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Department of the Treasury

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)

2009

OMB No 1545-0047

Open to Public

Internal	Revenue	Service Fine of	rganization may have to use	e a copy of this return to satisfy s	tate reporting	requirements	Inspection
A Fo	r the .	2009 calendar yea	r, or tax year beginning 07	-01-2009 and ending 06-30-201	.0	D Employer ider	ntification number
		pplicable Please	C Name of organization Unity College			. ,	
_	lress ch	label or	Doing Business As	01-0275130 E Telephone number			
	ne cha	type. See				(207) 948-3	1 3 1
	ıal retu	Instruc-	Number and street (or P O be 90 Quaker Hill Road	ox if mail is not delivered to street addre	ess) Room/suite	G Gross receipts \$	
	mınate						
_	ended		City or town, state or country Unity, ME 04988	, and ZIP + 4			
App	olication	n pending				i	
			me and address of principal II Thomashow	officer		ıs a group return ates?	for
		1 -	aker Hill Road			ites.	1 163 1 110
		Unity,	ME 04988		1	ll affiliates include	
r Ta:	x-exem	npt status 🔽 501(c) (3) 4 (insert no)	(a)(1) or 527		o," attach a list up exemption nun	(see instructions) nber ►
ı w	ebsit <i>e</i>	e: ► unity edu			"(c)	.,	
		·			1		
	n of org rt I	Summary	tion Trust Association C	otner F	L Year of fo	rmation 1965 M	State of legal domicile Mi
	1		ie organization's mission or	most significant activities			
υ		Education					_
Governance		-					
Ĭ							
Σ 5 κ	2	Check this box 🟲	if the organization discon	itinued its operations or disposed	of more than	25% of its net as	
	3	_		oody (Part VI, line 1a)			2
ACUVILLES Q	4			e governing body (Part VI, line 1	0)		2
	5 6		mployees (Part V , line 2a) olunteers (estimate if neces				62 16
Ş	_		·	Part VIII, column (C), line 12			
		•		Form 990-T, line 34		7b	
				·	Pric	or Year	Current Year
	8	Contributions an	d grants (Part VIII, line 1h)		1,422,271	2,360,960
Revenue	9	Program service	revenue (Part VIII, line 2g	1	13,915,163	15,172,589	
3. 9.	10		, , , , , , , , , , , , , , , , , , , ,	lines 3, 4, and 7d)		-61,474	-93,652
ш.	11			5, 6d, 8c, 9c, 10c, and 11e)		22,546	21,476
	12		dd lines 8 through 11 (mus	е	15,298,506	17,461,373	
	13			olumn (A), lines 1-3)		4,245,886	5,421,922
	14	Benefits paid to d	or for members (Part IX, co	lumn (A), line 4)			С
Ø	15	Salaries, other co	ompensation, employee ber	nefits (Part IX, column (A), lines	5 –	6,799,634	6,850,199
Expenses	16a	•	draising fees (Part IX, colur	mn (A), line 11e)			0,000,100
₩ ⊕	ь		penses (Part IX, column (D), line				
Ш	17		, , , , , , , , , , , , , , , , , , , ,	11a-11d, 11f-24f)		4,246,807	4,153,086
	18			ual Part IX, column (A), line 25)		15,292,327	16,425,207
	19	Revenue less ex	penses Subtract line 18 fro	om line 12		6,179	1,036,166
<u>8</u> 8						g of Current	End of Year
net Assets or Fund Balances	20	Total accete (Pa	rt X line 16)			/ear 15,898,499	17,024,723
2 B	21		Part X, line 26)			3,934,483	3,582,108
2 E	22	•	nd balances Subtract line 2			11,964,016	13,442,615
Par	t II	Signature Bl	ock				
				nined this return, including accompanying			
		and belief, it is true,	correct, and complete Declaratio	n of preparer (other than officer) is base	d on all informat	ion of which prepare	r has any knowledge
Sign		*****			2010-	-10-18	
lere	2	Signature of office	er		Date		
		Mitchell Thomash					
		Type or print nam	ie and tide				
		Preparer's signature Barbai	ra J McGuan CPA	2010-10-14	Check If self-	Preparer's identify (see instructions)	ring number
Paid Propa		organica p			empolyed 🕨 🦵		
	arer's	Firm's name (or your if self-employed),	s 📗 BERRY DUNN McNEIL & PAF		EIN ▶		
•)nlv	ii seii-eiiipioyeu),					
Use (Only	address, and ZIP + 4	36 PLEASANT STREET			Phone no ▶ (20	7) 942-1600

Part III Statement of Program Service Accomplishments

1	Briefly	describe	the	organization's	mission

Unity College is a small, private college in rural Maine that provides dedicated, engaged students with a liberal arts education that emphasizes the environment and natural resources. Graduates of the college are prepared to be environmental stewards, effective leaders, and responsible citizens through active learning experiences within a supportive community.

