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DLN: 93493103009560

Form 990

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

Open to Public

Department of the Treasury

nternal	Revenue	Service	- The on	gamization may have to use	: a copy of this return to sa	atisty state re	porting	requirements	Inspection
A Fo	rthe 2	2008 caler	ndar year	r, or tax year beginning 06-	01-2008 and ending 05-	31-2009		D Employer iden	tification number
_			ease	C Name of organization UNION COLLEGE					
Add	Iress cha		se IRS bel or	Doing Business As				47-0405319 E Telephone nur	
_ Nar	ne chan		int or pe. See	Doing Business As				•	
Inıt	ıal retur	n Sr	ecific	Number and street (or P O bo	ox if mail is not delivered to stre	et address) Roo	m/suite	(402) 486-2	
– Ter	mınatıoı		struc- ons.	3800 SOUTH 48TH STREET			·	G Gross receipts	i \$ 25,037,386
– _{Am}	ended r	eturn		City or town, state or country	, and ZIP + 4				
_		pending		LINCOLN, NE 68506					
APF	neation	pending							
				ne and address of Principal Y MEIER	Officer	H(a)		a group return f	or ┌Yes ┌ No
				OUTH 48TH STREET			affiliate	es /	j Yes j♥ No
				LN, NE 68506		Н(ь)	Are all	affiliates included	I?
[Ta:	x-exem	pt status 🔽	5 01(c)	(3) ◀ (insert no)	a)(1) or 527		(If"No	," attach a list	See instructions)
ı w	eb site	e: 🟲 www u	college e	edu		H(c)	Group	Exemption Nun	nber ►
∢ Туре	e of org	anization 🔽	Corporati	on trust association ot	ner 🕨	L Ye	ear of Forn	nation 1891 M S	tate of legal domicile NE
Pa	rt I	Summa	nry						
				e organization's mission or	most significant activities	3			
e e		TO PROVI	IDE THE	WHOLE COLLEGE EXPER	RIENCE INCLUDING EDU	CATION, HO	USING	, AND ASSOCIA	ATED PROGRAMS
₹		FOR STUD	ENTS A	TTENDING THE COLLEG	E IN LINCOLN, NEBRASK	(A			
sovemance s									
5			,	if the organization disconti					
	3	Number of	voting n	nembers of the governing b	ody (Part VI, line 1a) .			3 _	33
o Ø	4	Number of	ındepen	dent voting members of the	governing body (Part VI,	line 1b) .		. 4 _	33
₽	5	Total numb	berofem	ployees (Part V , line 2a)				5 _	1,002
Acumines &	6	Total numb	ber of vo	lunteers (estimate if neces	sary)			6	0
Ť.	7a	Total gros	s unrelat	ed business revenue from		7a	348,985		
	b	Net unrela	ted busı	ness taxable income from l	orm 990-T, line 34 .			7b	-163,244
							Prior	Year	Current Year
	8	Contribut	ons and	grants (Part VIII, line 1h			8,628,967	5,145,878	
Revenue	9	Program :	service i	evenue (Part VIII, line 2g)			19,314,094	19,297,245
ē.	10	Investme	nt incon	ne (Part VIII, column (A),	ines 3, 4, and 7d)		283,375	136,96	
ΔŤ.	11	Other rev	enue (Pa	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11	.e)		351,388	442,800
	12	Total rev	enue—ac	id lines 8 through 11 (mus	t equal Part VIII, column ((A), line		28,577,824	25,022,884
	13	Grants ar	nd sımıla	r amounts paid (Part IX, co	Jumn (A), lines 1-3)			2,047,730	2,386,504
	14	Benefits	paid to o	r for members (Part IX, col	umn (A), line 4)				C
	15	Salaries,	other co	mpensation, employee ber	efits (Part IX, column (A),	, lines 5–			
Expenses		10)						16,382,068	16,563,700
₹	16a	Professio	nal fund	raising fees (Part IX, colun	ın (A), lıne 11e)				(
ਡੋ	ь	(Total fund	raising exp	enses, Part IX, column (D), line	25 0))			
	17	Otherex	penses (Part IX, column (A), lines :	l 1a-11d, 11f-24f)			7,146,065	5,357,155
	18	Total exp	enses—	add lines 13–17 (must equ	ıal Part IX, line 25, columr	n (A))		25,575,863	24,307,359
	19	Revenue	less exp	enses Subtract line 18 fro	m line 12			3,001,961	715,525
net Assets of Fund Balances							Beginnin	g of Year	End of Year
944	20	Total ass	ets (Par	t X, line 16)				37,184,355	38,047,647
4 H	21	Total liab	ulities (P	art X, line 26)				6,667,701	6,887,022
5 H	22			d balances Subtract line 2	1 from line 20			30,516,654	31,160,625
	t II	Signat	ure Blo	ock					
		Under pena and belief	Ities of pe it is true. c	rjury, I declare that I have exam correct, and complete Declaratio	ined this return, including accom n of preparer (other than officer)	npanying schedu) is based on all	les and sta	atements, and to the on of which prepare	e best of my knowledge has any knowledge
Plea		*****				,	2010-0		, ,
Sign Here		Signatur	e of office	r			Date		
пеге	=		MEIER CO	ONTROLLER e and title					
		Preparer's			Date	Check if self-		Preparer's PTIN (S	ee Gen Inst)
Paid		signature	DAVID	A ELLINGSON	ed 🕨 🦵				
	arer's	Fırm's name	e (or vours	▲ DANA F COLE & COMPANY L					
Use (ıf self-emplo	oyed),)				EIN 🕨	
	1	address, and	a ZIP + 4	1248 O STREET SUITE 500					

