
$\dashv$	16	Total assets Add lines 1 through 15 (must equal line	34)	· · · · · · · · · · · · · · · · · · ·	1,733,871.	16	1,733,335.
	17	Accounts payable and accrued expenses		-	151,818.	17	397,940.
	18	Grants payable		-	0.67 1.52	18	704 400
را	19	Deferred revenue	-	867,153.	19	704,489.	
L-AB-L-T-ES	20	Tax-exempt bond liabilities	-		20		
B	21 22	Escrow account liability. Complete Part IV of Schedule	kov omplovoos		21		
۲	22	Payables to current and former officers, directors, trushighest compensated employees, and disqualified per	siees, sons. (	Complete Part II	:	<del> </del>	
Ţ		of Schedule L		'	•	22	
E S	23	Secured mortgages and notes payable to unrelated th		23			
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D		[		25	
	26	Total liabilities. Add lines 17 through 25			1,018,971.	26	1,102,429.
N E		Organizations that follow SFAS 117, check here ▶	X ar	nd complete lines			
-		27 through 29 and lines 33 and 34.				<b> </b>	
ASSE	27	Unrestricted net assets			694,900.	27	575,771.
	28	Temporarily restricted net assets		ļ		28	
Š	29	Permanently restricted net assets		_	20,000.	29	55,135.
R		Organizations that do not follow SFAS 117, check her	e ►	and complete		1 1	
F UZD		lines 30 through 34.				ŧ ŧ	
- 1	30	Capital stock or trust principal, or current funds				30	
BALAZCES	31	Paid-in or capital surplus, or land, building, and equip			· · · · · · · · · · · · · · · · · · ·	31	
ᅕ	32	Retained earnings, endowment, accumulated income,	or oth	er funds	714 000	32	620.006
Ĕ	33	Total net assets or fund balances.		-	714,900.	33	630,906.
	34 rt X	Total liabilities and net assets/fund balances Financial Statements and Reporting			1,733,871.	34	1,733,335.
<u> </u>	<u> </u>	Financial Statements and Reporting					Yes No
1	Δα	counting method used to prepare the Form 990.	Cash	X Accrual	Other		Tes No
		ere the organization's financial statements compiled or i					2a X
		ere the organization's financial statements audited by a		= -			2b X
	c If "	Yes' to 2a or 2b, does the organization have a committed	ee that	assumes responsibility	for oversight of the au-	dıt,	
	rev	riew, or compilation of its financial statements and sele	ction o	f an independent accoui	ntant?		2c X
3	a As	a result of a federal award, was the organization requil dit Act and OMB Circular A-133?	red to	undergo an audit or aud	lits as set forth in the S	ingle	3a X
		uit Act and OMB Circular A-1337 Yes,' did the organization undergo the required audit of					3b A
BA		. 55, 5.2 the organization andrigo the required addit of	Gaarta				Form <b>990</b> (2008)

## SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545 0047

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name o	f the o	rganization							Employe	ridentificati	ion number		
Asso	ocia	ation of Col	.lege Unions -	Intl					35-18	316510	)		
Part	1 1	Reason for Pu	blic Charity Statu	is (All organizations	must	compl	ete thi	s part	.) (see	instruc	ctions)		
The o	rganı	zation is not a priv	ate foundation becaus	se it is. (Please check on	ly <b>one</b> o	rganızat	ion.)						
1	A	church, conventio	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(1	)(A)(i).					
2		school described	ın section 170(b)(1)(A	<b>)(ii).</b> (Attach Schedule E	.)								
3		hospital or coope	rative hospital service	organization described i	n <b>sectio</b>	n 170(b)	(1)(A)(ii	<b>i).</b> (Atta	ch Sche	dule H.)			
4		medical research	organization operated	d in conjunction with a ho	spital de	escribed	ın secti	ion 170(	b)(1)(A)	(iii) Ente	r the hosp	ıtal's	
		ame, city, and sta											
5		n organization ope <b>70(b)(1)(A)(iv).</b> (C	erated for the benefit of omplete Part II)	of a college or university	owned o	r opera	ted by a	govern	mental	unit desc	ribed in se	ction	
6 7	$\square$	n organization tha	t normally receives a	povernmental unit describ substantial part of its sup irt II.)					or from	the gener	ral public d	escrib	ed
8	In section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9	X	n organization tha	t normally receives. (	1) more than 33-1/3 % of	its supp	ort from	contrib	utions,	member	ship fees	s, and gros	s rece	ıpts
	IF	nvestment income	ed to its exempt functi and unrelated busines section 509(a)(2). (Co	ións – subject to certain ss taxable income (less s implete Part III )	exception 5	ons, and 11 tax) t	(2) no r from bus	more the	an 33-1/ s acquire	3 % of its ed by the	s support fi organizati	om gr on afte	oss er
10	$\square$	n organization org	janized and operated	exclusively to test for put	olic safel	ty. See	section !	509(a)(4	). (see	instructio	ns)		
11	ر س	nore publicly supp	orted organizations de	exclusively for the benefi escribed in section 509(a ation and complete lines	)(1) or s	ection 5	09(a)(2)	tions of See <b>s</b> e	, or carr e <b>ction 5</b>	y out the 09(a)(3).	purposes Check the	of one box tl	or nat
	a		<b>b</b> Type II		I – Fund			ed		d $\square$	Type III-	Other	
е		Sv checking this bo	x. I certify that the ord	ganization is not controlle n one or more publicly su	ed direct	lv or ind	irectly b	v one o	r more o d in sect	lisqualifie ion 509(a	ed persons	othe	
f		the organization in the first think the first this box	received a written dete	ermination from the IRS t	hat is a	Type I,	Type II o	or Type	III supp	orting org	ganization,		
g	S	Since August 17, 29	006, has the organizat	tion accepted any gift or	contribu	ition from	n any of	f the fol	lowing p	ersons?			
_		•					-		- ,			Yes	No
	<b>(</b> i	i) a person who	directly or indirectly of	controls, either alone or to	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 (3)		
				ipported organization?							11 g (i)		
		•	ber of a person descr		_						11 g (ii)		
	•	•	- '	described in (i) or (ii) ab							11 g (iii)		
h			<u> </u>	ne organizations the orga			1		T				
	(ı) N	lame of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat	Is the ion in col I in your irning ment?	(v) Did y the organ col your su	ization in	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amour	t of Sup	port
					Yes	No	Yes	No	Yes	No			
												· <u> </u>	
T 4.1													

Pai	t II Support Schedule for	Organization	s Described in	Sections 170	(b)(1)(A)(iv) a	nd 170(b)	(1)(A)	(vi)	age z
	(Complete only if you checke					• •		. ,	
Sec	tion A. Public Support				,				
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Tota	i
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-3								
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)					,			
	Public support. Subtract line 5 from line 4					<u></u>			
Sec	tion B. Total Support	•	ī	ı		<del></del>			
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	В	(f) Tota	ıl
7	Amounts from line 4			<u> </u>					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income form unrelated business activities, whether or not the business is regularly carried on							,	
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)								
11	<b>Total support.</b> Add lines 7 through 10	-				‡ ; <u>*</u>			
12	Gross receipts from related activ	ities, etc. (see ins	structions)			ļ	12	<del></del>	
	First five years. If the Form 990 organization, check this box and	stop here	·	d, third, fourth, o	r fifth tax year as	a section 50	1(c)(3)		<b>►</b> □
	tion C. Computation of Pu			- 11 10 10	<del> </del>		T		
	Public support percentage for 20 Public support percentage for 20	•		e II, column (t)			14 15		<u>%</u> _%
16	33-1/3 support test — 2008. If the and stop here. The organization	organization did qualifies as a pub	not check the box blicly supported or	on line 13, and ganization	the line 14 is 33-1	/3 % or more	, chec	k this box	► 🗀
ı	33-1/3 support test - 2007. If the and stop here. The organization				and line 15 is 33-	1/3% or mor	e, ched	ck this box	<b>►</b> [
17 a	a 10%-facts-and-circumstances tended or more, and if the organization of the organization meets the 'facts'	neets the 'facts-a	ind-circumstances	test, check this	box and stop here	. Explain in	Part IV	' how	<b>-</b> [
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test The organiz	test, check this tation qualifies as	box and stop here a publicly suppor	e. Explain in ted organiza	Part IV tion.	how the	<u>-</u>
18	Private foundation. If the organiz	ation did not che	ck a box on line,	13, 16a, 16b, 17a,	, or 17b, check this	s box and se	e instr	uctions	<b>▶</b>

