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Form **990**

Department of the Treasury Internal Revenue Service

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)

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

2008

OMB No 1545-0047

Open to Public Inspection

A Fo	rthe 2	2008 calendar ye	ar, or tax year beginning 08	-01-2008 and ending 07-31-20	009	D Employer ide	ntification number
		pplicable Please	C Name of organization UNION UNIVERSITY				
Add		label or	Doing Business As			62-0516509 E Telephone nu	
Nan	ne char	nge print or type. See	_			·	
Initi	ıal retur		Number and street (or P O b	ress) Room/suite	(731) 668-1 G Gross receipts		
┌ Ten	mınatıo		1050 Union University Drive			d dross receipts	5 \$ 60,001,025
☐ Ame	ended r	return	City or town, state or country	, and ZIP + 4		1	
┌ App	lication	pending	Jackson, TN 38305				
		F Na	me and address of Principa	l O fficer	H(a) To the	s a group return	
		Dr Da	vid S Dockery		affilia		⊤Yes ▼No
			University Union University Drive				
			on,TN 38305			l affiliates include	
I Tax	k-exem	pt status 🔽 501(c) (3) 🖪 (ınsert no) 📙 4947	(a)(1) or 527		o," attach a list p Exemption Nur	See instructions) nher >
J W	eb site	e: 🕨 www uu edu				p Exemption Nu	inder p
K Type	e of ora	anization 🔽 Corpora	ation trust association o	ther 🕨	L Year of Fo	rmation 1925 M S	State of legal domicile TN
		,			1 - 1 - 1 - 1 - 1		
		C					
Раг	1 I		he organization's mission o	most significant activities			
			_	vards of baccalaureate and grad	uato dograos		
Se Ee		Educational Sales	s and Services, including av	varus oi baccalaureate and grad	uate degrees		
M							
ieii	2	Chack this hav	fifthe organization discont	inued its operations or disposed	of more than 2	5% of its assets	
Governance		,					
		_		oody (Part VI, line 1a)			27
Activities &				e governing body (Part VI, line	1b)	_	25
Ě			mployees (Part V, line 2a)			5 _	969
Ct.			olunteers (estimate if nece			6 _	250
4				Part VIII, line 12, column (C)		_	0
	ь	Net unrelated bus	siness taxable income from	Form 990-T, line 34		7b	0
				Pric	or Year	Current Year	
a,	8		nd grants (Part VIII, line 1h			17,948,112	21,371,936
anue	9	Program service	revenue (Part VIII, line 2ç))		49,282,712	58,837,104
Reven	10		, , , , , , , , , , , , , , , , , , , ,	lines 3, 4, and 7d)		38,829	-4,721,566
_	11	•		5, 6d, 8c, 9c, 10c, and 11e)		15,637,389	896,626
	12	Total revenue—a	add lines 8 through 11 (mus	t equal Part VIII, column (A), l	ine	82,907,042	76,384,100
	13	•	lar amounts paid (Part IX, c	olumn (A.) lines 1 – 3.)		14,962,141	14,751,161
	14		or for members (Part IX, co			0	0
	15	•		nefits (Part IX, column (A), lines	5 5 -		
\$	13	10)	ompensation, employee be		26,125,553	31,269,493	
Expenses	16a	Professional fun	draising fees (Part IX, colu	mn (A), line 11e)		0	0
ੜੇ	b	(Total fundraising e	xpenses, Part IX, column (D), line	25 801,740			
ш	17		(Part IX, column (A), lines	·		15,219,098	21,426,230
	18			ual Part IX, line 25, column (A)	,	56,306,792	67,446,884
	19		penses Subtract line 18 fr		26,600,250	8,937,216	
<u>क</u>					Beginni	ng of Year	End of Year
ည္သမွာ	20	Total assets (Pa	art X. line 16)			135,858,046	147,753,737
25.55 18.55	21						· · · · · · · · · · · · · · · · · · ·
Net Assets or Fund Balances		Total liabilities (, ,) 4. frame lim a 20		47,551,482	45,870,808
	22		nd balances Subtract line 2	88,306,564	101,882,929		
Par	t II	Signature B				.	- hash of
				nined this return, including accompanyi on of preparer (other than officer) is ba			
Plea	se	 	•	,	1	-04-14	-
Sign		Signature of office	cer		Date		
Here	•	Robert Simpson	Assoc VP				
		Type or print nar					
		Preparer's L		Date	Check If	Preparer's PTIN (See Gen Inst)
					self-		,
——Paid		signature		l l	Lempolyod •		
Paid	arer's	signature	re h		empolyed 🕨		
Prepa		Firm's name (or you if self-employed),	•		empolyed •	EIN Þ	
		signature Firm's name (or you	•		empolyed 🕨	EIN P	

