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DLN: 93493043014010

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 Internal Revenue Service

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

\ For t	he 2	008 calenda	ar vear	, or tax year beginning 07-01-2008	and ending 06-30-200	9		Inspection
Check				C Name of organization	and changes so so zoo		D Employer iden	tification number
Addre		ange use	IRS	Unity College			01-0275130	
– Name	chan		elor itor	Doing Business As			E Telephone nur	nber
– Initial		type	e. See cific			10 ((207) 948-3	131
Termi		Inst	truc-	Number and street (or P O box if mail is no 90 Quaker Hill Road	ot delivered to street addre	ess) Room/suite	G Gross receipts	\$ 20,372,430
Amen	ded re	eturn		City or town, state or country, and ZIP + 4 Unity, ME 04988				
- Applic	ation	pending		Office, ME 04988				
		F	Nam	e and address of Principal Officer		H(a) Is this	s a group return f	or
				Thomashow		affiliat		⊤Yes ▽ No
			-	ker Hill Road E 04988				
Tax-e	exem			(3) ◀ (insert no)	 527	` '	affiliates included	,
\A/ - I-	:					-	o," attach a list : p Exemption Num	See instructions) iber ►
web	site	∷ ► unity ed	u			(c)	p = x o p ti o r u	
Type o	of ora	anization 🔽 C	Corporatio	on		L Year of For	mation 1965 M S	tate of legal domicile ME
. , , , ,		,				1	1	
D1		C						
Part		Summar			5 b b b			
				organization's mission or most signif	icant activities			
3		EDUCATIO	N					
<u>i</u>								
ao reminina	2	Chack this h	- .	f the organization discontinued its ope	arations or disposed	of more than 2	5% of its assets	
<u> </u>			•					22
			_	embers of the governing body (Part V				22
:				lent voting members of the governing		0)		
				ployees (Part V, line 2a)				
				unteers (estimate if necessary) .			6 <u> </u>	159
•				ed business revenue from Part VIII, l			7a	0
	b	Net unrelate	a busir	less taxable income from Form 990-1	, line 34		7b	0
	_						r Year	Current Year
	8			grants (Part VIII, line 1h)			1,487,788	1,422,271
E	9	•		evenue (Part VIII, line 2g)		13,500,309	13,915,163	
2:	.0			e (Part VIII, column (A), lines 3, 4, a		437,693	-61,474	
*	.1		-	rt VIII, column (A), lines 5, 6d, 8c, 9	76,621	22,546		
1	.2	10tai reven	nue — a a	d lines 8 through 11 (must equal Part	: VIII, column (A), lin	e	15,502,411	15,298,506
1	.3	Grants and	sımılaı	amounts paid (Part IX, column (A), l	ınes 1-3)		4,162,826	4,245,886
1	4	Benefits pa	ıd to or	for members (Part IX, column (A), lir	ne 4)			0
. 1	.5	Salaries, ot	therco	mpensation, employee benefits (Part	IX, column (A), lines	5 –		
88888 1		10)		, , , , , , , , , , , , , , , , , , , ,	, , , , , ,		6,178,863	6,799,634
<u>*</u> 1	.6a	Professiona	al fundr	aısıng fees (Part IX, column (A), lıne	11e)		15	0
ਜ਼ਿ⊟	b	(Total fundra	ısıng exp	enses, Part IX, column (D), line 25 313,669)			
	.7	Otherexpe	nses (F	Part IX, column (A), lines 11a–11d, 1	1f-24f)		4,728,712	4,246,807
1	.8	Total exper	nses—a	idd lines 13–17 (must equal Part IX,	line 25, column (A))		15,070,416	15,292,327
1	.9	Revenue le	ss exp	enses Subtract line 18 from line 12			431,995	6,179
8						Beginni	ng of Year	End of Year
g 2	20	Total asset	ts (Part	X, line 16)			16,424,929	15,898,499
3.55	21			art X, line 26)			3,946,711	3,934,483
	22		•	I balances Subtract line 21 from line	20		, ,	
					20		12,478,218	11,964,016
Part		Signatur			n including accomination	cohodulos === 4 ==	tatements and to the	a hact of my knowledge
				jury, I declare that I have examined this retui orrect, and complete Declaration of preparer				
leas	e	*****				2010-	02-03	
ign		Signature	of officer			Date		
lere		Mitchell Th	nomasho	w President				
		Type or pr						
	\Box	Preparer's				Check If	Preparer's PTIN (S	ee Gen Inst)
aid		signature	Barbara	J McGuan CPA		self- empolyed •	Ì	
repare	er's	Firm's name (or voure	BERRY DUNN McNEIL & PARKER LLC	poi, ou r	+		
lse On		ıf self-employe	ed),	P			EIN 🕨	
- 3.1	1	address, and Z	ZIP + 4	36 PLEASANT STREET			Phone no 1 (20)	7) 942-1600
				BANGOR, ME 04401			,	<u></u>
lay the	IRS	discuss thi	ıs retur	n with the preparer shown above? (Se	e instructions)			✓ Yes 「No