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

	(Complete only if you ched	ked the box on li	ne 9 of Part I)				
Sec	tion A. Public Support	•					
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	735,566.	784,441.	813,587.	956,539.	887,633.	4,177,766.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	2,274,513.	2,404,747.	2,661,078.	3,201,146.	3,738,682.	14,280,166.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1-5	3,010,079.	3,189,188.	3,474,665.	4,157,685.	4,626,315.	18,457,932.
7a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11,	0.	0.	0.	0.	0.	
_	and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b		0.	0.	0.	<u> </u>	0.
8	Public support (Subtract line			<u> </u>		<u> </u>	10 457 022
Saa	7c from line 6.)	İ	<u> </u>	<u> </u>	İ	ŧ	18,457,932.
	tion B. Total Support		45 2005	(-) 200C	(4) 2007	(-) 200B	(D. T1-1
	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007 4,157,685.	(e) 2008 4, 626, 315.	(f) Total 18, 457, 932.
	Amounts from line 6 Gross income from interest.	3,010,079.	3,189,188.	3,474,665.	4,157,005.	4,020,313.	10,457,932.
iva	dividends, payments received on securities loans, rents, royalties and income form similar sources	1,850.	4,750.	6,064.	47,012.	46,674.	106,350.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b	1,850.	4,750.	6,064.	47,012.	46,674.	106,350.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV	19,457.	8,831.	8,533.	9,139.	20,145.	66,105.
13 14	Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990  arrangetion, shock this have and	is for the organiza	ition's first, secon	d, third, fourth, o	r fifth tax year as	<u></u> a section 501(c)(3	18,630,387. → □
Sec	organization, check this box and tion C. Computation of Pu		Percentage		<del>-</del>	<del></del>	<u>-</u>
15				a 13 column (f)		15	99.1%
16	Public support percentage from 3					16	96.3%
	tion D. Computation of In				_		70.570
17	Investment income percentage for				n (f))	17	0.6%
18	Investment income percentage fi	· ·		-	··· ( <i>1))</i>	18	0.1%
	33-1/3 support tests — 2008. If the more than 33-1/3%, check this b	ne organization did	d not check the bo	ox on line 14, and	I line 15 is more th	nan 33-1/3%, and	
b	33-1/3 support tests - 2007. If the is not more than 33-1/3%, check	ne organization did	d not check a box	on line 14 or 19a	, and line 16 is mo	ore than 33-1/3%,	
20	Private foundation. If the organiz	•	-				▶ □

Schedule #	A (Form 990 or 990-E	EZ) 2008	Associa	tion	of	College	Unions	s - Inti	1 <u>35-18165</u> 10	Page 4
Part IV	Supplemental	Informati	ion. Comp	olete ti	his p	art to pro	vide the	explanat	1 35-1816510 tion required by Part I al information. (see in	I, line 10;
	Part II, line 17a	a or 17b;	or Part III	l, lıne	12. F	Provide ar	ny other	additiona	al information. (see in	structions)
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#### SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

