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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

2010

OMB No 1545-0047

Open to Public Inspection

			lendar year, or tax year begin C Name of organization	ning 07-01-2010 and ending 06-30-20	11	D Emp	lover	identification number
_		pplicable	Trustees of Union College				-	
Add	ress ch	nange	Doing Business As			14-1	1338	580
Nar	ne cha	nge	Doing Duamicoo / to			E Telep	hone	number
Init	al retu	rn	Number and street (or P O box i	f mail is not delivered to street address)	Room/suite	(518	3)388	8-6104
Ten	minate	d	807 UNION STREET			,		
– _{Am}	ended	return	City or town, state or country, ar	nd ZIP + 4		G Gross	s receip	ots \$ 347,083,197
- App	lication	n pending	Schenectady, NY 12308					
. 4.6			F Name and address of p	ringinal officer				
			Stephen Ainlay	ornicipal officer	H(a) Is this	a group returr	n for affil	lates? Yes No
			807 Union Street		H(b) Are al	l affiliates in	ncluded	?
			Schenectady, NY 12308		1			t (see instructions)
. Tay	v-ever	npt status	V 501/03/23 V 501/03/ 3 4	¶ (insert no)		ıp exempt		
. 10/	-CXCII	ipt status	 	(Insert no) 4947(a)(1) or 527	_			
W	ebsit e	e: F www	w union edu					
		ganızatıon	Corporation Trust Associa	ition Cther 🗠	L Year of fo	rmation 17	795	M State of legal domicile NY
Pa	rt I	Sum	mary					
	1		_	sion or most significant activities				
ų		See Atta	chment 1					
<u>=</u>								
<u> </u>								
sovemance	2 (Check th	nis box দ if the organization	discontinued its operations or disposed	d of more than 2	5% of its	neta	assets
	3	Number	of voting members of the gove	rning body (Part VI, line 1a)			3	35
Acuviues &	4	Number	of independent voting member	rs of the governing body (Part VI, line 1	b)		4	30
Ĕ	5	Total nu	mber of individuals employed i	ın calendar year 2010 (Part V, line 2a)			5	2,392
₹	6	Total nu	mber of volunteers (estimate i	fnecessary)			6	13
4	7a ⁻	Total un	related business revenue from	Part VIII, column (C), line 12			7a	1,204,053
	ь	Net unre	lated business taxable income	e from Form 990-T, line 34			7b	-527,003
					Pric	r Year		Current Year
_	8	Contri	butions and grants (Part VIII,	line 1h)		16,047,	681	17,392,793
nie	9	Progra	m service revenue (Part VIII	, line 2g)		104,836,	947	110,003,711
Revent	10	Invest	ment income (Part VIII, colui	mn (A), lines 3, 4, and 7d)		11,506,	314	11,940,609
<u> </u>	11), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,689,	238	5,978,217
	12			11 (must equal Part VIII, column (A), li		136,080,	180	145,315,330
	13			art IX, column (A), lines 1–3)		32,861,		36,509,363
	14			t IX, column (A), line 4)		32,001,	0	0
	15			oyee benefits (Part IX, column (A), lines	5-			
\$		10)	,,,,,,,	,,		63,105,	056	63,547,172
Expenses	16a	Profes	sional fundraising fees (Part I	X, column (A), line 11e)			0	0
ਡੌ	ь	Total fu	ndraising expenses (Part IX, column	(D), line 25) 5 ,385,250				
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		42,521,	319	44,049,134
	18	Total	expenses Add lines 13-17 (n	nust equal Part IX, column (A), line 25)		138,487,	806	144,105,669
	19	Reven	ue less expenses Subtract Iır	ne 18 from line 12		-2,407,	626	1,209,661
net Assets or Fund Balances					_	g of Curre 'ear	ent	End of Year
e e e e e e e e e e e e e e e e e e e	20	Total	accets (Part V. June 16)			502,130,	927	542,911,893
d B	21					100,171,	_	101,014,399
<u> </u>	22			ct line 21 from line 20		401,959,	\rightarrow	441,897,494
Par	t II		ature Block			.01,505,		112,037,131
		_		nined this return, including accompanying	schedules and s	tatements	, and	to the best of my
	edge a edge.		f, it is true, correct, and complet	te. Declaration of preparer (other than offi	cer) is based on	all informa	ation	of which preparer has any
	9							
		T _k			20	012-05-03		
Sign		Signa	ture of officer		D	ate		
lere	•		e Blake VP of Finance and Admin					
		Type	or print name and title	<u>, </u>				
		Print/Type preparer's		Preparer's signature	Date	Check if se employed		PTIN
Paid	ŀ		me F KPMG LLP		2012-04-27	,,		Firm's EIN
Prepa	- 1	Firm's add	dress F ONE FINANCIAL PLAZA					
Jse (Only	5 aa	HARTEORD CT 061032608					Phone no (860) 297- 5596