LINCOLN, NE 68508 May the IRS discuss this return with the preparer shown above? (See instructions) .

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission	EDICATED TO A DEDCOMAL O	TUDENT FOCUSED COMMU	INITY LINION COLLECE EMPOWE	OC CTUDENTS FOR LEADNING
	INSPIRED BY FAITH IN JESUS CHRIST AND DE SERVICE AND LEADERSHIP	DICATED TO A PERSONAL S	TODENT-FOCUSED COMMC	JNITY, UNION COLLEGE EMPOWER	S STUDENTS FOR LEARNING,
2	Did the organization undertake any s the prior Form 990 or 990-EZ? .	ignificant program ser	vices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new service				
3	Did the organization cease conduction services?			ducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on	Schedule O			
4	Describe the exempt purpose achieved Section 501(c)(3) and (4) organization others, the total expenses, and reve	ons and 4947(a)(1) tr	usts are required to re	port the amount of grants a	expenses nd allocations to
4a	(Code) (Expenses STUDENT SCHOLARSHIPS WERE AWARDED		including grants of \$	2,386,504) (Revenue \$	19,297,245)
	STUDENT SCHOLARSHIPS WERE AWARDED	TO NOMEROUS STODENTS	BASED ON NEED, ACADEMI	C ABILIT, AND TILLD OF STODE	
	/C-d- \/(\(\)(\(\)\)	.		\/Pauamus d	
4b	(Code) (Expenses	\$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses	\$	including grants of \$) (Revenue \$)
				, ,	·
4d	Other program services (Describe	ın Schedule O)			
	(Expenses \$	including grants of	\$) (Revenue \$)
4e	Total program service expenses \$	24,307,359	Must equal Part IX, I	Line 25, column (B).	

art IV	Checklist of	Required	Schedules
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			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{20}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
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	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	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		No
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? <i>If "Yes," complete Schedule F, Part II</i>	15		No
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		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
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		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	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, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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		No
b	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		No
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		No
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		No

Part IV Checklist of Required Schedules (Continued)

			163	110
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	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		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	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		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
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		Νο
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		Νo
36	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		Νο
37	Did the organization conduct more than 5 percent 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,	37		Νο
	Part VI 📆			

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	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	1,571			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c	Yes	
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	1,002			
b	If at least one is reported in 2a, did the organization file all required federal employin Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin			3a	Yes	
L	return?				Yes	
				3b	res	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , ReFinancial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νo
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Tax Shelter Transaction?	t Entit	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		N o
	If "Yes," did the organization include with every solicitation an express statement th					
	were not tax deductible?		· · · · · ·	6b		
7	Organizations that may receive deductible contributions under section $170(c)$.					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbutı	ion of \$75 or	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	prem	nums on a personal	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onalb	enefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8			7g		No No
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f			, 9		
••	required?			7h		Νo
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter	_				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A.	Governing	Body and	d Management

						Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, processes, or changes in Schedule O. See instructions.	des ci	ribe the circumstan	ices,			
1a	Enter the number of voting members of the governing body	1a		33			
Ь	Enter the number of voting members that are independent	1b		33			
2	Did any officer, director, trustee, or key employee have a family relationship or a busi other officer, director, trustee, or key employee?		•		2		Νο
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management com-	•			3		Νο
4	Did the organization make any significant changes to its organizational documents sinfiled? \cdot .	nce t	he prior Form 990	was	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization	nızatı	on's assets? .		5		Νo
6	Does the organization have members or stockholders?						Νo
7a	Does the organization have members, stockholders, or other persons who may elect of governing body?			fthe	7a		Νο
Ь	Are any decisions of the governing body subject to approval by members, stockholde	rs, or	other persons?		7b		Νo
8	Did the organization contemporaneously document the meetings held or written action year by the following	ns un	dertaken during th	ne			
а	the governing body?				8a	Yes	
b	each committee with authority to act on behalf of the governing body?				8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?				9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with those of the org		•		9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it we must describe in Schedule O the process, if any, the organization uses to review the F		-		10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, the organization's mailing address? If "Yes," provide the names and addresses in Sch				11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. value upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