2			rogram services during the year w	which were not listed on	Yes ✓ No				
	If "Yes," describe these new services on Schedule O								
3	Did the organization services?	on cease conducting, or make	significant changes in how it cond		Yes ✓ No				
	If "Yes," describe t	these changes on Schedule C							
4	Section 501(c)(3)	and 501(c)(4) organizations	each of the organization's three la and section 4947(a)(1) trusts are evenue, if any, for each program se	e required to report the amoun					
4a	(Code) (Expenses \$	13,812,529 including grants of \$	5,421,922) (Revenue \$	15,172,589)				
	become the only colle programs with empha	ege in the country to specialize in basis in the environmental sciences, i	educational college located in central Main accalaureate programs having a natural re natural resource management, and wilderi ts 185-acre rural, residential campus	source management focus The Colle	ege offers baccalaureate				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)				
	-								
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)				
4d	Other program se	rvices (Describe in Schedul	e O)						
	(Expenses \$	ıncludın	g grants of\$) (Revenue \$)				
4e	Total program sei	rvice expenses►\$ 1	3,812,529						

Dart TV	Checklist	of Required	Schedules
4 ILT 1/4	CHECKHSL	ui keuulleu	Scheuules

			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		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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		No
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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school 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 United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? 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? If "Yes," complete Schedule M	30		No
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 sections 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	Yes	
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	Section 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% 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

rt V	Statements	Regarding	Other	TRS F	ilinas	and '	Tax	Comi	oliance
	ota to illoiles	itegai aiiig	•					~~	J.:

			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			- 110
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 to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		Νo
b	If "Yes," enter the name of the foreign country ▶			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
•	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
1	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 24			
ь	Enter the number of voting members that are independent 1b 23			
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?	2		Νo
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?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
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	
9	Is there any officer, director, 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	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
Re	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	Yes	
		42	.,	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ME			
18	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	ne orga	nızatıor	n 🕨
	Mitchell Thomashow			

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- 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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C) Position (check all that apply)					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b	Total	0		61,657
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶2			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 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			
	ındıvıdual	4	Yes	
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 I for such person	5		Νο
<u>S</u>	ection 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) Compen	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0			
		F	orm 990	(2009)

Page **8**

Form 990 (2009)

Form 9								Page 9
Part	/1111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
2 2	1a	Federated camp	paigns 1a					
至是	ь	Membership du	es 1b					
	c	Fundraising eve	ents 1c					
# #	d	Related organiz	rations 1d					
%. <u>≡</u>	e	Government grants		1,550,123				
읈	_f	All other contribution	ons, gifts, grants, and 1f	810,837		i		
重量	-	sımılar amounts no	ot included above					
	g	lines 1a-1f \$	butions included in 5,573					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines	s 1a-1f	▶	2,360,960			
				Business Code				
il.	2a	Tuition and Fees		611,600	11,790,568	11,790,568		
£6.	ь	Room and Board		611,600	2,881,047	2,881,047		
9. H	c	Bookstore		611,600	233,369	233,369		
JA A	d	Student Center		611,600	90,441	90,441		
ž	e	Dining Room		611,600	69,807	69,807		
<u> </u>	f		am service revenue	552,555	107,357	59,188		48,169
Program Serwce Revenue					·	33,100		10,103
	д 3		s 2a-2f	+	15,172,589			
	•		ome (including dividend ar amounts)		98,992			98,992
	4		tment of tax-exempt bond p	· · · .	·			,
	5							
		·	(ı) Real	(II) Personal				
	6a	Gross Rents	21,476					
	b	Less rental expenses						
	С	Rental income	21,476					
	d	or (loss) Net rental incor	ll me or (loss)		21,476			21,476
		(i) Securities		(II) O ther				
	7a	Gross amount from sales of assets other than inventory	9,810,957	2,218				
	ь	Less cost or other basis and	10,005,819					
		sales expenses						
	c	Gain or (loss)	-194,862	2,218	102 644			102.644
	d 8a		s)		-192,644			-192,644
enne	J. Ca	Gross income fi events (not incl \$						
Other Revenue		See Part IV, lin						
Ťħe	ь		penses b					
•	С		loss) from fundraising (events 🟲				
	9a	Gross income fi See Part IV, lin	rom gaming activities le 19 a					
	b c		penses b (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of a	oods sold b					
	с		(loss) from sales of inve	entory ►				
		Miscellaneous		Business Code				
	11a							
	ь	<u> </u>						
	С							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions	•	17,461,373	15,124,420	0	-24,007