2008 No 1545 0047

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization Employer Identification number Association of College Unions - Intl 35-1816510 Part | Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990. Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2008 Associ Part III Organizations Mainta				35-181 or Other Similar As			
Using the organization's accession that apply).	n and other records			gnificant use of its collec	tion items (check all		
a Public exhibition		d Loan	or exchange programs				
<b>b</b> Scholarly research		e 💹 Other					
c Preservation for future general	ations						
4 Provide a description of the organ Part XIV.					ın		
5 During the year, did the organizar assets to be sold to raise funds r	ather than to be ma	intained as part o	f the organization's coll	ection?	Yes No		
Part IV Trust, Escrow and Cu IV, line 9, or reported				answered 'Yes' to	Form 990, Part		
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or o	ther intermediary	for contributions or other	er assets not	Yes No		
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and cor	nplete the followin	ng table				
					Amount		
c Beginning balance				1c			
d Additions during the year				1 d	•		
e Distributions during the year				1 e			
f Ending balance				1f			
2a Did the organization include an ai	mount on Form 990	Part X, line 21?			Yes No		
b If 'Yes,' explain the arrangement	ın Part XIV.			'			
Part V Endowment Funds Co	mplete if organ	ızatıon answei	red 'Yes' to Form 9	990, Part IV, line 10	).		
	(a) Current year	(b) Prior year			(e) Four years back		
1 a Beginning of year balance	106,147						
<b>b</b> Contributions							
c Investment earnings or losses	-27,951	_					
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
<b>g</b> End of year balance	78,196	•					
2 Provide the estimated percentage	2 Provide the estimated percentage of the year end balance held as						
a Board designated or quasi-endow	•	*					
<b>b</b> Permanent endowment ►	70.50%						
c Term endowment	%						
3a Are there endowment funds not in organization by	n the possession of	the organization t	that are held and admin	istered for the	Yes No		
(i) unrelated organizations					3a(i) X		
(ii) related organizations					3a(ii) X		
<b>b</b> If 'Yes' to 3a(II), are the related o	roanizations listed a	s required on Sch	hedule R?		3b X		
4 Describe in Part XIV the intended							
Part VI Investments-Land, B				X line 10			
Description of investment	(a) Co	est or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value		
1 a Land		·					
<b>b</b> Buildings							
c Leasehold improvements					<del></del>		
<b>d</b> Equipment			255,733.	188,364.	67,369.		
e Other			67,587.	46,255.	21,332.		
Total. Add lines 1a-1e (Column (d) sho	uld equal Form 990	. Part X, column i		<u> </u>	88,701.		
ВАА			<del>- 1/2</del>	Sched	dule <b>D</b> (Form 990) 2008		

Schedule D (Form 990) 2008 Association of Co.	llege Unions -	Intl 35	-1816510 Page <b>3</b>
Part VII Investments-Other Securities See F	orm 990, Part X, li	ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	valuation r market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
			<del></del>
Total (Column (b) should equal Form 990 Part X, col. (B) line 12.)			
Part VIII Investments-Program Related (See	Form 990 Part X	line 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of	valuation
(a) bescription of investment type	(b) Book value	Cost or end-of-year	r market value
			<del>,</del> , , , , , , , , , , , , , , , , , ,
Total Column (b)(should equal Form 990, Part X, Col (B) line 13)			
Part IX Other Assets (See Form 990, Part X,	line 15) N/A	· · · · · · · · · · · · · · · · · · ·	
<b>(a)</b> De	scription		(b) Book value
		,	
Total. Column (b) Total (should equal Form 990, Part X, col	.(B), line 15)		<b>•</b>
Part X Other Liabilities (See Form 990, Part	X, line 25)		
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
-			
	<del>-</del>		
Total. Column (b) Total (should equal Form 990, Part X, col (B) line 25)	<b>•</b>		
In Part XIV, provide the text of the footnote to the organizat		ts that reports the organization's I	iability for uncertain tax
positions under FIN 48.			