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

1	Briefly describe the organ	nization's mission				
See A	dditional Data Table					
2	the prior Form 990 or	990-EZ?		ervices during the year	r which were not listed on	ΓYes ▼ No
	If "Yes," describe thes					
3	services?			nt changes in how it coi	nducts any program	┌ Yes ┌ No
	If "Yes," describe thes	e changes on Schedu	le O			
4	Section 501(c)(3) and	l (4) organizations and	d 4947(a)(1)	_	largest program services treport the amount of grants	•
4a	Percentage of Faculty with masters and doctoral degrapartment is equipped with academic building and the of the Union network. Act sororities and other organ Jackson. Academic facilities more than \$60 million in the second sec	h Highest Possible Degree rees History Founded in 1 th internet, cable, and pho e Student Union Building S ivities More than 50 majo izations, Cardinal & Creames include the 225,000 squison-campus improvements e for continuing studies, m	in Field 83% El L823, Union is the connection of tudents are proving students are proving in student newspare-foot Penick in the past deca	raduate students from more mphasis. A private, four-yeane oldest institution affiliated in addition, wireless network yided with filtered internet a ced music and theatre even aper and The Torch, a litera Academic Complex, the 30, de Hammons Hall, Jenning	caccess is available in residence of ccess, a Union email account, and ts each academic year, 60 campi ry journal Campus Union is loca	d university offering bachelors, intion Technology Each residence commons areas, as well as in each diprivate file storage space as part is clubs, societies, fraternities, ted on a 290-acre campus in north emic Complex. Union has invested by facilities providing modern.
4b	(Code Higher Education Auxiliar) (Expenses \$ y enterprises, such as Stud	6,539,806 lent Housing and		189,882) (Revenue \$ ner camp housing rental and meal	8,517,892) sales
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program service	es (Describe in Sche	edule O)			
	(Expenses \$	· · · · · · · · · · · · · · · · · · ·	uding grants	of\$	O) (Revenue \$	0)
4e	Total program servic	e expenses \$	61,673,98	81 Must equal Part IX	, Line 25, column (B).	

			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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "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? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			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		Νo
Ь	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
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		No
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		No

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	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c		Νo
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a	969			
h	If at least one is reported in 2a, did the organization file all required federal employr					
b	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		N o
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			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 acaccount)?			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 , <i>Re Financial Accounts</i> .	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 sl	nelter transaction?	5b		Νο
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Enti	ty Regarding Prohibited			
	Tax Shelter Transaction?			5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	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?	itribut	ion of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services ${\bf p}$	rovide	:d?	7b	Yes	
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	niums on a personal	7-		N a
	benefit contract?			7e 7f		No No
f 					V = =	N O
9	For all contributions of qualified intellectual property, did the organization file Form		•	7g	Yes	
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization frequired?	near	orm 1098-C as	7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a	and 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			8		
9	year?					_
a	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter	-				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facilities					
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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı ileu (or Form 10417 	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management
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			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 27							
b	Enter the number of voting members that are independent 1b 25							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?							
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	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
b	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo				
b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?							
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990							
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο				

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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
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		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website 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

Robert Simpson Union University 1050 Union Univ Dr Jackson,TN 383053697 (731) 661-5219

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)								(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

	(B) A verage hours per week	(C) Position (check all that apply)							(5)	(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
			-							
							<u> </u>			
		-	+				\vdash			
		-	-				\vdash			
			1							
1b Total							-	1,139,880)	106,150

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►22

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	Yes	No	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
TLM Associates 117 E Lafayette St Jackson, TN 38301	Architectural & Engineering Services	429,914
MG CONSTRUCTION 2522 Bells Highway Jackson, TN 38305	Construction Services	2,793,322
Brasfield Construction Inc 41 Miller Drive Jackson, TN 38305	Construction Services	2,631,395
Worsham Brothers Inc PO Box 146 Corinth, MS 388350146	Construction Services	1,258,858
Martin Paving PO Box 548 Medina, TN 38355	Construction Services	274,224
2 Total number of independent contractors (including those in 1) who rec	. ,	14