	990 (2009)				Page 10
Part	Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			(D)	
	ll other organizations must complete column (A) but are not required to	complete columi	(B), (C), and (B)	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $$, line 21 $$				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,421,922	5,421,922		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	365,308	74,091	291,217	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	5,033,363	3,774,547	1,068,020	190,796
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	185,517	142,473	37,108	5,936
9	Other employee benefits	835,686	622,520	186,939	26,227
10	Payroll taxes	430,325	309,834	 	12,910
11	Fees for services (non-employees)				
 a	Management				
- h	Legal				_
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	251 264	216.057	126 004	7.602
g 42	Other	351,364	216,857	 	7,603
12	Advertising and promotion	132,909	127,815	1	5,094
13	Office expenses	568,737	426,836	·	15,815
14	Information technology	220,459	220,459		
15	Royalties				
16	Occupancy	342,568	325,093	<u> </u>	
17	Travel	179,636	156,909	17,958	4,769
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	52,269	40,570	10,956	743
20	Interest	135,205	135,205		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	791,481	736,077	55,404	
23	Insurance	147,345	147,345		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Cost of Sales-Food	771,568	484,270	257,723	29,575
b	Other Costs	134,270	124,431	6,289	3,550
c	Cost of Sales-Book Stor	129,527	129,527		
d	Student Activities	70,779	70,779		
e	Books & Periodicals	67,498	67,498		
f	All other expenses	57,471	57,471		
25	Total functional expenses. Add lines 1 through 24f	16,425,207	13,812,529	2,309,660	303,018
26	Joint costs. Check here ► ☐ 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				· .
		•	•	•	

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	ash—non-interest-bearing				513,958
	2	Savings and temporary cash investments	3,145,472	2	5,115,032		
	3	Pledges and grants receivable, net					
	4	Accounts receivable, net			100,172	4	92,644
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net			41,596	7	46,493
8	8	Inventories for sale or use			108,992	8	122,607
⋖	9	Prepaid expenses and deferred charges			120,233	9	63,890
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	18,594,800			
	b	Less accumulated depreciation	10b	10,370,725	8,453,962	10c	8,224,075
	11	Investments—publicly traded securities			2,745,011	11	2,401,267
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			15,898,499	16	17,024,723
	17	Accounts payable and accrued expenses .			1,121,524	17	793,163
	18	Grants payable				18	
	19	Deferred revenue			312,639	19	383,152
	20	Tax-exempt bond liabilities				20	
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties		•	2,454,327	23	2,364,884
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			45,993	25	40,909
	26	Total liabilities. Add lines 17 through 25			3,934,483	26	3,582,108
У		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34.	lete li	nes 27			
S S	27	Unrestricted net assets			9,176,084	27	10,230,220
Balance	28	Temporarily restricted net assets	1,321,035	28	1,739,649		
	29	Permanently restricted net assets			1,466,897	29	1,472,746
큪		Organizations that do not follow SFAS 117, check here ► an	d com	plete			
or Fund		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
ĕ	33	Total net assets or fund balances			11,964,016	33	13,442,615
_	34	Total liabilities and net assets/fund balances			15,898,499	34	17,024,723

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Name of the organization Unity College

Employer identification number

01-0275130 Reason for Public Charity Status (All organizations must complete this part.) See instructions

