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Short Form  
Return of Organization Exempt From Income Tax

2008

Open to Public  
Inspection

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

A For the 2008 calendar year, or tax year beginning JULY 1 , 2008, and ending JUNE 30, 2009

B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization  UNION CENTER, INC.		D Employer identification number  41-0727900
		Number and street (or P O box, if mail is not delivered to street address)  1407 HIGHWAY 13 NORTH	Room/suite	E Telephone number  507-373-0649
		City or town, state or county, and ZIP + 4  ALBERT LEA, MN 56007		F Group Exemption Number . . . ►

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method  Cash  Accrual  
Other (specify) ► MOD CASH

I Website: ►

J Organization type (check only one) - X 501(c) ( 5 ) ◀ (insert no) 4947(a)(1) or 527

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ► \$ 733,519

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3 10,382
	4 Investment income . . . . .	4 3,102
	5 a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less cost or other basis and sales expenses . . . . .	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	5c 0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here . . . ► <input type="checkbox"/> X	
	a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a 685,381
	b Less direct expenses other than fundraising expenses . . . . .	6b 706,803
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c (21,422)
	7 a Gross sales of inventory, less returns and allowances . . . . .	7a
	b Less cost of goods sold . . . . .	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c 0
	8 Other revenue (describe ► SEE ATTACHED )	8 34,654
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9 26,716
Expenses	10 Grants and similar amounts paid (attach schedule) . . . . .	10
	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12 16,532
	13 Professional fees and other payments to independent contractors . . . . .	13 1,030
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 18,521
	15 Printing, publications, postage, and shipping . . . . .	15 1,473
	16 Other expenses (describe ► SEE ATTACHED )	16 54,729
	17 Total expenses. Add lines 10 through 16 . . . . .	17 92,285
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 (65,569)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 488,844
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20
	21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21 423,275

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	202,154	22 125,308
23 Land and buildings . . . . .	286,514	23 300,322
24 Other assets (describe ► INVENTORIES )	1,246	24 1,507
25 Total assets . . . . .	489,914	25 427,137
26 Total liabilities (describe ► )	1,070	26 3,862
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	488,844	27 423,275

**Part III Statement of Program Service Accomplishments (See the instructions for Part III.)****Expenses**(Required for 501(c)(3)  
and (4) organizations  
and 4947(a)(1) trusts,  
optional for others )

What is the organization's primary exempt purpose? RENTAL OFFICES AND MEETING SPACE  
 Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

**28** PROVIDE A MEETING PLACE FOR ALL UNION MEMBERS AND SERVES AS THE OFFICE OF EACH UNION DEPARTMENT. THE SPACE IS AVAILABLE TO ALL UNION MEMBERS.

(Grants \$  ) If this amount includes foreign grants, check here . . . . . ► **28a**

**29** \_\_\_\_\_

(Grants \$  ) If this amount includes foreign grants, check here . . . . . ► **29a**

**30** \_\_\_\_\_

(Grants \$  ) If this amount includes foreign grants, check here . . . . . ► **30a**

**31** Other program services (attach schedule) . . . . .

(Grants \$  ) If this amount includes foreign grants, check here . . . . . ► **31a**

**32** Total program service expenses (add lines 28a through 31a) . . . . . ► **32** **0**

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) <input type="checkbox"/>	(d) Contributions to employee benefit plans & deferred compensation <input type="checkbox"/>	(e) Expense account and other allowances <input type="checkbox"/>
SEE ATTACHED SCHEDULE				

**Part V Other Information (Note the statement requirements in the instructions for Part VI )**

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .

35 If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .

b If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . .

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0

b Did the organization file **Form 1120-POL** for this year? . . . . .

38a Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 . . . . .

b Gross receipts, included on line 9, for public use of club facilities . . . . .

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► **N/A** , section 4912 ► **N/A** , section 4955 ► **N/A**

b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I . . . . .

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ► 0

d Enter amount of tax on line 40c reimbursed by the organization . . . . . ► 0

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .

41 List the states with which a copy of this return is filed ► **MINNESOTA**

42a The books are in care of ► **DEANNE ADAMS** Telephone no ► **507-373-0649**  
Located at ► **ALBERT LEA, MN** ZIP + 4 ► **56007**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .

If "Yes," enter the name of the foreign country ►

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .

If "Yes," enter the name of the foreign country ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here . . . . . ► **43** and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .

44. Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

	Yes	No
33	X	
34	X	
35a	X	
35b	X	
36	X	
37b	X	
38a	X	
38b	N/A	
39a	N/A	
39b	N/A	
40a		
40b		
40c		
40d		
40e	X	

	Yes	No
42b	X	
42c	X	

	Yes	No
44	X	
45	X	



UNION CENTER, INC.  
ATTACHMENT TO FORM 990-EZ  
FEDERAL ID #41-0727900  
JUNE 30, 2009

FORM 990-EZ, PART I, LINE 6

	<u>AMOUNT</u>
SPECIAL EVENTS	685,381
GROSS REVENUE - GAMBLING	<u>(706,803)</u>
DIRECT EXPENSES - GAMBLING	
NET INCOME	<u>(21,422)</u>

FORM 990-EZ, PART I, LINE 8

	<u>AMOUNT</u>
RENTS	19,240
TRANSFERS IN	<u>15,414</u>
TOTAL OTHER INCOME	<u>34,654</u>

FORM 990-EZ, LINE 16, OTHER DEDUCTIONS

ADVERTISING	569
DEPRECIATION	13,990
BANK CHARGES	70
INSURANCE	1,670
MISCELLANEOUS	36
TAXES	<u>38,394</u>
TOTAL OTHER DEDUCTIONS	<u>54,729</u>

FORM 990- EZ, PART II, LINE 26 - TOTAL LIABILITIES

	(A)	(B)
ACCRUED PAYROLL LIABILITIES	328	536
ACCRUED 8.5% TAX	-	30
ACCRUED BOARD FEE	54	53
ACCRUED COMBINED RECEIPTS TAX	-	876
UNEARNED REVENUE	<u>688</u>	<u>2,367</u>
TOTAL LIABILITIES	<u>1,070</u>	<u>3,862</u>

**UNION CENTER, INC**  
**ATTACHMENT TO FORM 990-EZ - LIST OF OFFICERS AND BOARD MEMBERS**  
**FEDERAL ID #41-0727900**  
**JUNE 30, 2009**

<u>Name and Address</u>	<u>Title and Time Devoted to Position</u>	<u>Compensation</u>	<u>Contributions to Employees Benefit Plans</u>	<u>Expense Account and Other Allowances</u>
Keith Porter Albert Lea, MN 56007	President 1hr. / week	None	None	None
John Severtson Albert Lea, MN 56007	Vice President 1hr. / week	None	None	None
Deanne Adams Albert Lea, MN 56007	Secretary/Treasurer 20 hrs / week	16,532	None	None
Derby Olsen Albert Lea, MN 56007	Gambling Mgr 15 hrs / week	8,079	None	None
Keith Porter Albert Lea, MN 56007	Asst Gambling Mgr 10 hrs / week	2,551	None	None
Tammy Clark Glenville, MN 56036	Board Member 1 hr. / week	None	None	None
Patrick Neilon Twin Lakes, MN 56089	Board Member 1 hr / week	None	None	None
Bill Avery Albert Lea, MN 56007	Board Member 1 hr. / week	None	None	None
Richard Chapman Albert Lea, MN 56007	Board Member 1 hr. / week	None	None	None
Ron Hedin Albert Lea, MN 56007	Board Member 1 hr. / week	None	None	None
Jean Herfindahl Albert Lea, MN 56007	Board Member 1 hr. / week	None	None	None
Christina Karow Albert Lea, MN 56007	Board Member 1 hr. / week	None	None	None
Steve Dugan Albert Lea, MN 56007	Board Member 1 hr. / week	None	None	None
Brian Toot Albert Lea, MN 56007	Board Member 1 hr. / week	None	None	None

Application for Extension of Time To File an  
Exempt Organization Return

FILE COPY

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only  ► 

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for *Charities & Nonprofits*.

Type or print	Name of Exempt Organization <b>UNION CENTER, INC.</b>	Employer identification number <b>41-0727900</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions <b>1407 HIGHWAY 13 NORTH</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>ALBERT LEA, MN 56007</b>	

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **DEANNE ADAMS**

Telephone No ► **507-373-0649**FAX No ► **NONE**

- If the organization does not have an office or place of business in the United States, check this box  ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ►  . If it is for part of the group, check this box.. ►  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year  or  
►  tax year beginning **JULY 1, 2008**, and ending **JUNE 30, 2009**.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ <b>      </b>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ <b>      </b>
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ <b>      </b> 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)