UNION COLLEGE 3800 SOUTH 48TH STREET LINCOLN,NE 68506 (402) 486-2502

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

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees 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) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or 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

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

from the organization

			1	(tion that a			all			(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimate amount of o compensat from the organization related organizatio		other ation he on and
											+		
1b	Total		<u>.</u>	<u> </u>				▶	195,752	2	0		11,654
2	Total number of individuals (includicompensation from the organization		a) who	recei	ved	moi	re thar	1 \$ 1	00,000 in reportabl	e			
												Yes	No
3	Did the organization list any forme									ated employee		Yes	
	on line 1a? If "Yes," complete Sched	ule J for such	ındıvıdı	ual .	•	•		•			3	Yes	No No
3	on line 1a? If "Yes," complete Sched For any individual listed online 1a, i organization and related organization	<i>ule J for such</i> s the sum of	<i>individi</i> reporta	<i>ial</i> ble c	omp	ens	ation	• and	other compensation	from the		Yes	No
4	on line 1a? If "Yes," complete Sched For any individual listed online 1a, i organization and related organization	s the sum of	reporta nan \$15	<i>Jal</i> . ble c 50,00	omp 07 /	ens [f "}	ation 'es," co	and omp	other compensation lete Schedule J for su	n from the	3	Yes	
	on line 1a? If "Yes," complete Sched For any individual listed online 1a, i organization and related organization	ule J for such s the sum of ons greater th eive or accri	reportanan \$15	ble conso	omp 0? i	ens (f ")	ation /es," co many	and omp	other compensation lete Schedule J for su elated organization	n from the		Yes	No
4 5	on line 1a? If "Yes," complete Schede For any individual listed online 1a, organization and related organization individual	s the sum of ons greater the enve or accruse," complete	reportanan \$15	ble conso	omp 0? i	ens (f ")	ation /es," co many	and omp	other compensation lete Schedule J for su elated organization	n from the	4	Yes	N o
4 5	on line 1a? If "Yes," complete Schede For any individual listed online 1a, i organization and related organization individual	s the sum of ons greater the sum of ons greater the sum of one corrections, "complete suctors" complete suctors	reportanan \$15 ue comp	ble c 0,00 ensa	omp 0? i	ens f "Y fro	ation /es," cc many erson	and ompi unro	other compensation lete Schedule J for su 	from the och	4	Yes	N o
4 5	on line 1a? If "Yes," complete Schede For any individual listed online 1a, organization and related organization individual	s the sum of ons greater the sum of ons greater the sum of one corrections, "complete suctors" complete suctors	reportanan \$15 ue comp Schedula	ble c 0,00 ensa	omp 0? i	ens f "Y fro	ation /es," cc many erson	and ompi unro	other compensation lete Schedule J for sure leter schedule J for sure	from the och	4	Yes (C Compen	NoNo
4 5	on line 1a? If "Yes," complete Schede For any individual listed online 1a, organization and related organization individual	s the sum of ons greater the sum of ons greater the sum of one greater the sum of the su	reportanan \$15 ue comp Schedula	ble c 0,00 ensa	omp 0? i	ens f "Y fro	ation /es," cc many erson	and ompi unro	other compensation lete Schedule J for sure leter schedule J for sure	from the ch for services fe than	4	(c	NoNo
4 5	on line 1a? If "Yes," complete Schede For any individual listed online 1a, organization and related organization individual	s the sum of ons greater the sum of ons greater the sum of one greater the sum of the su	reportanan \$15 ue comp Schedula	ble c 0,00 ensa	omp 0? i	ens f "Y fro	ation /es," cc many erson	and ompi unro	other compensation lete Schedule J for sure leter schedule J for sure	from the ch for services fe than	4	(c	NoNo
4 5	on line 1a? If "Yes," complete Schede For any individual listed online 1a, organization and related organization individual	s the sum of ons greater the sum of ons greater the sum of one greater the sum of the su	reportanan \$15 ue comp Schedula	ble c 0,00 ensa	omp 0? i	ens f "Y fro	ation /es," cc many erson	and ompi unro	other compensation lete Schedule J for sure leter schedule J for sure	from the ch for services fe than	4	(c	NoNo