1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).									
2	굣	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Г	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Γ	A medic	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state								
5	Г	An orga	ınızatıon ope	rated for the benefit	of a college o	or university	owned or op	perated by a	governmenta	l unıt descri	bed in
		section	170(b)(1)(A	\)(iv). (Complete Pa	rt II)						
6	Γ	A federa	al, state, or l	ocal government or (governmenta	ıl unıt descr	bed in sectio	on 170(b)(1)	(A)(v).		
7	Γ	describ	ed ın	t normally receives a \)(vi) (Complete Pa		part of its s	upport from a	a governmer	ntal unit or fro	m the gener	al public
8	Γ	A comm	nunity trust (described in section	170(b)(1)(A)(vi) (Com	plete Part II)			
9	Γ	Anorga	nızatıon tha	t normally receives	(1) more tha	n 331/3% o	f its support	from contrib	utions, memb	ership fees,	and gross
		receipts	from activit	ties related to its exe	empt functioi	ns—subject	to certain ex	ceptions, ar	nd (2) no more	e than 331/3	% of
		ıts supp	ort from gro	ss investment incom	ne and unrela	ited busines	s taxable inc	ome (less s	ection 511 ta	ax) from bus	inesses
		acquire	d by the orga	anızatıon after June 3	30,1975 Se	e section 5 0	09(a)(2). (Co	mplete Part	III)		
10	Γ	An orga	nızatıon org	anızed and operated	exclusively t	to test for p	ublic safety	See section !	509(a)(4).		
11	Γ	one or r	nore publicly	anized and operated v supported organization ves the type of suppo b Type II	tions describ orting organiz	ed in section	n 509(a)(1)	or section 5 11e throug	09(a)(2) See h 11h	e section 50	
e f g	Γ	other th section If the oi check t	ian foundatio 509(a)(2) rganization r his box	x, I certify that the o on managers and othe eceived a written det 006, has the organiz	er than one o termination f	r more publ	that it is a T	d organizati ype I, Type	ons described	d in section	509(a)(1) or
			g persons?	,	·	, 3		,			
				ectly or indirectly co	•			ersons desc	ribed in (ii)		Yes No
		and (III)	below, the g	overning body of the	the support	ed organizat	:ion?			11g(i	`
		• •	•	r of a person describ	• •					11g(i	
				ed entity of a person						11g(i i	ii)
h		Provide	the followin	g information about t	he supported	d organizatio	on(s)				
S	(i) Name uppoi	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you no organizat col (i) o suppo	tify the tion in f your	(vi Is th organiza col (i) org in the U	ne tion in janized	(vii) A mount of support?
				ınstructions))	Yes	No	Yes	No	Yes	No	
			-								
								I	1		

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ation qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493295015580

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** Unity College

Par	organizations Maintaining Donor A	Advised Funds or Other Similar Fu 990, Part IV, line 6.	nds or Accou	nts. Complete if the
		(a) Donor advised funds	(b) Funds a	nd other accounts
1	Total number at end of year	0		0
2 .	Aggregate contributions to (during year)	0		0
3	Aggregate grants from (durıng year)	0		0
4	Aggregate value at end of year	0		0
	Did the organization inform all donors and donor ad funds are the organization's property, subject to th		radvised	┌ Yes
	Did the organization inform all grantees, donors, ar used only for charitable purposes and not for the bo conferring impermissible private benefit		•	┌ Yes
Par	Conservation Easements. Complet	e if the organization answered "Yes" to	Form 990, Par	t IV, line 7.
2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a queasement on the last day of the tax year	ation or pleasure) Preservation of an h Preservation of a ce	ertified historic st	•
	out on the last day of the tax year	Г	Held at	the End of the Year
а	Total number of conservation easements		2a	0
ь	Total acreage restricted by conservation easemen	nts	2b	0 00
с	Number of conservation easements on a certified h	nistoric structure included in (a)	2c	0
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d	0
	Number of conservation easements modified, trans the taxable year 🛌 0	sferred, released, extinguished, or terminated	by the organizat	ion during
4	Number of states where property subject to conser	rvation easement is located ►	_	
5	Does the organization have a written policy regards enforcement of the conservation easements it hold		ing of violations,	and Yes No
6	Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation easeme	nts during the ye	
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easements	during the year 🕨	- \$
	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of sect	ion	┌ Yes ┌ No
	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation eas	of the footnote to the organization's financial s	•	•
Part	Organizations Maintaining Collect Complete if the organization answered		r Other Simil	ar Assets.
	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	ld for public exhibition, education or research	n in furtherance o	
_	If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these iter	or public exhibition, education, or research in		•
	(i) Revenues included in Form 990, Part VIII, line	1	► \$	0
	(ii) Assets included in Form 990, Part X			0
2	If the organization received or held works of art, his following amounts required to be reported under SF		· 	
	Revenues included in Form 990, Part VIII, line 1		▶ - ⊄	0
			· · ·	