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

1	Briefly describe the organization's	mission				
					a liberal arts education that emph rs, and responsible citizens throug	
2	Did the organization under	take any significant	program se	rvices during the year whi	ch were not listed on	
	the prior Form 990 or 990	-EZ?				Yes 🗸 No
	If "Yes," describe these ne	ew services on Sche	dule O			
3	Did the organization cease services?			changes in how it conduct		Yes 🗸 No
	If "Yes," describe these ch	nanges on Schedule	0			
4		organizations and 4	947(a)(1) t	rusts are required to repo	est program services by ex rt the amount of grants and	•
4a	(Code) (Expenses \$	12,793,286	including grants of \$	4,245,886) (Revenue \$	13,915,163)
-	Unity College is a small, indeposit become the only college in the	endent, not-for-profit, co country to specialize in environmental sciences	o-educational co baccalaureate , natural resou	ollege located in central Maine programs having a natural reso rce management and wildernes	While remaining a liberal arts coll urce management focus The Coll is based outdoor recreation The C	ege, Unity has evolved to ege offers baccalaureate
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4d	Other program services	(Describe in Schedi	ıle O)			
	(Expenses \$	•	ng grants of	\$) (Revenue \$)
4e	Total program service ex	penses \$	12,793,286	Must equal Part IX, Lin	e 25, column (B).	

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		Νο
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 V	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		Νο
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		Νο
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</i> "Yes," complete Schedule F, Part II	15		Νο
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		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
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		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
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	Yes	
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		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		N o
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)

			Yes	No
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		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	1,10
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		Νο
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? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		Νo
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? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
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? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		Νo
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, Part VI	37		Νο

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	46			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	Did the organization comply with backup withholding rules for reportable payments t	O VAN	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		591			
	return	2a				
ь	If at least one is reported in 2a, did the organization file all required federal employer Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin					
	return?			3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b		
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 acacount)?			4a		No
ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
Ь	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	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	on of \$75 or	7a		N o
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope		· ·	_		
	file Form 8282?	1		7c		N o
a	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	/ prem	nums on a personal	_		
_	benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8			7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization frequired?	ile a F	orm 1098-C as	7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a	nd se	ction 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the year?			8		Νo
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		No
ь	Did the organization make a distribution to a donor, donor advisor, or related person			9b		Νο
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					
а	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				
	•		ı			

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

Section	Α.	Governing	Body	and	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.	, desc	ribe the circumstances,				
1a	Enter the number of voting members of the governing body	1a	22				
Ь	Enter the number of voting members that are independent	1b	21				
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		Νο	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a material diversion of the organization's assets?						
6	5 Does the organization have members or stockholders?						
7a	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?						
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νο	
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the				
а	the governing body?			8a	Yes		
Ь	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		Νο	
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o		. ,	9b			
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the			10	Yes		
11	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		Νo
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		Νo
	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 ME
- 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 another's website 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

mitchell thomashow 90 Quaker Hill Rd Unity, ME 04988 (207) 948-3131

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	(C) Position (check all that apply)							(E)	(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)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