Statement of Revenue

					(A) Total Revenue	(B) Related or	(C) Unrelated	(D) Revenue
					Total Revenue	Exempt Function	Business Revenue	Excluded from Tax under IRC
	-	F. J 1		2,612,359		Revenue	- November	512, 513, or 514
\$ \$	1a b		npaigns 1a ues	0				
E E			1b					
Contributions, gifts, grants and other similar amounts	С	Fundraising ev	rents 1c					
<u>⊪</u> `g≝	d	_	izations1d	0				
ons sin	e	_	nts (contributions) 1e tions, gifts, grants, and	147,394				
buti The	•	sımılar amounts r	not included above					
d atri	g		rıbutıons ıncluded ın					
ပြောက်	h		14,813,997 es 1a-1f)		21,371,936			
		<u> </u>	<u> </u>	Business Code				
nue	2a	Tuition and fees		611,310	50,319,212	50,319,212	0	0
a, a	b	Sales and service	s of auxiliary enterprises	611,310	8,517,892	8,517,892	0	0
e F	с							
Serv	d e							
an :	f	All other progr	ram service revenue		0	0	0	0
Program Serwoe Revenue							-	
	g	Total. Add line ▶ \$ 58,837,10	es 2a-2f 4					
	3		come (including divid	dends, interest	538,835	538,835	0	0
		othersimilara		· · · · ·				
	4	Income from inve	estment of tax-exempt bo	ond proceeds	-782,676	-782,676	0	
	5	Royalties .	(1) Pool	/u) Darsanal	0	0	0	0
	6a	Gross Rents	(ı) Real 149,712	(II) Personal 0				
	b	Less rental expenses	0	0				
	С	Rental income or (loss)	149,712	0				
	d		ome or (loss)		149,712	149,712	0	0
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	0	0				
		assets other than inventory Less cost or	4,477,725	0				
	Ь	other basis and sales expenses	4,477,725	U				
	С	Gain or (loss)	-4,477,725	0				
	d	Net gain or (lo	ss) • • • • • •	. ▶	-4,477,725	-4,477,725	0	0
	8a	Gross income	from fundraising					
		events (not in \$	0					
Other Revenue		1c) See Part						
eve			e G ıf total exceeds	0				
μ	b		xpensesb	0				
Ť.	С	Net income or	(loss) from fundraisi	ng events	0	0	0	0
•	9a	Gross income	from gaming e part IV , line 19					
		Complete Schel	dule G ıf total					
		exceeds \$15,00	a	0				
	b		xpensesb	0				
	U	Net income or	· (loss) from gaming a	activities -	0	0	0	0
	10a	Gross sales of returns and al	f inventory, less					
		recurris and ar	a	0				
	b		goods sold b	0	0	0	0	
	С	Miscellaneou	(loss) from sales of	Business Code	0	0	0	0
	11a	Cost recovery		611,710	115,045	115,045	0	О
	Ь	reimbursemen	esting services	611,710	36,225	36,225	0	0
	c	Student cente		611,710				0
	d	All other reve			563,445	563,445	0	0
	e	Total. Add line						
	12	Total Revenue	. Add lines 1h, 2g, 3	\$ 746,914 , 4, 5, 6d, 7d,	76,384,100	55,012,164	0	0
		8c,	l1e					

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orga Il other organizations must complete column (A) but are not re).
	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	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	14,751,161	14,751,161		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0	0		
1	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	385,074	0	385,074	ı
5	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	
7	Other salaries and wages	24,422,017	22,473,142	0	421,43
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,517,415	1,273,426	223,439	20,550
9	Other employee benefits	3,301,846	2,923,899	308,802	69,14
0	Payroll taxes	1,643,141	1,518,978	105,752	18,41
1	Fees for services (non-employees)				
а	Management	0	0	0	ı
b	Legal	26,391	0	26,391	
С	Accounting	14,150	0	14,150	
d	Lobbying	0	0	0	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0	0	0	1
g	Other	0	0	0	ı
2	Advertising and promotion	918,714	325,121	581,057	12,53
3	Office expenses	8,955,455	8,219,506	579,521	156,42
1	Information technology	1,062,347	582,101	455,836	24,410
5	Royalties	0	0	0	
5	Occupancy	1,636,495	1,541,561	81,750	13,184
7	Travel	526,773	443,133	69,359	14,28
8	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	,
9	Conferences, conventions and meetings	178,013	154,686	23,304	23
0	Interest	1,389,983	1,389,983	0	(
L	Payments to affiliates	0	0	0	ı
2	Depreciation, depletion, and amortization	4,318,742	3,949,093	318,312	51,33
3	Insurance	270,976	0	270,976	1
4	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)				
2	Dining Hall Service Contract	1,557,815	1,557,815	0	
b	Bad Debts Expense	570,376	570,376		· · · · · · · · · · · · · · · · · · ·
c	Sud B coto Expense	370,370	370,370		
d					
е					
d					
e					
е					
f	All other expenses	0	0	0	
5	Total functional expenses. Add lines 1 through 24f	67,446,884	61,673,981	4,971,163	801,740
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet
	Dalalice	SHEEL