		-1816510	Page 4
Pa	t XI   Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		2,751,565.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2,782,112.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-30,547.
4	Net unrealized gains (losses) on investments		-53,447.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4-8		-53,447.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		-83,994.
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return	•
1	Total revenue, gains, and other support per audited financial statements	1	2,727,595.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
á	Net unrealized gains on investments 2a -53, 447.		
ŧ	Donated services and use of facilities 2b	1	
(	: Recoveries of prior year grants	1 1	
(	Other (Describe in Part XIV) See Part XIV 2d 29,484.	1	
	Add lines 2a through 2d	2e	-23,963.
3	Subtract line 2e from line 1		2,751,558.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		<u>-,, -, -, -, -, -, -, -, -, -, -, -, -, </u>
	Investments expenses not included on Form 990, Part VIII, line 7b 4a 7.		
	Other (Describe in Part XIV).	1 1	
	Add lines 4a and 4b	4c	7.
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		2,751,565.
	t XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret		2,701,000.
1	Total expenses and losses per audited financial statements		2,811,589.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		2,011,003.
	Donated services and use of facilities 2a		
	Prior year adjustments 2b	1 1	
	: Losses reported on Form 990, Part IX, line 25.		
	d Other (Describe in Part XIV). See Part XIV 2d 29,484.	1 1	
	Add lines 2a through 2d	2e	29,484.
	Subtract line 2e from line 1		2,782,105.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		2,702,103.
	Investments expenses not included on Form 990, Part VIII, line 7b  4a  7.		
	O Other (Describe in Part XIV).	1 1	
	Add lines 4a and 4b	4c	7.
	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	<del></del>	2,782,112.
	t XIV   Supplemental Information	1 3	2,102,112.
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	lines 1b and 2	2b, Part V,
			- <b></b>
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TEEA3304L 12/23/08

Schedule D (Form 990) 2008

BAA

Schedule 0 (Form 990) 2008  Part XIV   Supplemental Information (continued)	Page 5
Part XIV Supplemental Information (continued)	· <del></del>
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SCHEDULE I (Form 990)		Grã	ants and Oth	Grants and Other Assistance to Organizations,	o Organization	S,	<u> </u>	OMB No 1545 0047 .
Department of the Treasury Internal Revenue Service		► Comple	te if the organization	► Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.  ► Attatch to Form 990.	orm 990, Part IV, lines	21 or 22.	<u> </u>	Open to Public Inspection
Name of the organization	of College Unions	1					Employer identification number	ation number
Part   General In	General Information on Grants and Assistance	nts and Assista	ınce				201	
1 Does the organizat the selection criteri 2 Describe in Part IV	Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the	o substantiate the arrants or assistance?	mount of the grants	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 criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	tees' eligibility for the g	rants or assistance, ar	pu	Yes
=	Grants and Other Assistance to Governments are 990, Part IV, line 21 for any recipient that receive Part IV and Schedule I-1 (Form 990) if additional	e to Governme recipient that re orm 990) if addit	nts and Organizations sceived more than \$5,0 tional space is needed	<b>Grants and Other Assistance to Governments and Organizations in the United States.</b> Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	this box if no one	ete if the organiza recipient received	ation answered ' d more than \$5,0	Yes' on Form 300. Use ▼ 🛚 🖹
1 (a) Name and address of organization or government	ss of organization nent	(b) EIN		(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
							:	·
2 Enter total number 3 Enter total number	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	nd government orga	nizations				<b>A A</b>	
	nd Paperwork Reduction	on Act Notice, see t	he Instructions for Form 990.	Form 990.	TEEA3901L 12/19/08	12/19/08	Schec	Schedule I (Form 990) 2008

Scholarships to attend agency programs Page 2 Schedule I (Form 990) 2008 Schedule I (Form 990) 2008 Association of College Unions - Intl

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Standard fee for those who pay to attend (e) Method of valuation (book, FMV, appraisal, other) 23,792 (d) Amount of non cash assistance (c) Amount of cash grant (b) Number of recipients Scholarships to individuals to attend agehcy programs (a) Type of grant or assistance BAA

### SCHEDULE J

#### Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

Association of College Unions - Intl

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, line 23.

Open to Public Inspection

Employer identification number

35-1816510

Part | Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g , maid, chauffeur, chef) b If line la is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Х Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a a Receive a severance payment or change of control payment? 4a Х **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4 c If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? Х 5a b Any related organization? 5Ь Х If 'Yes' to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. a The organization? 6a b Any related organization? Х 6**b** If 'Yes' to line 6a or 6b, describe in Part III. For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III 7 X Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53 4958-4(a)(3)? If 'Yes,' describe in Part III

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008 Association of College Unions - Intl