VIII								
					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a	·				,,,
Contributions, gifts, grants and other similar amounts	ь	Membership d	ues					
gr.	С	Fundraising ev	1b vents					
itક ≓ સ	d	Related organ	1c izations					
s, g mik	e		nts (contributions) 1e					
fion or si	f	All other contribut	tions, gifts, grants, and	4,865,793	i	i		
e t			not included above					
o III	g		rıbutıons ıncluded ın					
O a	h		es 1a-1f)		5,145,878			
				Business Code				
enue	2a	STUDENT TUITIO	N & FEES	611,710	14,793,281	14,793,281		
Reve	ь	STUDENT SERVIC	CES	611,710	4,503,964	4,503,964		
15.e	c d							
ž.	e							
Program Service Revenue	f	All other progr	ram service revenue					
Togr								
<u> </u>	g	Total. Add line ► \$ 19,297,24	es 2a-2f 5					
	3		come (including divi	· · · · · · · · · · · · · · · · · · ·	and one			480.00
			amounts)	▶	136,961			136,961
	4	Income from inve	estment of tax-exempt b	ond proceeds				
	5	Royalties .						
	6-	Gross Rents	(ı) Real 50,467	(II) Personal				
	6a b	Less rental	14,502					
	С	expenses Rental income	35,965					
	d	or (loss) Net rental inco	ome or (loss)		35,965		35,965	
			(ı) Securities	(II) O ther				
	7a	Gross amount	(i) Securities	(II) O thei				
		from sales of assets other						
	ь	than inventory Less cost or						
		other basis and sales expenses						
	c d	Gain or (loss) Net gain or (lo) (cc)					
				. ▶				
	8a	Gross income events (not in	from fundraising cluding					
ψ		\$						
Other Revenue		1c) See Part :						
Şe,			e G ıf total exceeds					
<u> </u>	ь		xpensesb					
ĕ	С	Net income or	(loss) from fundrais	ing events				
	9a	Gross income						
		Complete Sched						
		exceeds \$15,00	0 <i>0</i> a					
	ь	Less directe	xpensesb					
	С		(loss) from gaming	activities •				
	10a	Gross sales o	f inventory, less					
		returns and al						
	ь	Less cost of	a goods sold b					
	С		(loss) from sales of					
		Miscellaneou		Business Code				
	11a	FITNESS FAC		713,990	247,456		247,456	
	Ь	MISCELLANE		900,099	93,815 65,564		65,564	93,815
	С	GUEST SERV		721,000	05,504		05,504	
	d	All other reven						
	е 			\$ 406,835				
ı	12	Total Revenue 8c,	a. Add lines 1h, 2g, 3	3, 4, 5, 6 d, 7 d,	25,022,884	19,297,245	348,985	230,776
		9c, 10c, and 1	l1e	. ▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,386,504	2,386,504		
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	212,819	212,819		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	9,478,152	9,478,152		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,076,705	1,076,705		
9	Other employee benefits	5,178,536	5,178,536		
10	Payroll taxes	617,488	617,488		
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	120,967	120,967		
12	Advertising and promotion				
13	Office expenses	927,097	927,097		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	459,709	459,709		
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	,	,		
19	Conferences, conventions and meetings				
20	Interest	139,884	139,884		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	999,583	999,583		
23	Insurance				
24	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)				
а	PLANT OPERATION & MAINT	1,473,527	1,473,527		
ь	AUXILIARY EXPENSES	938,770	938,770		
c	PRINTING	97,795	97,795		
d	POSTAGE AND SHIPPING	93,887	93,887		
e	EQUIPMENT RENTAL AND MA	65,950	65,950		
	All other expenses	39,986	39,986		
25	Total functional expenses. Add lines 1 through 24f	24,307,359	24,307,359	0	(
26	Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	2.,507,533	2.,201,1337		

Part X Balance Sheet	Dart Y	rt Y	Ralan.	ca Sh	_ _+
----------------------	--------	------	--------	-------	-------------

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			43,337		Lild Of year
	2	Savings and temporary cash investments			1,059,730	2	1,811,430
	3	Pledges and grants receivable, net		4,392,412		4,095,346	
	4	Accounts receivable, net			1,758,161	4	2,199,139
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5	<u> </u>
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of	ection	4958(f)(1)) and		6	
	7	Notes and loans receivable, net		2,339,589	7	2,496,827	
	8	Inventories for sale or use		381,319	8	406,949	
20	9	Prepaid expenses and deferred charges			33,716	9	31,924
ssets	10a						
AS		Land, buildings, and equipment cost basis	10a	35,580,827			
	b	Less accumulated depreciation Complete Part VI of	4.01	45 004 004	20,442,720		40.040.740
		Schedule D	10b	15,631,081	20,443,729		19,949,746
	11	Investments—publicly traded securities			4 575 220	11	4 00E 63E
	12	Investments—other securities See Part IV, line 11 <i>Complete Pa</i> Schedule D			4,575,330	12	4,995,635
	13	Investments—program-related See Part IV, line 11 $\it Complete Part See Part IV$, line 11 $\it Complete Part See Part See Part IV$, line 11 $\it Complete Part See P$	art VII	I		13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		2,157,032	15	2,060,651	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			37,184,355	16	38,047,647
	17	Accounts payable and accrued expenses .			2,035,667	17	2,186,666
	18	Grants payable	1,922,432	18	1,945,792		
	19	Deferred revenue	289,382	19	262,161		
	20	Tax-exempt bond liabilities		20			
<u>ē</u> ,	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			2,420,220	25	2,492,403
	26	Total liabilities. Add lines 17 through 25		6,667,701	26	6,887,022	
, A		Organizations that follow SFAS 117, check here ▶ and comp through 29, and lines 33 and 34.	lete li	nes 27			
anc	27	Unrestricted net assets			22,052,451	27	22,270,373
Balance	28	Temporarily restricted net assets			6,522,874	28	7,069,916
Ē	29	Permanently restricted net assets		1,941,329	29	1,820,336	
r Fund		Organizations that do not follow SFAS 117, check here ► □ an lines 30 through 34.	plete				
S O.	30	Capital stock or trust principal, or current funds			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
AS	32	Retained earnings, endowment, accumulated income, or other fu			32		
Net	33	Total net assets or fund balances		30,516,654	33	31,160,625	
Z	34	Total liabilities and net assets/fund balances			37,184,355		38,047,647
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

