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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
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)

► 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.

OMB No 1545-1150

2008**Open to Public
Inspection****A** For the 2008 calendar year, or tax year beginning **JULY 1**, 2008, and ending **JUNE 30**, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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) Room/suite 1407 HIGHWAY 13 NORTH		E Telephone number 507-373-0649
		City or town, state or country, 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) - ☒ 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.)

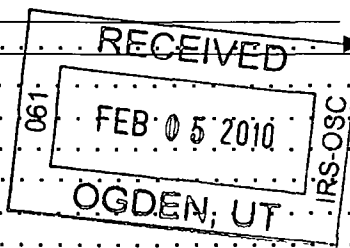
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	10,382
	4	Investment income	4	3,102
	5 a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis 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 checked="" type="checkbox"/>		
	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

SCANNED FEB 24 2010

P
14

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

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.

28a

29 _____

29a

30 _____

30a

31 Other program services (attach schedule)

31a

32 Total program service expenses (add lines 28a through 31a)

32

0

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

[illegible]

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
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		X
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?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
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?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
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		X
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)?		X
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 ?		X
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 ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X

Form **990-EZ** (2008)

46	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	46	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."			



(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000 ▶		

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

Sign Here  1/28/2010
Signature of officer Date

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ <i>Jully Muntaze</i>	Date <i>1/27/10</i>	Check if self-employed ▶ <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <i>P00794008</i>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <i>Hammer, Dieser + Mangskau PLLP</i> <i>135 S. Broadway, Albert Lea, MN 56007</i>	EIN ▶ <i>41-0977548</i>	Phone no ▶ <i>507-373-2451</i>	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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	
GROSS REVENUE - GAMBLING	685,381
DIRECT EXPENSES - GAMBLING	<u>(706,803)</u>
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

	<u>(A)</u>	<u>(B)</u>
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

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**► **File a separate application for each return.****FILE COPY**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - 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 ☒ **X***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 and click on *e-file for Charities & Nonprofits*.

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

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 ► 507-373-0649FAX 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 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	\$	
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	\$	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)