b Assets included in Form 990, Part X

3	Using the organization's accession and othe		•									oncinuea)
	items (check all that apply)	·		_	_		_					
а	Public exhibition		d	ı	Loan o	rexc	hange progr	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w they	further	the	organızatıon	's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ıılar	Г	Yes	Г No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the o	organiz	atıoı			es" to Fori	n 990),	<u> </u>
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontributi	ons	or other ass	ets r	not	Г	Yes	Г№
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ving ta	able		Г			A mou	ınt	
c	Reginning halance							1c		Amo		
d	Beginning balance Additions during the year						 	1d				0
e	Distributions during the year							1a 1e				0
f	•							16 1f				
_ '	Ending balance	000 B 177 I	242					11				
2a	Did the organization include an amount on Fo		e 21,							ļ	Yes	│ No
	If "Yes," explain the arrangement in Part XIV				d IIVos	" t o	Farm 000	Dou	t TV line 1			
Pa	rt V Endowment Funds. Complete	(a)Current Year)Prior			wo Years Back				•) Four Y	ears Back
1a	Beginning of year balance	2,337,744			,007,354	(0)	WO Tears Back	1(4)	Timee rears b	ack (c	-) 1 0 a1 1	- Cars back
ь	Contributions	8,500			8,225					+		
c	Investment earnings or losses	256,954			-524,927					+		
d	Grants or scholarships	,			•			+				
e	Other expenditures for facilities	150,868			152,908							
f	and programs							+		+		
_	End of year balance	2,452,330			,337,744					+		
g	·				,,,,,,,,,,							
2	Provide the estimated percentage of the yea		15									
а	Board designated or quasi-endowment	70										
Ь	Permanent endowment ► 39 500 % %											
c	Term endowment ► 0 % %											
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	that a	re held	and a	administered	d for	the		V	l Na
	(i) unrelated organizations		_	_				_	Г	3a(i)	Yes	No No
	(ii) related organizations							·	-	3a(ii)		No
ь	If "Yes" to 3a(II), are the related organization		d on S	Sched	ule R?			•	· . · . · .	3b	<u> </u>	1
4	Describe in Part XIV the intended uses of th	•							_			
Pa	rt VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 99	0, P	art X, line	10.				
	Description of investment				Cost or o		(b) Cost or o basis (othe		(c) Accumu depreciati		(d) Bo	ook value
1a	Land						130	,000				130,000
	Buildings						11,430	•	5,14	5,717		6,284,540
	Leasehold improvements						22,.30		5,11	,		,,2.0
	Equipment						3,896	6.640	3, 37	6,146		520,494
	Other						3,137	•		8,862		1,289,041
	al. Add lines 1a-1e (Column (d) should equal Fo	orm 990. Part X. colur	nn (B). line	10(c).)		3,137			3,002		8,224,075
	and the second control of the second control	, , a, - , , - o, a,	(2)	.,	(-/-/	•	· · ·	-			C	90) 2009

Part VII Investments—Other Securities. See (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		12
Part VIII Investments—Program Related. See		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Part IX Other Assets. See Form 990, Part X, col (B) line 13)		
(a) Descrip	tion	(b) Book value
	rtion	(b) Book value
(a) Descrip		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	(b) Book value
(a) Descrip	<i>5.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	<i>5.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	<i>5.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.)</i>	

Pal	TEXT Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,461,373
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,425,207
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,036,166
4	Net unrealized gains (losses) on investments	4	442,433
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	442,433
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,478,599
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	12,964,855
2	A mounts 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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	442,433
3	Subtract line 2e from line 1	3	12,522,422
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		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	4,938,951
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	17,461,373
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	11,486,256
2	Amounts 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	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	11,486,256
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	4,938,951
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	16,425,207
Dai	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The intended uses of the endowment funds include funding for scholarships, the Field of Dreams and the Unity Centre for the Performing Arts, Kendeda Eco Village, capital and technological acquisitions, and other activities of the College
Part XII, Line 4b - Other Adjustments		Institutional Aid 3773872 Pell Grants 869931 State Scholarships 145898 SMART 81000 ACG 68250
Part XIII, Line 4b - Other Adjustments		Institutional Aid 3773872 PELL Grants 869931 State Scholarships 145898 SMART 81000 ACG 68250