UNION COLLEGE

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

								47	-0405319	9		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
The	rganız	zation is not	a private found	ation because it is (Please	check onl	ly one org	anızatıon))				
1	Γ	A church, c	onvention of ch	nurches, or association of ch	urches de	escribed in	Section 1	L70(b)(1)((A)(i).			
2	<u>~</u>	A school de	escribed in Sec i	t ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	Γ	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in Sec	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	e H)	
4	Γ	A medical i	research organi	zatıon operated ın conjunctı	on with a l	hospital d	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desci	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	\sqcap	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	Anorganiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public	į
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gro	S S
		receipts fro	m activities re	lated to its exempt functions	s—subject	to certair	nexceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	k) from bus	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	\sqcap	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruct	tions)	
11	Γ	Anorganiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpos	ses of
				orted organizations describe				•		Section 5	09(a)(3).	Check
				type of supporting organiza							TTT 0-1	
	_	a T	• •				nally Integ		d		III - Oth	
е	ı	•		rtify that the organization is agers and other than one or			•			•		
		section 50		agers and other than one or	ттоге рав	псту зарр	orteu orgu	11124110115	acsembed	III SCCTION	1 3 0 3 (u)(.	1,01
f		If the organ	nization receive	d a written determination fro	m the IRS	S that it is	a Type I,	Type II o	r Type III	supportin	ig organiz	ation <u>,</u>
		check this										Г
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any of the	!			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
			·-	ng body of the the supported		_	•		. ,	11g		
			· -	erson described in (i) above	_					11g(
			•	ty of a person described in (bove?				11g(_	
h				mation about the organizatio			supports					<u> </u>
			J	, and the second		,						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) Am	nount of
	Supp	orted		(described on lines 1-9	organiz	ation in	the orga	nızatıon	organiz	ation in	supp	ort?
	O rgan	nization		above or IRC section		listed in	_	i) of your		rganized		
				(See Instructions))		verning ment?	supp	ort?	In the	US?		
					Yes	No	Yes	No	Yes	No		
					162	140	162	110	162	140	-	
											 	
											-	
											-	
				1	1		1		1		1	

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	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 business under						
	section 513						
4	Tax revenues levied for the						
	organization'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						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
•	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 47-0405319

Name: UNION COLLEGE

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C tion (hat a	chec)				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
DAVID SMITH , PRESIDENT	40 00	Х		Х				73,628	0	4,692
STEVE BASCOM , TRUSTEE	1 00	X						0	0	0
NEIL BILOFF , TRUSTEE	1 00	Х						0	0	0
MARDIAN BLAIR, TRUSTEE	1 00	Х						0	0	0
JIM BOYLE , TRUSTEE	1 00	Х						0	0	0
JIM BRAUER , TRUSTEE	1 00	Х						0	0	0
G ALEX BRYANT , TRUSTEE	1 00	Х						0	0	0
RON HALVORSEN , TRUSTEE	1 00	Х						0	0	0
RONALD CARLSON, TRUSTEE	1 00	Х						0	0	0
RON CARLSON , TRUSTEE	1 00	Х						0	0	0
DEAN CORIDAN , TRUSTEE	1 00	Х						0	0	0
CHARLES DRAKE , TRUSTEE	1 00	Х						0	0	0
MIKE DUNLAP , TRUSTEE	1 00	Х						0	0	0
DERALD GOETZ, TRUSTEE	1 00	Х						0	0	0
MILDRED GREER , TRUSTEE	1 00	Х						0	0	0
ELAINE HAGELE , TRUSTEE	1 00	Х						0	0	0
ROB KOCH , TRUSTEE	1 00	Х						0	0	0
JACK KROGSTAD , TRUSTEE	1 00	Х						0	0	0
RIC KRUEGER , TRUSTEE	1 00	Х						0	0	0
TOM LEMON , TRUSTEE	1 00	Х						0	0	0
JERO ME LANG , TRUSTEE	1 00	Х						0	0	0
JAMES MCARTHUR , TRUSTEE	1 00	Х						0	0	0
JAMES MILLER III , TRUSTEE	1 00	Х						0	0	0
LARRY PITCHER , TRUSTEE	1 00	Х						0	0	0
BARBARA PROWANT , TRUSTEE	1 00	Х						0	0	0
RICH REINER , TRUSTEE	1 00	Х						0	0	0
SUSAN REISWIG-HAINES , TRUSTEE	1 00	X						0	0	0
RON RUSSELL , TRUSTEE	1 00	Х						0	0	0
JESSICA SAXTON, TRUSTEE	1 00							0	0	0
KENT SELTMAN , TRUSTEE	1 00	Х						0	0	0