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			1,478,599	1		3,786,211
	2	Savings and temporary cash investments			9,559,596			3,734,081
	3	Pledges and grants receivable, net			3,765,964	3	:	2,102,746
	4	Accounts receivable, net			5,765,485	4		1,224,568
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L		24,000	5		24,000	
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of	section	1 4958(f)(1)) and	0	6		0
	7	Notes and loans receivable, net			4,634,635	7		4,899,736
	8	Inventories for sale or use			0	8		0
22	9	Prepaid expenses and deferred charges			694,487	9		381,207
Assets	10a	Land, buildings, and equipment cost basis	۔ ما	144,594,471				
⋖			10a	144,594,471				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	40,426,435	· · · · · ·			4,168,036
	11	Investments—publicly traded securities			20,753,934	11	1	8,111,731
	12	Investments—other securities See Part IV, line 11 <i>Complete I Schedule D</i>	Part VII	! of	0	12		
	13	Investments—program-related See Part IV, line 11 $\it Complete$ of $\it Schedule D$.	II	0	13			
	14	Intangible assets			0	14		0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	•		5,182,864	15	!	9,321,421
	16	Total assets. Add lines 1 through 15 (must equal line 34)			135,858,046	16	14	7,753,737
	17	Accounts payable and accrued expenses .			3,418,249	17		1,319,846
	18	Grants payable	0	18		0		
	19	Deferred revenue	1,657,159	19	;	3,750,109		
	20	Tax-exempt bond liabilities			29,150,000	20	2	7,490,000
<u>, 6</u>	21	Escrow account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			0	21		0
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L		•	0	22		0
	23	Secured mortgages and notes payable to unrelated third partie	s.		10,866,127	23	10	0,656,196
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			2,459,947	25	:	2,654,657
	26	Total liabilities. Add lines 17 through 25			47,551,482	26	4	5,870,808
S D O		Organizations that follow SFAS 117, check here ► ✓ and com through 29, and lines 33 and 34.	plete l	ines 27				
an.	27	Unrestricted net assets			50,618,429	27	4	8,324,464
Balance	28	Temporarily restricted net assets			10,925,263	28	20	6,020,406
귤	29	Permanently restricted net assets			26,762,872	29	2	7,538,059
r Fund		Organizations that do not follow SFAS 117, check here ► □ a lines 30 through 34.	plet e					
S Of	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 f	unds			32		
Net	33	Total net assets or fund balances			88,306,564	33	10	1,882,929
z —	34	Total liabilities and net assets/fund balances			135,858,046	34	14	7,753,737
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

DLN: 93493105000110

OMB No 1545-0047

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

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

UNION	UNIVE	RSITY								_		
Do.		Danas -	for Dublic C	haritu Ctatur (to be se		سمالمينا	~~~-~		-0516509			
Par Thoro				harity Status (to be co ation because it is (Please					msuucu	10115)		
1	rgain.			ation because it is (Flease lurches, or association of ch					'A \/;\			
	<u> </u>	•		·			Section 1	170(D)(1)(A)(1).			
2	*			ion 170(b)(1)(A)(ii). (Attac			.: 170/l	-\/4\/A\/:	::\	h C - h - d l	- 11 \	
3	<u> </u>	•	·	e hospital service organizati			-		• •		•	
4	ı		-	zatıon operated ın conjunctı 	on with a i	nospitai d	escribea ii	Section	170(B)(1)	(A)(III). E	nter the	
_	_		name, city, and									
5	ı			or the benefit of a college or	universit	y owned o	roperated	by a gove	ernmental	unit desc	ribed in	
_	_			(Complete Part II)								
6	<u> </u>	•	· -	overnment or governmental								
7	ļ			ally receives a substantial p		support fro	m a gove	rnmental ı	ınıt or fron	n the gene	ral public	
	_		-))(1)(A)(vi) (Complete Par	•							
8	<u></u>		•	ed in Section 170(b)(1)(A)		•	•					
9	ı	-		ally receives (1) more than					•			S S
		•		ated to its exempt functions	-		•	, ,	•			
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess section	on 511 tax	k) from bu	sinesses	
	_	acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10		An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruc	tions)	
11	Г	_	=	and operated exclusively fo					•	•		
				orted organizations describe type of supporting organiza						Section 5	09(a)(3).	Check
			ype I b			- Function			'' d	Гтуре	III - Oth	ner
e	Г	By checkin	g this box, I ce	rtify that the organization is			-		one or mor	e disquali	fied perso	ons
	•	•		agers and other than one or			•				•	
		section 50										
f		If the organ		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ig organiz	ation,
g				as the organization accepted	d any dift	or contribi	ution from	any of the	1			,
9		following pe		as the organization accepto	a a, g	01 00111111		u., o				
		(i) a perso	n who dırectly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (111) be	low, the governı	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)	
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	bove?				11g(iii)	
h		Provide the	following inforr	nation about the organizatio	ns the org	janızatıon	supports					
		ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) Am	
,		orted		(described on lines 1-9		ation in	_	nızatıon		ation in	supp	ort?
Organization above or IRC section col (i) listed in in col (i) of your col (i) organized (See Instructions)) your governing support? in the U.S.?												
				(See Instructions)		ment?	Jupi	,010	"" ""	0 5 .		
					Yes	No	Yes	No	Yes	No		
											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, 100, 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						
С	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