				(ition 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)	Estimat amount of compensa from th organizatio related organizat		fother ation he on and
											+		
											+		
								┢	207.046	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0		67.271
1b 2	Total number of individuals (includ								387,040		<u> </u>		67,371
-	compensation from the organizatio		u / 11110		· cu		c that	. ΨΞ	00,000 111 (0)01140				
												Yes	No
3	Did the organization list any forme		torort	ructo						_			
			, ,							ated employee			
	on line 1a? If "Yes," complete Sched			ual .	•			•			3		N o
4	For any individual listed online 1a, organization and related organizati	ıs the sum of	reporta	<i>ial</i> . ble c	omp	ens	ation	• and	other compensation	from the	3		No
	For any individual listed online 1a, organization and related organization individual	ıs the sum of ons greater tl	reporta nan \$15	ble c	omp 0? I	ens	ation 'es," co	and ompi	other compensation lete Schedule J for su	n from the	3	Yes	No
4 5	For any individual listed online 1a, organization and related organization individual	is the sum of ons greater the ceive or accri	reporta nan \$15 • • ue comp	ble conso	omp 0? I	ens f "Y	ation /es," co many	and ompi	other compensation Iete Schedule J for su elated organization	n from the	4	Yes	
	For any individual listed online 1a, organization and related organization individual	is the sum of ons greater the ceive or accri	reporta nan \$15 • • ue comp	ble conso	omp 0? I	ens f "Y	ation /es," co many	and ompi	other compensation Iete Schedule J for su elated organization	n from the	_	Yes	N o
5 Se	For any individual listed online 1a, organization and related organization individual	is the sum of ons greater the ceive or accru es," complete	reporta nan \$15 • • ue comp	ble c 0,00 ensa	omp 0? I • • •tion	ens f "Y fro	ation 'es," co many erson	and ompi - unre	other compensation lete Schedule J for su 	from the ch	4	Yes	
5	For any individual listed online 1a, organization and related organization individual	is the sum of ons greater the ceive or accrues, "complete actors ghest compet	reportanan \$15 ue comportanan \$15 schedule	ble c 0,00 ensa	omp 0? I • • •tion	ens f "Y fro	ation 'es," co many erson	and ompi - unre	other compensation lete Schedule J for su 	from the ch	4	Yes	
5 S €	For any individual listed online 1a, organization and related organization individual	is the sum of ons greater the ceive or accrues, "complete actors ghest compet	reportanan \$15 ue comp Schedula	ble c 0,00 ensa	omp 0? I • • •tion	ens f "Y fro	ation 'es," co many erson	and ompi - unre	other compensation lete Schedule J for su	from the ch	4	Yes (C	No_
5 Se	For any individual listed online 1a, organization and related organization individual	is the sum of ons greater the ceive or accrues, "complete actors ghest compense organization (A)	reportanan \$15 ue comp Schedula	ble c 0,00 ensa	omp 0? I • • •tion	ens f "Y fro	ation 'es," co many erson	and ompi - unre	other compensation lete Schedule J for su	from the ch	4	(c	No_
5 S €	For any individual listed online 1a, organization and related organization individual	is the sum of ons greater the ceive or accrues, "complete actors ghest compense organization (A)	reportanan \$15 ue comp Schedula	ble c 0,00 ensa	omp 0? I • • •tion	ens f "Y fro	ation 'es," co many erson	and ompi - unre	other compensation lete Schedule J for su	from the ch	4	(c	No_
5 Se	For any individual listed online 1a, organization and related organization individual	is the sum of ons greater the ceive or accrues, "complete actors ghest compense organization (A)	reportanan \$15 ue comp Schedula	ble c 0,00 ensa	omp 0? I • • •tion	ens f "Y fro	ation 'es," co many erson	and ompi - unre	other compensation lete Schedule J for su	from the ch	4	(c	No_

Statement of Revenue

					(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 camp	paigns 1a			Revenue		312, 313, 01 314
\$ 22	ь	•	•					
문문	, b	Membership du	es					
Contributions, gifts, grants and other similar amounts	С	Fundraising eve	ents					
± E =	d	Palated arganiz	1c ations 1d					
<u>. =</u>		Government grants		1,152,743				
Sin Sin	е	_						
美	f	similar amounts no	ons, gifts, grants, and t included above	269,528				
운항			1f					
<u> </u>	g	lines 1a-1f \$ _	butions included in					
Q 42	h		s 1a-1f)		1,422,271			
		(▶				
<u> </u>	_	T		Business Code				
euc	2a	Tuition and Fees		611,600	10,693,819	10,693,819		
- <u>8</u>	b	Room and Board		611,600	2,676,895	2,676,895		
<u>.</u>	С	Bookstore		611,600	266,860	266,860		
Š	d	Student Center		611,600	99,262	99,262		
À	e	Miscellaneous		611,600	62,435			62,435
<u>e</u>	f	All other progra	m service revenue		115,892	115,892		
Program Service Revenue	g		2a-2f					
	3	► \$ 13,915,163	ome (including divid	tends interest				
			nounts)	ľ	176,722			176,722
				►	·			
	4	Income from inves	tment of tax-exempt bo	ond proceeds				
	5	Royalties						
			(ı) Real	(II) Personal				
	6a	Gross Rents	22,546					
	ь	Less rental						
	c	expenses Rental income	22,546					
		or (loss)	(1)		22,546			22,546
	d	Net rental incor	me or (loss)	· · · · · •	22,340			22,340
	7a	Gross amount from sales of	(1) Securities 4,835,378	(II) O ther 350				
	ь	assets other than inventory Less cost or other basis and	5,068,572	5,352				
		sales expenses						
	С	Gain or (loss)	-233,194	-5,002				
	d	Net gain or (los		▶	-238,196			-238,196
	8a	Gross income fi						
Other Revenue		\$ of contributions 1c) See Part I\	 reported on line /, line 18					
é			G if total exceeds					
<u>.</u>	_		a					
ŧ	Ь		pensesb					
0	С	Net income or (loss) from fundraısı	ng events ▶				
	9a	Gross income fr activities See p Complete Schedu exceeds \$15,000	part IV , line 19 ule G if total)					
	p		a					
	Ь		pensesb	activities				
	С	Net income or (loss) from gamıng a	ictivities -				
	10a	Gross sales of i	wances .					
			a					
	ь		oods sold b					
	С		loss) from sales of	inventory				
		Miscellaneous	Kevenue	Business Code				
	11a							
	ь							
	С							
	d	All other revenu	ıe					
	e	Total. Add lines	11a-11d	\$				
	12	8c,	Add lines 1h, 2g, 3		15,298,506	13,852,728	0	23,507