Form 990, Part VII - Section Aaa

orm propriate till section had										
			(C tion (hat a	chec		I				(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
KENT THOMPSON, TRUSTEE	1 00	Х						0	0	0
SAMUEL TURNERSR , TRUSTEE	1 00	X						0	0	0
ROSCOE HOWARD , TRUSTEE	1 00	Х						0	0	0
GARY BOLLINGER , TREASURER	40 00			Х				60,980	0	5,374
MALCOM RUSSELL , VICE PRESIDENT	40 00			Х				61,144	0	1,588

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DLN: 93493103009560

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

d

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization UNION COLLEGE 47-0405319 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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) 3 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 □ 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, Part IV, line 7 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 importantly land area Preservation of certified historic structure Protection of natural habitat 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 Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a)

- Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 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 easements it holds?

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨

- 7 A mount 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)(ı) and 170(h)(4)(B)(ıı)?

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 conservation easements

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.

- 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
- If the organization elected, as permitted under SFAS 116, 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
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2d

- 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
- Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

3	Using the organization's accession and othe					•				<u>ntinuea)</u>
	items (check all that apply)	, , , , , , , , , , , , , , , , , , , ,		_	•	_				
а	Public exhibition		d	Γ	Loan or exc	hange programs				
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and explai	n hov	w the	y further the	organization's ex	cempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						nılar	Γ.	Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Com	plet	e if the orga		ered "Yes	" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontributions	or other assets	not	Г	Yes	Г No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	е				Г			
								A mou	nt	
С	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV									
Pai	rt V Endowment Funds. Complete									
_		(a)Current Year	(b)Prior	Year (c)T	wo Years Back (d)	Three Years I	Back (e)	Four Y	ears Back
1a	Beginning of year balance	4,107,843								
Ь	Contributions	162,981								
С	Investment earnings or losses	-106,230								
d	Grants or scholarships									
е	Other expenditures for facilities and programs	67,161								
f	Administrative expenses									
g	End of year balance	4,097,433								
2	Provide the estimated percentage of the yea	r end balance held a	s							
а	Board designated or quasi-endowment 🕨	26 640 %								
ь	Permanent endowment 🕨 44 430 %									
с	Term endowment ► 28 930 %									
За	Are there endowment funds not in the posses	ssion of the organiza	tion	that	are held and	admınıstered for	the			
	organization by							1	Yes	No
	(i) unrelated organizations							3a(i)		No
_	(ii) related organizations							3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio Describe in Part XIV the intended uses of th	•						3Ь		<u> </u>
4 Dar	t VI Investments—Land, Buildings					Part V June 10				
Fal	Tilvestillents—Land, Buildings	s, and Equipmen	it. 3			·				
	Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Deprec	ation	(d) Bo	ok value
1a	Land					330,000	1	L		330,000
b I	Buildings		•			25,429,435	9,09	91,882	1	6,337,553
c I	Leasehold improvements									
d I	Equipment					9,307,973	6,53	39,199		2,768,774
e (Other					513,419	1			513,419

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products			7
Closely-held equity interests			
Other MONEY MARKET	509,115		F
Other CORPORATE BONDS	2,117,979		F
Other CERTIFICATES OF DEPOSIT	1,990,469		F
Other COMMON STOCK	378,072		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	4,995,635		
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line 1	13.	
(a) Description of investment type	(b) Book value		d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, II	ine 15.		
(a) Descri	ption		(b) Book value
CASH HELD FOR LOAN AND AGENCY FUNDS			236,836
ASSETS HELD FOR TRUSTS AND ANNUITIES INVESTMENTS IN AFFILIATES			1,813,815
INVESTMENTS IN ATTILIATES			10,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		2,060,651
Part X Other Liabilities. See Form 990, Part	X, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
LIABILITY TO TRUSTOR	19,443		
PRESENT VALUE OF ANNUITY LIABILITY	660,160		
PRESENT VALUE OF SPLIT-INTEREST AGREEMENT LIABILITY	468,402		
OTHER NOTES PAYABLE	1,194,398		
RESERVE HELD FOR SCHOLARSHIPS	150,000		
Total. (Column (b) should equal Form 990. Part X, col (B) line 25)	2 492 403		