May the IRS discuss this return with the preparer shown above? (see instructions) $\ \ .$

┌Yes ┌No

Par	t 1111	Statement of Program S Check if Schedule O contains a					F
1	Briefl	y describe the organization's mi					
UND COM CUL ^T THE OPPODEV	ERSTA MUNI ^T TIVAT: LIBERA ORTUN ELOP I	LLEGE, FOUNDED IN 1795, IS NDING THE PAST FACULTY, S TY, WORK CLOSELY WITH THE ING THEIR PASSIONS WE DO AL ARTS AND ENGINEERING, S ITTIES TO STUDY ABROAD AN N OUR STUDENTS THE ANALY ONTRIBUTORS TO AN INCRE.	STAFF AND ADMIN M TO PROVIDE A E THIS WITH A WID AS WELL AS ACAD ID TO PARTICIPAT (TIC AND REFLECT	ISTRATORS WELCON BROAD AND DEEP ED E RANGE OF DISCIPL EMIC, ATHLETIC, CU E IN UNDERGRADUA IVE ABILITIES NEEL	ME DIVERSE AL DUCATION, AN LINES AND INT LTURAL, AND TE RESEARCH DED TO BECON	ND TALENTED: D GUIDE THEM FERDISCIPLINA SOCIAL ACTIV I AND COMMUN ME ENGAGED, I	STUDENTS INTO OUR IN FINDING AND ARY PROGRAMS IN ITIES, INCLUDING IITY SERVICE WE NNOVATIVE, AND
2		e organization undertake any siq ior Form 990 or 990-EZ?	gnıfıcant program se	rvices during the year	which were not		Yes 🔽 No
	If "Ye	s," describe these new services	on Schedule O				
3	servic	e organization cease conducting es?		t changes in how it coi	nducts, any pro	gram 	Yes 🔽 No
4	Descr Section	tibe the exempt purpose achieve on 501(c)(3) and 501(c)(4) orgations to others, the total expens	ments for each of th	on 4947(a)(1) trusts a	re required to re	eport the amount	
4a	(Code	e) (Expenses \$ ling higher education to support approx	, ,	,) (Revenue \$ leading to a bachel	89,700,239) or's degree
4b	(Code	e) (Expenses \$		including grants of \$)	(Revenue \$)
4c	(Code	e) (Expenses \$		including grants of \$)	(Revenue \$)
4d		r program services (Describe ii enses \$	n Schedule O) including grants of	· \$) (Revenue \$)
4e	Tota	l program service expenses▶\$	132,012,50	2			

Part IV	Che	cklist	of Re	auired	Sche	dules
4·11734	CIIC.	LKIISL	UI NC	uuncu	Julie	uuics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	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.	11b	Yes	
c	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.	11c		Νο
d	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.	11d		Νο
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	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, Parts I and IV	14b	Yes	
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, Parts II and IV	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, Parts III and IV.	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 (see instructions)	17		N o
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	Yes	
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		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20ь		

Par	t IV 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	Yes	
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 lines 24b-24d and complete Schedule K. If "No," go to line 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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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	Yes	
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		Νo
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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
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	Yes	•
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? If "Yes," complete Schedule N, Part II	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)?	35		Νο
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		Νο
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?	20	Yes	

Form 990 (2010)		
Part V	Statements Regarding Ot	her IRS Filings and	l Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 3,009			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this		163	
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕒			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	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		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- OD		
	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		No
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	7-		NI -
d	file Form 8282?	7c		N o
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
10	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			
11				
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
_				
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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.