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(4) organizations must complete column (A) but are not reference in the section of the se),
Do 1	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				<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,245,886	4,245,886		
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	307,015		307,015	
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	5,025,942	3,892,555		189,130
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	205,356	172,550	26,335	6,471
9	Other employee benefits	865,206	710,115	128,462	26,629
10	Payroll taxes	396,115	316,892	67,340	11,883
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	342,428	144,180	195,361	2,887
12	Advertising and promotion	96,381	95,701		680
13	Office expenses	713,536	515,299	173,786	24,451
14	Information technology	247,520	247,520		
15	Royalties				
16	Occupancy	434,730	417,589	17,141	
17	Travel	172,818	155,332	11,849	5,637
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	65,774	37,683	25,539	2,552
20	Interest	134,552	134,552		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	777,226	722,820	54,406	
23	Insurance	131,965	131,965		
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	Cost of Sales-Food	470,729	462,667	5,560	2,502
ь	Other Costs	323,914	54,746	228,321	40,847
c	Cost of Sales-Book Stor	144,859	144,859		
d	Student Activities	71,951	71,951		
e	Books & Periodicals	61,704	61,704		
f	All other expenses	56,720	56,720		
25	Total functional expenses. Add lines 1 through 24f	15,292,327	12,793,286	2,185,372	313,669
26	Joint Costs. Check fiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (200s)

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			2,357,505		1,065,344
	2	Savings and temporary cash investments			1,845,612	2	3,145,472
	3	Pledges and grants receivable, net		697,790	3	117,717	
	4	Accounts receivable, net			97,693	4	100,172
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5	
	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			46,905	7	41,596
	8	Inventories for sale or use			115,654	8	108,992
2	9	Prepaid expenses and deferred charges			51,297	9	120,233
Assets	10a	Land, buildings, and equipment cost basis	10a	18,185,322			
-	ь	Less accumulated depreciation Complete Part VI of		,			
		Schedule D	10b	9,731,360	8,205,119	10c	8,453,962
	11	Investments—publicly traded securities			3,007,354	11	2,745,011
	12	Investments—other securities See Part IV, line 11 $\it Complete Pascendule D$		12			
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Section 11 $ $\it Complete Part Section 12 $ $\it Complete Part$		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			16,424,929	16	15,898,499
	17	Accounts payable and accrued expenses .			1,103,315	17	1,121,524
	18	Grants payable				18	
	19	Deferred revenue			258,553	19	312,639
	20	Tax-exempt bond liabilities				20	
<u>ā</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					
ï		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties	•	•	2,538,916	23	2,454,327
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			45,927	25	45,993
	26	Total liabilities. Add lines 17 through 25			3,946,711	26	3,934,483
У		Organizations that follow SFAS 117, check here ▶ and comp through 29, and lines 33 and 34.	let e li	nes 27			
Balance	27	Unrestricted net assets			8,945,138	27	9,176,084
න ග	28	Temporarily restricted net assets			2,049,370	28	1,321,035
듣	29	Permanently restricted net assets		1,483,710	29	1,466,897	
r Fund		Organizations that do not follow SFAS 117, check here ► □ an lines 30 through 34.					
S or	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			
Met	33	Total net assets or fund balances			12,478,218	33	11,964,016
_	34	Total liabilities and net assets/fund balances			16,424,929	34	15,898,499
Da	rt XI	Financial Statements and Reporting					
ΓŒ	Lf VI	i manciai statements and kepurting					