Par	t XII Reconciliation of Cl	hange in Net Assets from Forn	n 99	0 to I	<u>Financial Stateme</u>	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	25,022,884
2	Total expenses (Form 990, Par		2	24,307,359			
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	715,525
4	Net unrealized gains (losses) or	n ınvestments				4	-71,554
5	Donated services and use of fac					5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add Iir	nes 4 - 8				9	-71,554
10	• • • •	per financial statements Combine lines	: 3 aı	nd Q		10	643,971
		evenue per Audited Financial			nts With Revenue i		<u> </u>
1	Total revenue, gains, and othe				its tritin its remain		24,951,330
	statements					1	
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	ments		2a	-71,554		
b	Donated services and use of fa	acilities		2b			
c	Recoveries of prior year grants			2c			
d	Other (Describe in Part XIV)			2d			
e	Add lines 2a through 2d .		•			2e	-71,554
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	25,022,884			
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	•	4a			
b	Other (Describe in Part XIV)			4b			
c			•			4c	0
5		d 4c. (This should equal Form 990, Part				5	25,022,884
		xpenses per Audited Financial		teme	nts With Expenses		
1		raudited financial statements				1	24,307,359
2		t not on Form 990, Part IX, line 25		ا ء۔			
a	Donated services and use of fa		•	2a			
b	Prior year adjustments		•	2b			
C J		Part IX, line 25	•	. 2c			
d	Other (Describe in Part XIV)		•	2d			0
e	Add lines 2a through 2d		•			2e	0
3	Subtract line 2e from line 1		•			3	24,307,359
4		0, Part IX, line 25, but not on line 1:		١.	1		
а		uded on Form 990, Part VIII, line 7b	• •				
Ь	,		•	4b		_	
с -	Add lines 4a and 4b					4c	0
5 Dar	t XIV Supplemental Inf	nd 4c. (This should equal Form 990, Pai	t 1, 1	ine 18)	5	24,307,359
Com	plete this part to provide the des	scriptions required for Part II, lines 3, 5 Part XII, lines 2d and 4b, and Part XI				art XIV	, lines 1b and 2b,
Part	Ident if ier	Return Reference			Fynlanat	ion	I
Part	Ident if ier	Return Reference			Explanat	ion	
Part	Ident if ier	Return Reference			Explanat	ion	
Part	Ident if ier	Return Reference			Explanat	ion	
Part	Ident if ier	Return Reference			Explanat	ion	

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

Name of the organization **Employer identification number** UNION COLLEGE 47-0405319 YES NO

		$\overline{}$	-	
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"		103	
	please explain IT IS PUBLISHED IN THE STUDENT HANDBOOK AND IN COLLEGE BROCHURES	3	Yes	
4	Does the organization maintain the following?	1		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5с		Νo
d	Scholarships or other financial assistance?	5d		Νo
e	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νο
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
]		
		1		
	ndoes the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
	If you answered "Yes" to either 6a or b, please explain using an attached statement	75		140
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	7	Yes	

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DLN: 93493103009560

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service Name of the organization

UNION COLLEGE

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion Employer identification number

						47-0405319	
Part I General Info	rmation on Gra	nts and Assistance	e			·	
	sed to award the gra	ints or assistance?			gibility for the grants or as		✓ Yes
Form 990, Part Part IV and Sc		ny recipient that reci itional space is			tes. Complete if the confirmation one recipient rec		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount 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 of se					•		
3 Enter total number of ot							
For Panerwork Reduction Act No	ntica coatha Instruc	tions for Form 990		Cat No. 50055	D	Sci	adula I (Form 990) 2008

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.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
MERIT AWARD		1,005,850			MERIT AWARD
DISCOUNTS CASH		-565			DISCOUNTS CASH
GRANTS IN AID		129,460			GRANTS IN AID
SCHOLARSHIPS		892,548			SCHOLARSHIPS
MATCHING AWARDS		257,737			MATCHING AWARDS
UC GRANT - NEED BASED		36,975			UC GRANT - NEED BASED
FINANCIAL AID APP GRANT		64,500			FINANCIAL AID APP GRANT

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation

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DLN: 93493103009560

OMB No 1545-0047

Schedule K **Supplemental Information on Tax Exempt Bonds** (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public **Inspection**

	ne of the organization									Employe	r identifica	tion num	ber	
UN	ION COLLEGE									47-040	5319			
P	art I Bond Issues (Require	ed for 2008)		_				_		•				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue Price		(f) Des	(f) Description of Purpose		(g) De	efeased	(h) O n Behalf o Issuer	
											Yes	No	Yes	No
A	NEBRASKA EDUCATIONAL FINANCE AUTHORITY	52-1293953		03-01-	2007		650,000	FINANCE P COMPUTER HARDWARE	SOFTWAR			x		x
Pa	Proceeds (Optional fo	r 2008)			<u>'</u>			1						
1	Total Proceeds of Issue			-	Α	<u> </u>	В		С	I	D	+	E	
2	Gross Proceeds in Reserve Fund	is												
3	Proceeds in Refunding or Defeas	ance Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures fro	om Proceeds												
7	Capital Expenditures from Proce	eds												
8	Year of Substantial Completion					•		•						
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	s	No
9	Were the bonds issued as part o	f a current refunding iss	ue?											
10	Were the bonds issued as part o	f an advance refunding is	ssue?											
11	Has the final allocation of procee	eds been made?												
12	Does the organization maintain a final allocation of proceeds?	adequate books and reco	ords to support the											
Pa	rt IIII Private Business Use	e (Optional for 2008)		T										
				<u> </u>	A	-	B 	_	C	•	D 	 	E	
1	Was the organization a partner in which owned property financed b		mber of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Yes	5	No
2	Are there any lease arrangemen which may result in private busir		nanced property											
For	Paperwork Reduction Act Notice, see t	the Instructions for Form	990.			Cat No 501	193E			S	chedule K	(Form 99	0) 2008	