Chack if Schadula O	contains a response to an	y question in this Part VI									J
Check if Schedule O	contains a response to an	y question in this Fait vi	-	-	•	•	-	•	•		. *

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	2	Yes	
3	other officer, director, trustee, or key employee?	3	162	
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was	_		No
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		No No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	76		110
0	year by the following			
а	The governing body?	8a	Yes	
Ь	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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		Νο
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		· · ·	
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶NY			
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 V 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 DIANE BLAKE

807 UNION STREET Schenectady, NY 12308 (518) 388-6104

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

Check if Schedule O contains a response to any question in this Part VII

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

- 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, if any 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, and 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 neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	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
See Additional Data Table										
-										
			<u> </u>							

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours	1	(i tion that a			ıll		Repo	(D) ortable ensation	•	Reportable compensation an		
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organız	m the zation (W- 9-MISC)	from related organizations (W- 2/1099- MISC)		compen: from organizat relat organiza	the ion and ed
See A	Addıtıonal Data Table	- /												
												+		
1b	Sub-Total					•		-						
С	Total from continuation sheets	to Part VII, Sec	tion A				>							
d	Total (add lines 1b and 1c) .			•	•		•	F		2,026,445		0		471,794
2	Total number of individuals (incl \$100,000 in reportable compen	•					above) who	receive	ed more tha	n			
													Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sch	· ·				eye •	mploy •	ee, o	r highes • • •	t compens	ated employee	3		No
4	For any individual listed on line is organization and related organize individual											4	Yes	
5	Did any person listed on line 1a										r individual for	_	103	
	services rendered to the organiz	ation? <i>If "Yes,"</i>	complet	e Sch	edul	e J f	or suci	h pers	son .		•	5		No
Se	ection B. Independent Con													
1	Complete this table for your five \$100,000 of compensation from			ndep	ende	ento	contra	ctors	that rec	eived more	e than			
	Nan	(A) ne and business ad-	dress							Descr	(B) uption of services		(C Compe	
11 Gr	lechanical een Mountain Drive DES, NY 12047									CONSTRUCT				1,611,447
5 Lov	artını İnc vell Avenue HESTER, MA 01890									construction			Ġ	9,725,777
ROYA	Parters Offshore LL TRUST TOWER 77 KING STREET W E 3400, PO BOX 38, TORONTO,ONTARIO									Investment N	1gmt			584,155
101 F	R GLOBAL MANAGEMENT LLC PARK AVENUE 48TH FLOOR YORK, NY 10178									INVESTMENT	Mgmt		1	1,530,079
645 N	PARTNERS 4ADISON AVENUE 6TH FLOOR YORK, NY 10022									INVESTMENT	Mgmt			839,099

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 ▶39

(D) Fundraising expenses 293,281 2,367,926 260,472
293,281 2,367,926 260,472
293,281 2,367,926 260,472
293,281 2,367,926 260,472
293,281 2,367,926 260,472
2,367,926
2,367,926
2,367,926
2,367,926
2,367,926
260,472
260,472
F02 74 :
592,714
196,752
, , , , , , , , , , , , , , , , , , ,
24,300
104,797
122,314
581,088
60,319
- 00,313
107,659
273,243
275,245
372,989
27,396
5,385,250