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

Pagé 2

35-1816510

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	Compensation	(C) Deferred	- eldevetool/(n)	(F) Total of columns	(P) Compensation
(A) Name	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other compensation	compensation	benefits	(D)·(I)(B)	reported in prior Form 990 or Form 990-EZ
Marsha Herman-Be (i)				0.	7,891.	174,656.	156,
(ii)	0	 		0.	0.	     	   
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ВАА			TEEA4102L 08/11/08	1/08		Schec	Schedule J (Form 990) 2008

Schedule J (Form 990) 2008

#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service  Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization	Employer identification number
Association of College Unions - Intl	35-1816510
Form 990, Part III, Line 4d - Other Program Services Description	
Regional activities - approximately 3,131 participants in tourn	ments
Services and programs - 761 participants in tournaments	
Seminars and institutes - programs served 437 participants	
Publications- 1009 orders by members	
Development - Charitable funding - 76 donors	
Form 990, Part VI, Line 5 - Description of Material Diversion of Assets	
It was discovered that an employee had used agency credit cards	for personal use and
concealed records of the misuse. The incident was discovered, r	eported_to_law
enforcement and restitution was obtained. The amount involved wa	s less than \$20,000.
Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder	
There are four membership classes	
Institutional - which have voting rights	
Individual members	
Affiliate members	
Subscriber members	
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Bo	uy 
Institutional members elect members of the board of directors	

	· ·
	2008

### Schedule A, Part IV - Supplemental Information

Page 5

Association of College Unions - Intl

35-1816510

Part III	. Line	12 -	Other	Income
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Nature and Source		2008	2007	2006	2005	2004
Miscellaneous	Total \$	20,145. 20,145.	9,139. \$ 9,139.	8,533. \$ 8,533.	8,831. \$ 8,831.	19,457. \$ 19,457.

008	Schedule D, I	Part XIV - Supplemental Info	rmation	Page (
	As	sociation of College Unions - Intl		35-181651
Schedule D, Other Reven	Part XII, Line 2d ue Included In F/S But No	ot Included On Form 990		
Cost of sa	les		Total \$	29,484. 29,484.
Schedule D, Other Expen	Part XIII, Line 2d ses And Losses Per Aud	ited F/S		
Cost of sa	les		Total <u>\$</u>	29,484. 29,484.
	,			
		•		

### Form **8868**

(Rev April 2008)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

OMB No 1545 1709

If you are	e filing for an Automatic 3-Month	Extension, complete only Part I and check this box			► X	
• If you are	e filing for an Additional (Not Aut	omatic) 3-Month Extension, complete only Part II (on p	age 2 of this f	form)	_	
Do not comp	olete Part II unlessyou have alrea	dy been granted an automatic 3-month extension on a	previously file	ed Form 8868		
Part I	Automatic 3-Month Exten	sion of Time. Only submit original (no copie	es needed)			
		aren er rinner erny enzimit eriginal (ne espr	,			
A corporation	required to file Form 990-T and	requesting an automatic 6-month extension $-$ check the	nis box and co	mplete Part I only	<b>/ ►</b> X	
All other corp income tax re		), partnerships, REMICS, and trusts must use Form 700	04 to request a	an extension of tir	ne to file	
returns noted the additiona Form 990 T.	d below (6 months for a corporated (not automatic) 3 month extens	lectronically file Form 8868 if you want a 3-month autor on required to file Form 990-T) However, you cannot fi ion or (2) you file Forms 990-BL, 6069, or 8870, group y completed and signed page 2 (Part II) of Form 8868 e-file for Charities & Nonprofits	le Form 8868 returns, or a c	electronically if (1 composite or cons	l) you want solidated	
	Name of Exempt Organization			Employer identification	on number	
Type or						
print				35-1816510		
File by the	Number, street, and room or suite number			133 1010310		
due date for filing your	120 West 7th St. #20	,	•			
return See Instructions	City, town or post office state and 7IP or	ode For a foreign address, see instructions				
Clarate Arran	Bloomington, IN 4740					
	of return to be filed (file a separat	<b>_</b> · ·	П г 470	20		
Form 990		X Form 990-T (corporation)	<b>⊢</b>	orm 4720		
Form 990		Form 990-T (section 401(a) or 408(a) trust)	Form 522			
Form 990		Form 990-T (trust other than above)	Form 6069			
Form 990	)-PF	Form 1041-A	Form 8870			
Telephone  If the orga  If this is for check this the extension until 1  The extension X  I request th	anization does not have an office or a Group Return, enter the organish box. If it is for part of the sion will cover stan automatic 3-month (6 months.1/15, 20_09_, to file ension is for the organization's recalendar year 20_08_ or tax year beginning.	FAX No  or place of business in the United States, check this beanization's four digit Group Exemption Number (GEN) the group, check this box  and attach a list with and attach a list with the exempt organization return for the organization naturn for the organization naturn for the organization in the composition of the organization in the composition of the organization in the orga	the names are	nd EiNs of all mer	mbers	
	pplication is for Form 990-BL, 99 ndable credits. See instructions	0-PF, 990-T, 4720, or 6069, enter the tentative tax, les	s any	3a \$	0.	
<b>b</b> If this apmade li	pplication is for Form 990-PF or 9 nclude any prior year overpayme	990-T, enter any refundable credits and estimated tax p nt allowed as a credit	ayments	зь \$	0.	
deposit	<b>Due.</b> Subtract line 3b from line 3 with FTD coupon or, if required, tructions	Ba Include your payment with this form, or, if required, by using EFTPS (Electronic Federal Tax Payment Syst	em)	3c \$	0.	
Caution. If yo ayment instr	u are going to make an electroni uctions	c fund withdrawal with this Form 8868, see Form 8453-	EO and Form	8879-EO for		
BAA For Priv	acy Act and Paperwork Reducti	on Act Notice, see instructions		Form 8868	(Rev. 4-2008)	