Union University is an academic community, affiliated with the Tennessee Baptist Convention, equipping persons to think Christianly and serve faithfully in ways consistent with its core values of being excellence-driven, Christ-centered, people-focused, and future-directed. These values shape its identity as an institution which prioritizes liberal arts based undergraduate education enhanced by professional and graduate programs. The academic community is composed of quality faculty, staff, and students working together in a caring, grace-filled environment conducive to the development of character, servant leadership, and cultural engagement. Student Body. About 4,000 undergraduate and graduate students from more than 40 states and 35 countries. Student to Faculty Ratio 12.1. Percentage of Faculty with Highest Possible Degree in Field 83% Emphasis A private, four-year, coeducational liberal arts-based university offering bachelors, masters and doctoral degrees History Founded in 1823, Union is the oldest institution affiliated with the Southern Baptist Convention Technology Each residence apartment is equipped with Internet and cable. In addition, wireless network access is available in residence commons areas, as well as in each academic building and the Student Union Building. Students are provided with filtered Internet access, a Union email account, and private file storage space. Activities. More than 50 major student-produced music and theatre events each academic year, 70 campus clubs, societies, fraternities, sororities and other organizations, Cardinal & Cream student new spaper and The Torch, a literary journal Campus Union University's main campus in Jackson and its extension campuses in Germantown and Hendersonville cover 360 acres. The wooded Jackson campus features pine groves, sycamores, a variety of oaks including Shumardi oaks lining the great lawin, elm, dogwoods, swieet gums and cherry trees There are more than 40 major buildings and excellent athletic facilities Roughly \$90 million in new campus construction has been completed during the past decade, including several new Georgian-Colonial classroom buildings that support state-of-the-art teaching and research facilities Most of Union's on campus housing was constructed in 2008 Student-suggested design features were incorporated in each new building, all residence buildings include a private bedroom for each student

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

Supplemental Financial Statements

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

Employer identification number Name of the organization UNION UNIVERSITY 62-0516509 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3

- the taxable year 🕨
- Number of states where property subject to conservation easement is located
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

Part	1 🛊 🕸 1	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	cal Treas	ures, or Oth	<u>ier Simila</u>	r Asse	ts (co	ntınued)
3		g the organization's accession and others (check all that apply)	r records, check any	of th	e foll	owing that a	ire a significan	t use of its c	ollection	ו	
а	\Box	Public exhibition		d	Γ	Loan or ex	change program	ns			
b	—	Scholarly research		e	Γ	Other					
c	Γ	Preservation for future generations									
4	Prov Part	ide a description of the organization's co	ollections and explain	how	they	further the	organization's	exempt purp	ose in		
5		ng the year, did the organization solicit o its to be sold to raise funds rather than t						ımılar	Γ	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					anızatıon ans	swered "Ye	s" to Fo	orm 9	90,
1a		le organization an agent, trustee, custod ided on Form 990, Part X?	ıan or other ıntermed	ıary	for c	ontributions	or other asset	s not	Γ	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	te the following table								
									A mou	ınt	
c	Begi	inning balance					10	3			
d	Add	itions during the year					10	t			
e	Dıst	ributions during the year					10	2			
f	Endi	ing balance					11	•			
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								\	
1a	Bogu	nning of year balance	(a)Current Year 24,769,082	(b)) Prior	Year (c)	Two Years Back	d) Three Years	Back (e)Four Ye	ars Back
ь		tributions	1,269,095								
c		estment earnings or losses	-1,856,718								
d		nts or scholarships	538,834								
e		er expenditures for facilities	-176,308								
		programs									
f	Adm	ninistrative expenses	0								
g	End	of year balance	23,818,933								
2	Prov	ide the estimated percentage of the yea	r end balance held as								
а	Boar	d designated or quasi-endowment 🕨	0 %								
b	Perm	nanent endowment 🕨 6 %									
c	Term	n endowment 🕨 94 %									
3a		there endowment funds not in the posses	ssion of the organizat	ıon t	hat a	re held and	admınıstered f	or the			
		nization by nrelated organizations		_					3a(i)	Yes	No No
		related organizations							3a(ii)		No
ь		es" to 3a(II), are the related organization				ule R? .			3b		
4	Desc	cribe in Part XIV the intended uses of th	e organization's endo	wme	nt fu	nds					
Par	t VI	Investments—Land, Buildings	s, and Equipmen	t. S	ee F	orm 990, I	Part X, line 1).			
		Description of investment				Cost or other (investment)	(b)Cost or othe basis (other)	r (c) Deprec	ation	(d) Boo	k value
1a L	and					0	18,065,33	4		18	8,065,334
b B	uıldır	ngs				0	99,613,65	0 20,7	96,289	78	8,817,361
c L	ease	hold improvements				0		0	0		(
d E	quipr	ment				0	26,915,48	7 19,6	30,146		7,285,341
e 0	ther		<u> </u>			()	0	0		0