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			409,435	1	114,985
	2	Savings and temporary cash investments			18,597,155	2	21,793,043
	3	Pledges and grants receivable, net			12,303,132	3	12,942,321
	4	Accounts receivable, net			4,781,029	4	3,218,369
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
Assets	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing esponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	ers, and				
		Schedule L				6	
× ×	7	Notes and loans receivable, net			6,864,246	7	6,522,996
₹	8	Inventories for sale or use			1,028,097	8	977,598
	9	Prepaid expenses and deferred charges			588,467	9	1,520,947
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	327,904,468			
	b	Less accumulated depreciation	10Ь	184,086,974	136,579,847	10c	143,817,494
	11	Investments—publicly traded securities			124,703,023	11	109,515,997
	12	Investments—other securities See Part IV, line 11	175,832,865	12	230,708,089		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		20,443,631	15	11,780,054	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			502,130,927	16	542,911,893
	17	Accounts payable and accrued expenses .			12,997,066	17	11,546,931
	18	Grants payable				18	_
	19	Deferred revenue	910,152	19	730,947		
	20	Tax-exempt bond liabilities	65,643,704	20	69,602,828		
68	21	Escrow or custodial account liability Complete Part IV of Schedu				21	-
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,				
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	5.			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			20,620,156	25	19,133,693
	26	Total liabilities. Add lines 17 through 25			100,171,078	26	101,014,399
٠,٠		Organizations that follow SFAS 117, check here ► 🗸 and com	plete l	ines 27			
9		through 29, and lines 33 and 34.					
an E	27	Unrestricted net assets			248,710,433	27	186,680,900
8	28	Temporarily restricted net assets		16,942,585	28	115,499,462	
Fund Balances	29	Permanently restricted net assets			136,306,831	29	139,717,132
₫		Organizations that do not follow SFAS 117, check here ▶ ┌ a	nd con	nplet e			
10		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 f	unds			32	
Net	33	Total net assets or fund balances			401,959,849	33	441,897,494
	34	Total liabilities and net assets/fund balances			502,130,927	34	542,911,893

Par	Check if Schedule O contains a response to any question in this Part XI			. 🔽				
1	Total revenue (must equal Part VIII, column (A), line 12)	_		445.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	145,315,3					
3	Revenue less expenses Subtract line 2 from line 1	3	1,209,66					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4							
5	Other changes in net assets or fund balances (explain in Schedule O)	5		38,7	727,984			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		441,8	397,494			
Par	t XII Financial Statements and Reporting			_				
	Check if Schedule O contains a response to any question in this Part XII		•	୮				
				Yes	No			
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O							
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 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 in a separate basis, consolidated basis, or both	ssued						
	▼ Separate basis							
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a	Yes				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes				

DLN: 93493125006012

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Name of the organization

Truste	esoic	onion College									
			-1338580								
	rt I	Reason for Public Charity Status (All organizations must complete this part.)) See instruct	ions							
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)									
1	Γ	A church, convention of churches, or association of churches described in section 170(b)(1)	(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	Γ	A medical research organization operated in conjunction with a hospital described in section hospital's name, city, and state	170(b)(1)(A)(iii). Ente	r the						
5	Γ	An organization operated for the benefit of a college or university owned or operated by a gov	ernmental unit	describe	d ın						
		section 170(b)(1)(A)(iv). (Complete Part II)									
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)	(v).								
7	Γ	An organization that normally receives a substantial part of its support from a governmental described in section 170(b)(1)(A)(vi) (Complete Part II)	unit or from the	general	public						
8	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)									
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
10	Г	An organization organized and operated exclusively to test for public safety See section 509(•								
11	r	An organization organized and operated exclusively for the benefit of, to perform the functions one or more publicly supported organizations described in section 509(a)(1) or section 509(the box that describes the type of supporting organization and complete lines 11e through 11 a Type I b Type II c Type III - Functionally integrated	s of, or to carry a)(2) See sect Lh		a)(3).	Check					
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by other than foundation managers and other than one or more publicly supported organizations section 509(a)(2)									
f		If the organization received a written determination from the IRS that it is a Type I, Type II of check this box	rType III sup	porting o	rganız	ation,					
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?		,							
		(i) a person who directly or indirectly controls, either alone or together with persons describe	d in (ii)		Yes	No					
		and (III) below, the governing body of the the supported organization?		11g(i)							
		(ii) a family member of a person described in (i) above?		11g(ii)							
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11a(iii)		_					

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is the organizat col (i) orga	(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pic	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	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						
	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)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	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 from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	LIY ▶
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. 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% support tests—2009. 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 (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