			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		Νo
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	
ь	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

	e of the organization							Em	ployer ide	nt if icat io	n number
Officy	College							01	-027513	0	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo				
The	organiz	zation is not	a private found	ation because it is (Please	check onl	ly one org	anızatıon))		-	
1	Γ	A church, o	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)	(A)(i).		
2	굣	A school d	escribed in Sec l	t ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)					
3	Γ	A hospital	or a cooperativ	e hospital service organizati	on describ	bed in Sec	t ion 170(l	o)(1)(A)(i	i ii). (A ttac	h Schedul	le H)
4	Γ		research organi name, city, and	zation operated in conjuncti state	on with a l	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	inter the
5	Г			or the benefit of a college or	universit	v owned o	r operated	l by a gove	ernmental	unit desc	rıbed ın
	·	=	•	(Complete Part II)				. •			
6	Г			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).		
7		•	-	ally receives a substantial p						n the gene	eral public
	·	=)(1)(A)(vi) (Complete Par		• •				J	•
8	Г			ped in Section 170(b)(1)(A)		nplete Par	tII)				
9			•	ally receives (1) more than		-	-	ontribution	ns, membe	rship fees	s, and gross
				lated to its exempt functions							
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess section	on 511 ta:	x) from bu	sinesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (S	ee instruc	tions)
11	Γ	one or more	e publicly support describes the	and operated exclusively foorted organizations describe type of supporting organiza Type II c	d in section	on 509(a) omplete li	(1) or sec nes 11e t	tıon 509(a hrough 11	a)(2) See	Sect ion 5	
e	Γ	•	foundation man	rtify that the organization is agers and other than one or			•			•	•
f		If the organ		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	rType III	supportir	ng organization,
g				as the organization accepted	d any gift	or contrib	utıon from	any of the)		
		following person		r indirectly controls, either a	alone or to	nether wi	th nersons	describe	d in (ii)		Yes No
			·-	ng body of the the supported		_	pa.aa		~ (<i>)</i>	11g	
			· -	erson described in (i) above	_					11g(
			•	ty of a person described in (bove?				11g(
h				mation about the organizatio			supports			[5(
-	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii) A mount of
	Supported (described on lines 1 - 9 organization in the organization organization in s							support?			
	Organ	ızatıon		above or IRC section		listed in		of your		rganized	
				(See Instructions))	your go	verning ment?	supp	ort?	In the	US?	
					Yes	No	Yes	No	Yes	No	†
					1.55				1.55		
											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)						
То	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						
	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	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

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that

Employer identification number Name of the organization Unity College

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

			01-0275130		
Pai	TI Organizations Maintaining Donor A organization answered "Yes" to Form 9		ds or Acc	ounts. Comple	te if the
	organización answered tes lo Form 9	(a) Donor advised funds	(b) Funds	and other accou	ınts
1	Total number at end of year	0			0
2	Aggregate Contributions to (during year)	0			0
3	Aggregate Grants from (durıng year)	0			0
4	Aggregate value at end of year	0			0
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		advised	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be impermissible private benefit?		ay be	☐ Yes	┌ No
Par	Conservation Easements. Complete	e if the organization answered "Yes" to	Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space			· ·	a
2	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	lified conservation contribution in the form of	fa conservati	on easement	
			Н	leld at the End of	the Year
а	Total number of conservation easements		2a		0
b	Total acreage restricted by conservation easemer	its	2b		0 00
c	Number of conservation easements on a certified	nistoric structure included in (a)	2c		0
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d		0
3	Number of conservation easements modified, trans	erred, released, extinguished, or terminated	by the organi	zatıon durıng	
	the taxable year ► 0				
4	Number of states where property subject to conserv	vation easement is located ▶			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ons, and	☐ Yes	┌ No
6	Staff or volunteer hours devoted to monitoring, insp	ecting and enforcing easements during the ye	ear ►	0 00	
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the year	r ► \$	0	
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of section	on	☐ Yes	┌ No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial s			
Part	Organizations Maintaining Collecti Complete if the organization answered		Other Sin	nilar Assets.	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	d for public exhibition, education or research	ın furtheranc		е,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in f			
	(i) Revenues included in Form 990, Part VIII, line	1	▶:	\$	0
	(ii) Assets included in Form 990, Part X		► \$		0
2	If the organization received or held works of art, his following amounts required to be reported under SFA		financial gain	, provide the	
а	Revenues included in Form 990, Part VIII, line 1		F \$		0