Part VII 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 derivatives and other financial products			
Closely-held equity interests			
<u>O ther</u>			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation year market value
			7
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, I	ne 15.		
(a) Descri	ption		(b) Book value
Real Estate Held for Investment			442,380
Debt Issue Costs			306,678
Beneficial Interests in trusts			8,572,363
Total (Column (b) should agust Form 200, Book V. and (D)	15)		0.004.404
Part X Other Liabilities. See Form 990, Part X, col.(B) line			9,321,421
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Refundable advances from the federal government	1,307,257		
Annuities payable	916,181		
Deposits held for others	431,219		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,654,657		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	76,384,100
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	67,446,884
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,937,216
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	8,937,216
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	62,184,465
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	62,184,465
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	14,199,635
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	76,384,100
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	53,247,249
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		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	53,247,249
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 0		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	14,199,635
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	67,446,884
Pai	TEXIV Supplemental Information		
_			

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				
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Endowment funds are to be invested, with the income from those investments used to provide scholarships and fund academic programs, consistent with the donor-imposed purposes of the fund corpus amounts				
SchD_P10_S00_L00	Schedule D, Part X	Not applicable				
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Scholarships and fellowships shown in audited financial statements as a reduction of revenues				
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Scholarships and fellowships shown in the audited financial statements as a reduction of tuition revenues				

Employer identification number

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

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.

2008

Open to Public

INIOI	N UNIVERSITY 62-0516509				
	1 02 0020000			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, byla other governing instrument, or in a resolution of its governing body?	ıws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media duri 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,"	ng	_	163	
	please explain The institution's nondiscrimination policy is printed in student catalogues for all graduate and undergraduate programs, student enrollment applications, employee handbooks for both faculty and staff, and recruiting and fin	nancial	3	Yes	
	aid applications and materials. It is also found on our website at www.uu.edu				
4	Does the organization maintain the following?		_	.,	
	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminat basis?	ory	4a 4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		4c	Yes	
c	Copies of all material used by the organization or on its behalf to solicit contributions?	,	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement	:)			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		Νo
	Admissions policies?		5b		Νo
c	Employment of faculty or administrative staff?		5c		Νo
c	Scholarships or other financial assistance?	<u> </u>	5d		Νo
•	Educational policies?	<u> </u>	5e		Νo
	Use of facilities?	-	5f		Νo
	a Athletic programs?		5g 		No
•	n Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statemen		5h		No
6=	Does the organization receive any financial aid or assistance from a governmental agency?	-	6a		No
	Has the organization's right to such aid ever been revoked or suspended?		6b		No
	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 0	5	_	\ _{\ \ \} =	

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DLN: 93493105000110 OMB No 1545-0047

Schedule I (Form 990)

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

2008

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspect ion

Employer identification number

UNION UNIVERSITY							
						62-0516509	
1 Does the organization m	naintain records to s ed to award the grai	nts or assistance?	t of the grants or assista		ibility for the grants or as		▼ Yes □
Part IV and Sch	IV, line 21 for ar nedule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	000. Check this box	tes. Complete if the oil if no one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of se			1				
organizations 3 Enter total number of ot					• 		
For Paperwork Reduction Act No				Cat No 50055			nedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarships and grants provided to our own students as credits to accounts receivable	3500	0	14,751,161	A ctual credit amount posted to student account receivable	Scholarships, grants and student assistance, funded through unrestricted discounts and restricted and endowed scholarships Grant amounts are awarded through the student financial aid office on a non-discriminatory basis, and posted as credits to the student accounts receivable

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
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Financial aid comes from institutional, federal, state, and outside sources which may include grants, scholarships, student employment, student loans, and/or parent loans. Two different categories of aid are merit based and financial need based. Merit awards are given based on academic excellence, leadership development, and/or individual talent. A wards based on financial need are determined by the Free Application for Federal Student Aid (FAFSA) form. The Office of Student Financial Planning makes every effort to communicate effectively to our students the policies and practices used by our office in the process of administering financial assistance. Most of the policies regarding federal and state assistance are statutory in nature. Other policies and practices have been developed by our office to ensure efficiency, accuracy, and understanding of the financial aid process.