EIN: 14-1338580

Name: Trustees of Union 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 per	Posi t	((tion (hat a	che	')	_	T	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
David B Chapnick Life Trustee	1 0	×						0	0	0		
Stephen J Ciesinski Life Trustee	1 5	Х						0	0	0		
Neil M Golub Life Trustee	1 0	х						0	0	0		
Robert D Bertagna Term Trustee	1 0	х						0	0	0		
David J Breazzano Term Trustee	1 5	х						0	0	0		
John J Castellanı Term Trustee	1 0	Х						0	0	0		
William J Curtin	1 0	х						0	0	0		
Term Trustee Nancy Eppler Wolff	1 0	X						0	0	0		
Chair of President's Council David Henle Term Trustee	1 5	Х						0	0	0		
V alerie Hoffman	1 8	х		Х				0	0	0		
Term Trustee/Secy of the Board A drian Maclean Jay Term Trustee	1 5	X						0	0	0		
Douglass karp Term Trustee	1 0	Х						0	0	0		
John E Kelly III Term Trustee	1 0	х						0	0	0		
Paul LeClerc Term Trustee	10	х						0	0	0		
Kathy E Magliato Term Trustee	1 0	Х						0	0	0		
Frank L Messa Term Trustee/Chr of the Board	4 3	Х		х				0	0	0		
Stanley O Brien Term Trustee	1 5	Х						0	0	0		
Lawrence Pedowitz Term Trustee/GC for the Board	2 3	х		х				0	0	0		
Stephen W Ritterbush Term Trustee	2 0	х						0	0	0		
James W Taylor Term Trustee	1 0	Х						0	0	0		
David A Viniar Term Trustee	1 0	Х						0	0	0		
Mark Walsh Term Trustee/VC of the Board	2 3	Х		х				0	0	0		
Kelly M Williams Term Trustee	1 0	Х						0	0	0		
Robert A Danziger Alumni Trustee	1 0	Х						0	0	0		
Mıchael F Newell Alumnı Trustee	1 0	Х						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours per		tion ((che	′)	_		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Jason Oshins Alumni Trustee	1 0	×						0	0	0
John R Vero	1 0	х						0	0	C
Alumni Trustee										
James M Kenney Faculty Trustee	1 0	X						0	0	C
Robert T Abbe	1 0	х						0	0	O
Trustees Emeriti								Ĭ		
Gerald Barandes Trustees Emeriti	1 0	Х						0	0	C
Philip R Beuth Trustees Emeriti	10	x						0	0	C
Arnold I Burns	1 0	x						0	0	0
Trustees Emeriti William G Burns	1 0	X						0	0	C
Trustees Emeriti Lee L Davenport	1 0	X						0	0	0
Trustees Emeriti Robert B EnemarK										
Trustees Emeriti	1 0	Х						0	0	0
Joseph M Hınchey Trustees Emeriti	1 0	×						0	0	C
Norton H Reamer Trustees Emeriti	1 0	х						0	0	C
John S Wold Trustees Emeriti	1 0	х						0	0	C
Stephen Aınlay President	40 0	х		х				390,146	0	79,179
James M Lippman Term Trustee	1 0	х						0	0	(
William M Wicker Term Trustee	1 0	х						0	0	(
Leo Fleishman Faculty Trustee	1 0	х						0	0	(
Anthony Perez Student Trustee	1 0	х						0	0	(
Randall Miller Student Trustee	1 0	х						0	0	(
Robert DeMichele Trustees Emeriti	1 0	х						0	0	(
Diane Blake VP for Fin & Admin/ Treasurer	40 0			х				201,135	0	29,135
Kathryn L Q uinn Assitant Secretary	40 0			х				90,035	0	10,025
Therese McCarty VP Acad Aff & Dean of Students	40 0			х				185,717	0	41,623
Penelope Adey Registrar	40 0			х				79,521	0	53,842
Stephen Dare VP for College Relations	40 0				×			195,682	0	76,669

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

(A) Name and Title	(B) Average hours per week	ti hat Institutional Trustee	(che	')	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Matthew Malatesta V P for Admin, Fin Aid & Enrl	40 0			х			168,466	0	28,838
Valerie Barr Professor of computer science	40 0				х		151,014	0	20,692
Alan Taylor Professor of Mathematics	40 0				х		151,791	0	24,664
Peter Heinegg Professor of English	40 0				Х		137,221	0	21,070
Robert Wells Professor of History	40 0				х		140,592	0	22,838
Carol Weisse Professor of Psychology	40 0				х		135,125	0	63,219