b Assets included in Form 990, Part X

Part	100	Organizations Maintaining Co	llections of Art,	His [.]	<u>tori</u>	cal Treas	ures, or Othe	<u>r Similar Ass</u>	ets (c	ontinued)
3		g the organization's accession and othe s (check all that apply)	r records, check any	of th	e foll	owing that a	re a sıgnıfıcant u	se of its collection	n	
а	Γ .	Public exhibition		d	Γ	Loan or exc	change programs			
b	F :	Scholarly research		e	Γ	Other				
c	_ ı	Preservation for future generations								
4	Prov Part	ide a description of the organization's co	ollections and explair	n how	v the y	further the	organization's e>	empt purpose in		
5		ng the year, did the organization solicit o ts to be sold to raise funds rather than t						nılar	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					anızatıon answ	ered "Yes" to F	orm 9	90,
1a		e organization an agent, trustee, custod ded on Form 990, Part X?	ıan or other ıntermed	ıary	for c	ontributions	or other assets	not	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	te the following table							
								A mo	unt	
c	Begi	nnıng balance					1c			
d	Addı	itions during the year					1d			0
e	Dıst	ributions during the year					1e			0
f	Endı	ng balance					1f			
2a	Dıd t	he organization include an amount on Fo	orm 990, Part X, line	21?				Γ	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV	•							
Par	t V	Endowment Funds. Complete								
4_	D		(a)Current Year 3,007,354	(b)) Prior	Year (c)T	wo Years Back (d)	Three Years Back (e) Four Y	ears Back
1a		nning of year balance	8,225							
b		tributions	-524,927							
C		stment earnings or losses	-324,327							
d		er expenditures for facilities	152,908							
e		programs	132,300							
f	Adm	iinistrative expenses								
g	End	of year balance	2,337,744							
2	Prov	ide the estimated percentage of the yea	r end balance held as							
а	Boar	d designated or quasi-endowment 🕨	58 600 %							
Ь	Perm	nanent endowment 🕨 41 400 %								
c	Term	n endowment ► 0 %								
3a		there endowment funds not in the posses	ssion of the organizat	ion t	hat a	re held and	admınıstered for	the		
		nization by							Yes	No
	(i) u	nrelated organizations			•			3a(i)		
		elated organizations						3a(ii)	Yes	
ь 4		es" to 3a(II), are the related organizatio cribe in Part XIV the intended uses of th	•					Зь		<u> </u>
	t VI		<u> </u>				Part X line 10			
rai	LVI	Description of investment	s, and Equipmen	<u>t. 3</u>	(a)	Cost or other (investment)	(b)Cost or other	(c) Depreciation	(d) Bo	ook value
1a !	and.						130,000	<u> </u>		130,000
	.anu Buildir						11,157,634	ר		6,421,24
		hold improvements					11,137,034	4,750,366		0,721,240
		ment					3,737,734	3,147,359		590,375
							3,159,954			1,312,341
			·		1		_,,	_,,	I .	, -,

	Investments—Other Securities. See	Form 990, Part X, line 1	.2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation · year market value
Financial d	erivatives and other financial products			
	ld equity interests			
Other				
Total. (Colur	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Totali (Cosas	in (b) should equal to the 12 y			
Part VIII	Investments—Program Related. Se	e Form 990, Part X, line		
	(a) Description of investment type	(b) Book value		d of valuation
-			Cost of end-of-	-year market value
Total (Colur	mn (b) should equal Form 990, Part X, col (B) line 13) 🕨			
Part IX				
	(a) Descri			(b) Book value
	umn (b) should equal Form 990, Part X, col.(B) line		<u></u>	
Part X	Other Liabilities. See Form 990, Part	1		
Endame! To	(a) Description of Liability	(b) A mount	1	
	come Taxes	45.003	-	
relundable	advances - federal revolving loan program	45,993	1	
			1	
			†	
			†	
			†	
			1	
			†	
			†	
			1	
Total. (Colur	mn (b) should equal Form 990, Part X, col (B) line 25)	45.003	1	
	(=) 5.00.0 5qua. (6/11 550) (alt //, 60/ (b) iiic 25)	45,993	J	