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

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

iity	College 01-0275130			
	01-02/3130		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws other governing instrument, or in a resolution of its governing body?	s, 1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain		Yes	
	Policy is stated in all recruiting materials			
а	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminator basis?	у 4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		Νο
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) N/A	5h		Νo
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	Νο
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	-

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Open to Public

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Inspection

Name of the organization Unity College						Employer identification number					
						01-0275130					
Part I	General Infor	mation on Grants	and Assistance								
the :	selection criteria use	ed to award the grants (ty for the grants or assis		▽ Yes			
Part II	Form 990, Part	IV, line 21 for any r	ecipient that receive	d more than \$5,000	. Check this box if n	Complete if the orgonome recipient receives	ed more than \$5,00	0. Use			
0	me and address of organization government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
College Work Study	386	375,361			
Federal Pell Grant Program	224	869,931			
Federal Supplemental Educational Opportunity Grant Program	230	107,610			
National Science and Mathematics Access to Retain Talent Grant	25	81,000			
A cademic Competitiveness Grant	95	68,250			
State Scholarships	147	145,898			
Unity Grant	549		3,773,872	FMV	tuition discounts

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

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

DLN: 93493295015580

OMB No 1545-0047

Employer identification number

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Unit	ry College					
	,		01-0275130			
Pa	rt I Questions Regarding Compensation	n	·			
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Ī	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	✓ Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive			2		No
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the		y			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	<u> </u>	, ,			
	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, I or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	ıt?	4a		Νο
ь	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	olete lines 5-9.			
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	,			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
Ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," of			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III			8		No
9	If "Yes" to line 8, did the organization also follow the	e rebutta	able presumption procedure described in Regulations			

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					(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(1)-(D)	(F) Compensation reported in prior
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	2 3 3	(=/(-/ (= /	Form 990 or Form 990-EZ
Mitchell Thomashow	(1) (11)	160,182 0	0 0	17,919 0	8,905 0		218,199 0	0 0

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
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

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OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number Name of the organization Unity College 01-0275130 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under **3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to (g)Written Approved (e) In (a) Name of interested person and or from the (c)O riginal default? by board or agreement? (d)Balance due organization? principal amount purpose committee? Yes Yes Τо From Yes No No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship organization's between interested (c) A mount of (a) Name of interested person (d) Description of transaction revenues? person and the transaction organization Yes Nο Cindy Thomashow Employee of the 35,572 Payment at fair market value for Νo College and services rendered to the president's spouse College

OMB No 1545-0047

Inspection

Open to Public

(Form 990)

Department of the Treasury

Internal Revenue Service

SCHEDULE M

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization Unity College

Employer identification number

01-0275130

Pā	rt I Types of Property							
		(a) Check ıf applıcable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	etermı	nıng	
1	Art—Works of art	аррпсавіс		<u> </u>				
	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	5	23,573	FMV			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► (Property)	X	1	2,000	FMV			
	Other ▶()							
	Other ►()							
	Other ► ()			<u> </u>				
29	Number of Forms 8283 received for which the organization compl		<u> </u>		29		l I	
303	During the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I lines	1 - 28 that it		Yes	No
500	must hold for at least three year							
	for exempt purposes for the enti			on, and winch is not require	u to be used			No
						30a		NO
31	 If "Yes," describe the arrangement Does the organization have a gif 			eview of any non-standard	contributions?	31		Νo
∍∠a	Does the organization hire or us contributions?	· · ·				32a	Yes	
Ь	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Part II

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.

Ident if ier	Return Reference	Explanation
Third Party Use		At times, the College utilizes the services of a stock brokerage firm to sell donations of stock

Schedule M (Form 990) 2009

OMB No 1545-0047

B NO 1545-004

2009

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990.