DLN: 93493125006012

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Internal		Inspection				
If the	e organization ar	swered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political C	am pa		
then						
	, ,, ,	anizations Complete Parts I-A and B Do not complete Part I-C				
	, , ,	than section 501(c)(3)) organizations Complete Parts I-A and C below Do not comp	lete Part I-E	}		
	•	aons Complete Part I-A only Iswered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 a	/Lohbyina	Activ	vitios) that	n
	_	anizations that have filed Form 5768 (election under section 501(h)) Complete Part II				
	, , , ,	anizations that have NOT filed Form 5768 (election under section 501(h)) Complete F				II-A
	, ,, ,	swered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part			•	
∌ Se	ction 501(c)(4), (5)	, or (6) organizations Complete Part III				
	me of the organiza		nployer ide	ntıfıc	atıon numbe	er
Trus	stees of Official College		4-1338580	n		
Pari	t I-A Comple	te if the organization is exempt under section 501(c) or is a se			ganizatio	n.
1		ption of the organization's direct and indirect political campaign activities in Part I	V			
2	Political expendi	tures	•	\$ _		
3	Volunteer hours			_		
Par	t I-B Comple	te if the organization is exempt under section 501(c)(3).				
1	Enter the amoun	t of any excise tax incurred by the organization under section 4955	>	\$_		
2	Enter the amoun	t of any excise tax incurred by organization managers under section 4955	F	\$_		
3	If the organization	on incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	☐ No
4a	Was a correction	made?			☐ Yes	☐ No
b	If "Yes," describ	e ın Part IV				
Par	t I-C Comple	te if the organization is exempt under section 501(c) except se	ction 50)1(c)	(3).	
1	Enter the amoun	t directly expended by the filing organization for section 527 exempt function activ	vities 🕨	\$_		
2	Enter the amoun exempt funtion a	t of the filing organization's funds contributed to other organizations for section 52 ctivities	.7 ►	\$		

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Did the filing organization file Form 1120-POL for this year?

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legislative body (direct lobbying)						
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
_	(election under section 501(h)).

		(a	1)	(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		24,30	
j	Total lines 1c through 1i			24,30	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
ь	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo		
Dai	+ TH-A. Complete if the organization is exempt under section $EO1(c)(A)$ section	1 FO1/c	\/ E _0	r caction	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
L	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference		Explanation				
Part II-B question i		Union retains a lobbying firm in Washington DC to obtain funding				
		for the college through the federal appropriations process				

DLN: 93493125006012

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** Trustees of Union College 14-1338580

Pa	rt I	Organizations Maintaining Donor Ac organization answered "Yes" to Form 99			or Accounts.	Complete If the
			(a) Donor advised funds	((b) Funds and ot	her accounts
1	Totaln	umber at end of year				
2	Aggreg	ate contributions to (during year)				
3	Aggreg	ate grants from (during year)				
4	Aggreg	ate value at end of year				
5		e organization inform all donors and donor advi	-	or advi	sed	┌ Yes ┌ No
6	used o	e organization inform all grantees, donors, and nly for charitable purposes and not for the ben ring impermissible private benefit				┌ Yes
Pai	rt II	Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forn	n 990, Part IV	, line 7.
2	☐ Pr☐ Pr☐ Pr☐ Compl	e(s) of conservation easements held by the or eservation of land for public use (e g , recreati otection of natural habitat eservation of open space ete lines 2a-2d if the organization held a quali ent on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	certifie	d historic struct	
	easeiii	ent on the last day of the tax year			Hold at the	End of the Year
_	Totalr	number of conservation easements		2a	neid at the	end of the Year
a		icreage restricted by conservation easements				
b		er of conservation easements on a certified his	toric structure included in (a)	2b		
с			` ,	2c		
d		er of conservation easements included in (c) ac	•	2d		
3		er of conservation easements modified, transfe able year 🛌	rred, released, extinguished, or terminate	d by th	ie organization d	luring
4	Numbe	r of states where property subject to conserva	ation easement is located ►			
5	Does t	he organization have a written policy regarding ement of the conservation easements it holds?	the periodic monitoring, inspection, hand	—— dling of	violations, and	┌Yes ┌No
6	Staff a	nd volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents d	uring the year 🕨	
7	A mour	it of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during	g the year ► \$ _	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No					
9	balanc the org	EXIV, describe how the organization reports content of the sheet, and include, if applicable, the text of the state of the	he footnote to the organization's financial nents	stater	nents that desc	rıbes
Par		Organizations Maintaining Collectio Complete if the organization answered "	Yes" to Form 990, Part IV, line 8.			
1a	art, his	organization elected, as permitted under SFAS torical treasures, or other similar assets held e, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch ın fu		
b	hıstorı	organization elected, as permitted under SFAS cal treasures, or other similar assets held for p e the following amounts relating to these items	oublic exhibition, education, or research i			•
	(i) Rev	venues included in Form 990, Part VIII, line 1			► \$	
	(ii) _{As}	sets included in Form 990, Part X			► \$	
2		organization received or held works of art, historia ng amounts required to be reported under SFA		or finan	cıal gaın, provıd	e the
а	Reven	ues included in Form 990, Part VIII, line 1			► \$	
ь		s included in Form 990, Part X			b #	
_	ASSETS	o included ill Follii 990, Part X			- →	