1 7	Fotal revenue (Form 990, Part VIII, column (A), line 12)	1	15,298,506
2 7	Fotal expenses (Form 990, Part IX, column (A), line 25)	2	15,292,327
З [Excess or (deficit) for the year Subtract line 2 from line 1	3	6,179
4	Net unrealized gains (losses) on investments	4	-520,381
5 [Donated services and use of facilities	5	
6 I	Investment expenses	6	
7 F	Prior period adjustments	7	
_	Other (Describe in Part XIV)	8	
	Fotal adjustments (net) Add lines 4 - 8	9	-520,381
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-514,202
Part 2		er R	eturn
1	Total revenue, gains, and other support per audited financial		10,948,614
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	2-	F20 201
е 3	Add lines 2a through 2d	2e 3	-520,381 11,468,995
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		11,400,993
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	3,829,511
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	15,298,506
	Reconciliation of Expenses per Audited Financial Statements With Expenses		<u> </u>
	Total expenses and losses per audited financial statements	1	11,462,816
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	11,462,816
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	3,829,511
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	15,292,327

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The objective of the endowment fund is to preserve the real (inflation adjusted) purchasing power of assets and to provide relatively predictable and constant income for current use, in accordance with the spending policy. The intention of the spending policy is to maintain and grow the real value of the portfolio while funding any identified needs the Board of Trustees may specify. Absent extraordinary circumstances, the annual spending from the endowment asset base is limited to 5% of the three-year rolling average of the endowment's market value. Management and other applicable expenses are not included with the spending allocation.
Part XII, Line 4b - O ther A djustments		Institutional Aid 3053118 Pell Grants 550713 State Scholarships 143505 SMART 36000 ACG 46175
Part XIII, Line 4b - Other Adjustments		Institutional Aid 3053118 PELL Grants 550713 State Scholarships 143505 SMART 36000 ACG 46175

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** Unity College 01-0275130 YES NO 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? Yes 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 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," please explain 3 Yes POLICY IS STATED IN ALL RECRUITING MATERIALS Does the organization maintain the following? a 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 4b Yes 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) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo 5c 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 Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a b Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 🧈 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

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DLN: 93493043014010

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Inspect ion

Name of the organization Employer identification number Unity College 01-0275130 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. 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 if additional space is needed...... 1(a) Name and address of (c) IRC section (d) A mount of cash (e) A mount of non-(f) Method of valuation (q) Description of (h) Purpose of grant **(b)** EIN organization ıf applıcable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) Enter total number of section 501(c)(3) and government

Enter total number of other organizations

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
College work study	291	311,724			
Federal PELL GRANT program	164	550,713			
FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT PROGRAM	164	104,650			
NATIONAL SCIENCE AND MATHEMATICS ACCESS TO RETAIN TALENT GRANT	10	36,000			
ACADEMIC COMPETITIVENESS GRANT	51	46,175			
State Scholarships	132	143,505			
Unity Grant	446		3,053,118		

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The organization awards grants to students to be used for educational purposes by debiting the students account directly. This system ensures that the funds are used appropriately.

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2008

Open to Public Inspection

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

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

Compensation Information

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

Name of the organization Unity College

Employer identification number

01-0275130

Pa	Tt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II		•			
	First class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	✓ Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		No
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		·			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	굣	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 VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-l	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		N _O

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI:	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation			compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
MITCHELL THO MASHOW	(ı) (ıı)	179,810		20,144	8,077	32,519	240,550		
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
-		
	•	