Schedule K (Form 990) 2008	· · · · · · · · · · · · · · · · · · ·
Part III Private Business Use	(Continued)

			A	E	3	(ı	D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	t IV Arbitrage (Optional for 2008)							_		_	
		ı	Ą	E	3		<u> </u>	l	<u> </u>	1	E
	,	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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DLN: 93493103009560

OMB No 1545-0047

2008

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ 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
UNION COLLEGE

Employer identification number
47-0405319

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		FORM 990 AND FORM 990-T ARE REVIEWED AND ACCEPTED BY THE ORGANIZATION'S CONTROLLER AND VICE PRESIDENT OF FINANCIAL AFFAIRS PRIOR TO BEING FILED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		BOARD MEMBERS MUST SIGN A CONFLICT OF INTEREST FORM AT THE START OF EACH YEAR

ldentifier	Return Reference	Explanation					
Form 990, Part VI, Section B, line 15		COMPENSATION FOR THE OFFICERS IS BASED ON A WAGE SCALE THAT IS APPROVED AND ADOPTED BY THE BOARD THIS ALL COMPLIES WITH POLICIES SET FORTH BY THE NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTIST THE PRESIDENT RECEIVES AN ADDITIONAL 20 PERCENT TO SUPPORT ADDITIONAL ENTERTAINMENT THAT IS REQUIRED					

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		THE COLLEGE'S FINANCIAL STATEMENTS ARE REVIEWED BY AN AUDIT REVIEW COMMITTEE OF THE BOARD THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

Name of the organization JNION COLLEGE				Employer identific	cation number	
				47-0405319		
Part I Identification of Disregarded Entities						
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity	
UNION DIVERSIFIED ENTERPRISES 3800 SOUTH 48TH STREET LINCOLN, NE 68506 47-0639719	COMPUTER SALES	NE	154,286	53,428	UNION COLLEGE	
Part II Identification of Related Tax-Exempt Organization	tions					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity	

(A) Name, address, and EIN of related organization		(B) nary activity	(C) Legal domicile (state or foreign country)	entity		(E) Predominant come(related, investment, unrelated)		(F) e of total income	(G) Share of end-of- year assets	(H) Dispropition allocations		nate Code V—UBI amount on Box 20 of K-1		ral o aging ner?
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V Transactions with Related Organi	zations
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	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No					
1 D	uring the tax year, did the orgranization engage in any of the following transactior	ns with one or more related organizations listed in Parts II	-IV?								
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	tity		1a							
b	Gift, grant, or capital contribution to other organization(s)			1b							
c	Gıft, grant, or capıtal contribution from other organization(s)			1c							
d	Loans or loan guarantees to or for other organization(s)			1d							
e	Loans or loan guarantees by other organization(s)			1e							
f	f Sale of assets to other organization(s)										
g	g Purchase of assets from other organization(s)										
h	Exchange of assets			1h							
i	Lease of facilities, equipment, or other assets to other organization(s)			1i							
			· ·								
j	Lease of facilities, equipment, or other assets from other organization(s)			1j							
k	Performance of services or membership or fundraising solicitations for other org	ganization(s)	· ·	1k							
I	Performance of services or membership or fundraising solicitations by other organizations	anızatıon(s)		11							
m	Sharing of facilities, equipment, mailing lists, or other assets			1m							
n	Sharing of paid employees			1n							
			· ·								
0	Reimbursement paid to other organization for expenses			10							
р	Reimbursement paid by other organization for expenses			1р							
q	O ther transfer of cash or property to other organization(s)			1q							
r	O ther transfer of cash or property from other organization(s)			1r							
2	If the answer to any of the above is "Yes," see the instructions for information o	n who must complete this line, including covered relations	hips and transaction thresholds								
	(A)	(B)	(c)								
	Name of other organization(s)	Transaction type(a-r)	Amount Involved								
(1)			- 								
			1								
(2)			I								
(3)			I								
(4)			I								
/F\											
(5)			ı								
(6)											
(0)			ı								

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_											
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No										
			•	•		•		Cabadul	D / Form											