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As Filed Data -

DLN: 93493105000110

OMB No. 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

2008

Open to Public Inspection

Name of the organization UNION UNIVERSITY

Employer identification number

62-0516509

Pa	TIBLE 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		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	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	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		·			
	✓ Compensation committee	I	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	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	iqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-l	pased 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		Νo
	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	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	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			Ω		No

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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) D	eferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compe	nsation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Dr David S Dockery	(1) (11)	268,116 0	0	0		0	43,059 0	311,175 0	291,321 0	
	(ii)		<u> </u>							
	(i)									
	(ii)									
	(i)		[
	(ii)									
	(i)									
	(ii)									
	(i)		<u> </u>							
	(ii)									
	(i)		i							
	(ii)		ĺ							
	(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	Ret urn Ref erence	Explanation								
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	Dr David Dockery allocated \$58,434 of his pay as ministers housing allowance								

Schedule J (Form 990) 2008

DLN: 93493105000110

OMB No 1545-0047

Open to Public

Schedule K (Form 990)

Name of the organization

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0. Department of the Treasury Internal Revenue Service

Inspect ion Employer identification number

	UNION UNIVERSITY									Employer identification number					
										62-0516	509				
Pa	art I Bond Issues (Required	for 2008)	Γ	1				T							
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Description of Purpose		urpose	ose (g) Defeased		(h) On Behalf of Issuer		
											Yes	No	Yes	No	
A	Health Educational and Housing Facilities Board of the City of Jackson TN	62-1209535	46874GCW8	10-01-	2007	11,	000,000	Constructio	Construction			х		x	
В	Health Educational and Housing Facilities Board fo the City of Jackson TN	62-1209535	46874GCV0	01-24-	2005	20,	125,000	Constructio	Construction			×		×	
c	Health Educational Housing and Facilities Board of the City of Jackson TN	62-1209535	46874GCP3	04-01-	2000	4,	400,000	0 Construction				×		×	
Pa	Proceeds (Optional for	2008)		•	•						•	'		,	
	Total Proceeds of Issue			-	<u> </u>	E	3		C	D			E		
1 2	Gross Proceeds in Reserve Funds														
3	Proceeds in Refunding or Defeasa														
4	Other Unspent Proceeds														
5	Issuance Costs from Proceeds														
6	Working Capital Expenditures fron	n Proceeds													
7	Capital Expenditures from Procee	ds													
8	Year of Substantial Completion					1			<u> </u>						
-				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No	
9	Were the bonds issued as part of a	a current refunding is:	sue?												
10	Were the bonds issued as part of a	an advance refunding	ıssue?												
11	Has the final allocation of proceed	Is been made?													
12	Does the organization maintain ad	lequate books and rec	ords to support the												
Pa	final allocation of proceeds? rt III Private Business Use	(Ontional for 2008)												
		(0)0.01.01.01.2000	/		4	E	3		С	D			E		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No	
1	Was the organization a partner in a which owned property financed by		ember of an LLC,												
2	Are there any lease arrangements which may result in private busine	with respect to the fi	nanced property												
For	Paperwork Reduction Act Notice, see th		າ 990.	I	ı	Cat No 501	93E		<u> </u>	Sch	nedule K	 (Form 99	0) 2008		
1															

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

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

DLN: 93493105000110

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Open to Public Inspection

Name of the organization UNION UNIVERSITY

Employer identification number

					62-0516509			
Pa	Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of d reven	etermi	ning	
1	Art—Works of art	аррпсавіе						
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	6	140,951	Date of gift value			
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Q ualified conservation contribution (other)							
15	Real estate—Residential .	Х	2	447,000	Market value appra	sal		
16	Real estate—Commercial	Х	1	14,027,036	Market value appra	sal		
17	Real estate—Other							
18	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	O ther miscellaneous							
25	Other (describe gifts in kind)	l x	99	199,010	 Value at date of gift			
	Other (describe)			,				
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	33, Part IV, Donee	ar for contributions for	29			2
	-						Yes	No
30a	During the year, did the organization hold for at	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must			
	least three years from the date of		•	•	exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif	ft acceptano	ce policy that requires the	review of any non-standard	contributions?	31	Yes	<u> </u>
32a	Does the organization hire or us contributions?	e third part		to solicit, process, or sell	non-cash	32a		No
b	If "Yes", describe in Part II							
33	If the organization did not report checked, describe in Part II	t revenues i	ın Column (c) for a type of p	property for which Column (a	a)ıs			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.									
Identifier	ReturnReference	Explanation							
240111111	Notal III Colored	Explanation							
	1	1							

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As Filed Data -

DLN: 93493105000110

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

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.