Name of the organization
Unity College

Employer identification number

01-0275130

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A copy of the 990 was provided to each member of the board of trustees before filing. The 990 was reviewed by the vice president of finance and administration and the treasurer of the board of trustees.
Form 990, Part VI, Section B, line 12c		Trustees and institutional officers must sign a conflict of interest statement. Trustees or officers who have declared or been found to have a conflict of interest shall refrain from participating in the consideration of proposed transactions, unless for special reasons the board or administration requests information or interpretation. Persons with conflicts shall not vote or be present at the time of the vote.
Form 990, Part VI, Section B, line 15a		The president's compensation was determined using a compensation survey or study, approved by the board, and a written employment contract is in place
Form 990, Part VI, Section C, line 19		The organization does not make its governing documents, conflict of interest policy and financial statements available to the public
Form 990, Page 11, Part XI, Line 2C	Audit Committee Process Changes	The audit committee process has not changed from the prior year

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
Unity College

01-0275130

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

(b) Primary activity (c)
Legal domicile (state or foreign country)

(d) Total income (e) End-of-year assets **(f)** Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity

(c)
Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3)) Direct controlling entity

Unity Foundation

PO Box 815

Supporting organization

ME

501c3

11, Type I N/A

Unity, ME 049880815 01-0536785

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line	34
	because it had one or more related organizations treated as a partnership during the tax year.)		

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(4)

(5)

(6)

CHE	udle K (Form 990) 2009		Pa	ge .
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b	Gift, grant, or capital contribution to other organization(s)	1b		Ž
c	Gift, grant, or capital contribution from other organization(s)	1c		Ž
d	Loans or loan guarantees to or for other organization(s)	1d		Ż
e	Loans or loan guarantees by other organization(s)	1e		N
f	Sale of assets to other organization(s)	1 f		N
g	Purchase of assets from other organization(s)	1g		Ż
h	Exchange of assets	1h		Z
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		N
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		N
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		N
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		Ž
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		N
n	Sharing of paid employees	1n		N
0	Reimbursement paid to other organization for expenses	10		N
P	Reimbursement paid by other organization for expenses	1 p		N
q	Other transfer of cash or property to other organization(s)	1q		N
r	O ther transfer of cash or property from other organization(s)	1r		N
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) Name of other organization (b) Transaction type(a-r)		(c) t involve	ed
1) 2)				
• `				
3)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID: Software Version:

EIN: 01-0275130 **Name:** Unity College

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Kenneth T Winters Trustee	1 00	X						0	0	0
William T Glidden	1 00	X		Х				0	0	0
Chair Mark Miller	1 00	^		^				O .	v	
Trustee	1 00	Χ						0	0	0
Juliet T Browne Secretary	1 00	X		X				0	0	0
Donald Foster Treasurer	1 00	Χ		Χ				0	0	0
Robert F Pollis Trustee	1 00	Х						0	0	0
Eleanor Briggs Trustee	1 00	Х						0	0	0
Robert Tonge	1 00	X						0	0	0
Trustee Gloria Sosa	1 00	X						0	0	0
Trustee Peter F Didisheim	1 00	^						0	O	Ü
Trustee	1 00	X						0	0	0
Sharon Bloome Trustee	1 00	X						0	0	0
Frederick McCabe Trustee	1 00	X						0	0	0
Arlene Schaefer Trustee	1 00	X						0	0	0
Wıllıam Zoellıck Vıce-chaır	1 00	Χ		X				0	0	0
Martha Dolben Trustee	1 00	Х						0	0	0
Matt Shejen Trustee	1 00	X						0	0	0
Hannıa Candelarıo Student Representatıve	1 00	X						0	0	0
James Horan Faculty Representative	1 00	X						67,173	0	6,918
Margot Kelley Trustee	1 00	X						0	0	0
Nadine Mort Trustee	1 00	X						0	0	0
Jeffery Wahlstrom Trustee	1 00	X						0	0	0
Joan Amory Trustee	1 00	X						0	0	0
John Bielenberg Trustee	1 00	X						0	0	0
Paul Wade Trustee	1 00	X						0	0	0
Mitchell Thomashow President	40 00			X				178,101	0	40,098

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours	A verage Posi hours t			(C) tion (check all hat apply)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	per	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Eileen Driscoll VP Finance	40 00			Х				69,138	0	3,880
Robert Constantine VP College Advancement	40 00					X		101,688	0	10,761

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

,									
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514				
Tuition and Fees	611,600	11,790,568	11,790,568						
Room and Board	611,600	2,881,047	2,881,047						
Bookstore	611,600	233,369	233,369						
Student Center	611,600	90,441	90,441						
Dining Room	611,600	69,807	69,807						

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Cost of Sales-Food	771,568	484,270	257,723	29,575
Other Costs	134,270	124,431	6,289	3,550
Cost of Sales-Book Stor	129,527	129,527		
Student Activities	70,779	70,779		
Books & Periodicals	67,498	67,498		