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DLN: 93493043014010

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Schedule L

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Open to Public Inspection

Name of Unity Colle			E	mploy	er ide	ent if ica	t ion 1	number					
,			1-027										
Part I	Excess Benefit Transac To be completed by organization										Z, Par	t V , lıne	40b
1	(a) Name of disqualifie	d per	son		(b) Des	cript	ion of trans	action			(c) Corrected		
					(2, 5 0 0							Yes	No
	er the amount of tax Imposed on tion 4958								nder ►	\$			
3 Ente	er the amount of tax, if any, on li	ne 2,	above, reimburse	d by tl	he organization .				•	\$			
Part II	Loans to and/or From To be completed by organize				n Form 000 Port	T\/	ing 26 or E	orm 0	00 E	7 Part	\/ lu	202	
	To be completed by organiza		Loan to or	<u>es 0</u>	iri olili 330, Falt		me 20, 01 1			(1	f) oved		Vritten
(a) N	ame of interested person and purpose	- 1	from the Janization?	(c)O riginal principal amount		(d)Balance due		(e) In default?				r agree	
		Т	To From						Yes No		No		No
													+
													+
		+											
Total .					🕨 \$					•		•	
Part III	Grants or Assistance E To be completed by orga					90.	Part IV. lır	ne 27					
(a	a) Name of interested person		(b)Relationship	betw	een interested pe ganization					nt or ty	pe of	assista	ance
			anu	the or	gamzation								
Part IV													
	To be completed by orga	nızat			Yes" on Form 9	90,	Part IV, lır	ne 28	a, 28	Bb, or	28c.	(-) Ch	
(a) Name of Interested person			(b) Relationship between interested person and the	ed	(c) A mount of	f	(d) Desci	ription of transaction			ıon	(e) Sha organiz rever	ation's
			organization									Yes	No
Cındy Thomashow		er	terested person i: nployee of the ganization	s an	84,175		spouse of t president, a	sted person is the the organization's and also employeed			ed .		Νo
		+		_			by the orga	nızatı	on				
											\Box		
				- 1			I						

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.

OMB No 1545-0047

2008
Open to Public

Inspection

Name of the organization
Unity College

01-0275130

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		Significant changes were made to the governing documents. The President now has voting rights, except in cases of conflict of interest. Changes were made to the committees of the board

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A copy of the 990 was provided to each member of the board of directors before filing. The 990 was reviewed by the vice president of finance and administration and the treasurer of the board of directors.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Trustees and institutional officers must sign a conflict of interest statement. Trustees or officers who have declared or been found to have a conflict of interest shall refrain from participating in the consideration of proposed transactions, unless for special reasons the board or administration requests information or interpretation. Persons with conflicts shall not vote or be present at the time of the vote.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The president's compensation was determined using a compensation survey or study, approved by the board, and a written employment contract is in place

ldentifier	Return Reference	Explanation					
Form 990, Part VI, Section C, line 19		The organization does not make its governing documents, conflict of interest policy and financial statements available to the public					

ldentifier	Return Reference	Explanation			
Form 990, Page 11, Part XI, Line 2C	Audit Committee Process Changes	The audit committee process has not changed from the prior year			

Software ID: Software Version:

EIN: 01-0275130

Name: Unity College

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	Form 990, Part VII - Section Aaa									
	(B) A verage hours per week	(C) Position (check all that apply)							<i>(</i> -)	(F)
(A) Name and Title		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
Kenneth T Winters , trustee	1 00	Х						0	0	0
Joan Amory , trustee	1 00	X						0	0	0
Tım Glıdden , Chaır	1 00	X		Х				0	0	0
Mark Mıller , trustee	1 00	X						0	0	0
Juliet T Browne , Secretary	1 00	Х		Х				0	0	0
donALD foster , Treasurer	1 00	Х		Х				0	0	0
Robert F Pollis , trustee	1 00	Х						0	0	0
Eleanor Briggs , trustee	1 00	Х						0	0	0
robert Tonge , trustee	1 00	Х						0	0	0
gloria sosa , trustee	1 00	Х						0	0	0
Peter F Didisheim , trustee	1 00	X						0	0	0
PAUL WADE , trustee	1 00	Х						0	0	0
DON KLEINER , tRUStee	1 00	Х						0	0	0
Michael Womersley , FACULTY REPRESENTATIVE	1 00	×						0	0	0
Rachel Mestas , STUDENT REPRESENTATIVE	1 00	Х						0	0	0
Sharon Bloom , Trustee	1 00	Х						0	0	0
Jaymie Durnan , Trustee	1 00	Х						0	0	0
Mac McCabe , Trustee	1 00	Х						0	0	0
Arlene Schaefer , Trustee	1 00	Х						0	0	0
William Zoellick , Vice-chair	1 00	Х		Х				0	0	0
Martha Dolben , Trustee	1 00	Х						0	0	0
Matt Shejen , Trustee	1 00	Х						0	0	0
MITCHELL THOMASHOW, PRESIDENT	40 00			Х				199,954	0	40,596
Roger Jolin , VP Finance	40 00			Х				97,939	0	17,174
Robert Constantine , VP College Advancement	40 00					х		89,147	0	9,601

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

<u> </u>									
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514				
a Tuition and Fees	611,600	10,693,819	10,693,819						
b Room and Board	611,600	2,676,895	2,676,895						
c Bookstore	611,600	266,860	266,860						
d Student Center	611,600	99,262	99,262						
e Miscellaneous	611,600	62,435			62,435				