2008
Open to Public

Inspection

Name	of	t he	orga	nizat ion
UNION	UN	IVERS	SITY	

Employer identification number

62-0516509

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	The IRS 990 is reviewed by the CEO and CFO before filing

ldentifier	Return Reference	Explanation
1 E990 PO6 SOB LT2C	Form 990, Part VI, Section B, Line 12c	Trustees are polled by questionnaire each year regarding any conflicts of interest, and the results are maintained by the president's office

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	· · · · · · · · · · · · · · · · · · ·	Compensation data for all staff is reveiwed by a compensation committee of the board of trustees annually, as recently as March 2010

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Governing documents and policy statements are available to the public as requested

Software ID: Software Version:

EIN: 62-0516509

Name: UNION UNIVERSITY

Form 990, Part VII - Section Aaa											
		(C) Position (check all that apply)							(-)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Ke) emplojee	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	
Mr Rod Parker , Chairman Board of Trustees	0 00	×						0	0	0	
Dr Mike Adams , Trustee	0 00	Х						0	0	0	
Rev Trent Bullock , Trustee	0 00	Х						0	0	0	
Dr Trent Butler , Trustee	0 00	Х						0	0	0	
Dr Morris Chapman , Trustee Vice Chairman	0 00	Х						0	0	0	
Dr Craig Christina , Trustee	0 00	Х						0	0	0	
Mr Lynn Edmonson , Trustee	0 00	Х						0	0	0	
Mr James Farmer , Trustee	0 00	Х						0	0	0	
Mr Craig Fitzhugh , Turstee	0 00	Х						0	0	0	
Mr Gil Fletcher , Trustee	0 00	Х						0	0	0	
Mr Polk Glover , Trustee	0 00	Х						0	0	0	
Mr Ed Graves , Trustee	0 00	Х						0	0	0	
Mr Norm Hill , Trustee	0 00	Х						0	0	0	
Mr Greg Jordan , Trustee	0 00	Х						0	0	0	
Mrs Ramona Mercer , Trustee	0 00	Х						0	0	0	
Judge Tommy Moore , Trustee	0 00	Х						0	0	0	
Rev Dr Ray Newcomb , Trustee	0 00	Х						0	0	0	
Mr Brian Palmieri , Trustee	0 00	Х						0	0	0	
Mr Paul Priddy , Trustee	0 00	Х						0	0	0	
Dr Lisa Rogers , Trustee	0 00	Х						0	0	0	
Mr James Ross , Trustee	0 00	Х						0	0	0	
Dr Linda R Shoaf , Trustee	0 00	Х						0	0	0	
Dr Kevın Shrum , Trustee	0 00	Х						0	0	0	
Dr Danny Sınquefield , Trustee	0 00	Х						0	0	0	
Rev Fred Ward , Trustee	0 00	Х						0	0	0	
Mrs Catherine Via , Trustee	0 00	Х						0	0	0	
Dr John Woods , Trustee	0 00	Х						0	0	0	
Mr Gary L Carter , Senior Vice President and CFO	40 00			х				116,958	0	0	
Dr David S Dockery , President and CEO	40 00			х				268,116	0	43,059	
Dr Sheila Mitchell , Dean School of Pharmacy	40 00					х		172,277	0	14,400	

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)								(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
Dr Tım Smith , Dean School of Nursing	40 00					Х		169,592	0	14,233	
Dr Carla Sanderson , Provost	40 00					Х		135,628	0	11,258	
Dr Davıd Kuhl , Professor of Pharmacy	40 00					Х		136,190	0	11,600	
Dr George DeMaagd , Professor of Pharmacy	40 00					х		141,119	0	11,600	

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Educational Sales and Services, including awards of baccalaureate and graduate degrees. Union University provides Christ-centered education that promotes excellence and character development in service to Church and society. Union University is an academic community, affiliated with the Tennessee Baptist Convention, equipping persons to think Christianly and serve faithfully in ways consistent with its core values of being excellence-driven, Christ-centered, people-focused, and future-directed. These values shape its identity as an institution which prioritizes liberal arts based undergraduate education enhanced by professional and graduate programs. The academic community is composed of quality faculty, staff, and students working together in a caring, grace-filled environment conducive to the development of character, servant leadership, and cultural engagement.