Form 886	B (Rev 4-2008)		
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Extension, complete or	nly Part II and check this b	ox
Note. Only	y complete Part II if you have already been granted an automatic 3-month ex	xtension on a previously fil	led Form 8868
	are filing for an Automatic 3-Month Extension, complete only Part I (on page		<del></del>
Part II	Additional (Not Automatic) 3-Month Extension of Time. You		
	Name of Exempt Organization	, En	nployer identification number
Type or	Aggaziation of College Unions Intl	21	E 101CE10
print	Association of College Unions - Intl  Number, street, and room or suite number If a PO box, see instructions		5-1816510 r IRS use only
File by the	Number, Street, and footh of Suite number in a P O box, see instructions	, , ,	I IAS use only
extended due date for	120 West 7th St. #200		
filing the return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	-	
	Bloomington, IN 47404		
Check typ	e of return to be filed (File a separate application for each return)	t	
X Form		Form 1041-A	Form 606
Form 9	990-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720	Form 887
Form 9	990-EZ Form 990-T (trust other than above)	Form 5227	
STOP! Do	not complete Part II if you were not already granted an automatic 3-month	extension on a previously	filed Form 8868.
	oks are in care of ► <u>Dave_Teske</u>		
	organization does not have an office or place of business in the United States	s check this box	
	s for a Group Return, enter the organization's four digit Group Exemption Nu		If this is
	up, check this box ► If it is for part of the group, check this box ►	` <u> </u>	
•	the extension is for		no namos ana en as or ar
4 Ireq	uest an additional 3-month extension of time until $11/15$ , 20	09	
<b>5</b> For a		20 , and ending	, 20
	s tax year is for less than 12 months, check reason Initial return		Change in accounting p
7 State	in detail why you need the extension Annual audit of enti	$\overline{ty}$ has not yet $\overline{t}$	peen completed a
is	necessary to a complete and accurate return.		
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the ter fundable credits. See instructions	ntative tax, less any	8a \$
b If this	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable	credits and estimated tax	
	ents made Include any prior year overpayment allowed as a credit and any Form 8868	amount paid previously	8b \$
	nce Due. Subtract line 8b from line 8a Include your payment with this form,	or, if required, deposit	8c \$
with l c Balar			<u> </u>
with l c Balar	TD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen <b>Signature and Verificat</b>	tion	

FIFZ0502L 04/16/08

Form **8868** (Rev 4-2008)

Stampfli Associates, CPAs, PC

200 S College Ave

BAA

Bloomington, IN 47404-5177