ar	t IIII Organizations Maintaining Co	llections of Art,	Histo	rical Tre	easures, or	Othe	r Similar As	sets (ca	ntınued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of the	following th	iat are a signifi	cant ι	use of its collect	ion	
а	▼ Public exhibition		d	Loan o	r exchange pro	grams	3		
b	Scholarly research		e	▽ Other	Educational				
c	▼ Preservation for future generations								
4	Provide a description of the organization's co Part XIV	llections and explair	n how t	hey further	the organization	on's e	xempt purpose II	n	
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to	o be maintained as p	art of	the organız	ation's collecti	on?	Γ	_ Yes	√ No
Par	Part IV, line 9, or reported an am					ed "Y	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	an or other intermed	diary fo	r contribut	ions or other as	ssets		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowin	g table			T		
						<u> </u>	Am	ount	
с	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	217				Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV			1 1157					
Pa	rt V Endowment Funds. Complete i						rt IV, line 10. (d)Three Years		
		(a)Current Year	(b) P	rıor Year	(c)Two Years B	ack	Back	(e)Four Y	ears Back
La	Beginning of year balance	297,078,531		291,305,120	399,538	3,866			
b	Contributions	6,711,456		6,635,723	6,328	-			
С	Investment earnings or losses	57,057,490		37,872,215	-88,958	· +			
d	Grants or scholarships	4,794,124		5,109,830	4,643	-			
e	Other expenditures for facilities and programs	21,437,051		28,774,697	17,721	1,944			
f	Administrative expenses	6,860,000		4,850,000	3,239	9,000			
g	End of year balance	327,756,302		297,078,531	291,305	5,120			
2	Provide the estimated percentage of the year	end balance held as	s						
а	Board designated or quasi-endowment	27 000 %							
b	Permanent endowment - 65 000 %								
С	Term endowment ▶ 3 000 %								
3a	Are there endowment funds not in the posses	sion of the organizat	tion the	at are held	and admınıster	ed for	the		
	organization by							Yes	No
	(i) unrelated organizations						3a(i		
L	(ii) related organizations					•	3a(i		<u> </u>
р 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	· ·					<u>3b</u>	<u> </u>	<u> </u>
	rt VI Investments—Land, Buildings				Λ Part X lin	<u> </u>			
- GI	Description of investment	, und Equipmen		(a) Cost or ot asis (investm	her (b) Cost or	other	(c) Accumulated depreciation	(d) Boo	ok value
 1a	Land					101		1	101
	Buildings		.		150.7	82,874		8	6,902,082
	Leasehold improvements		.			62,870			7,046,149
	Equipment		<u> </u>			73,333			2,635,498
	Other					85,290		 	7,233,664

143,817,494

13	Part VIII Investments—Other Securities. See I	Form 990, Part X, line 12.	
		(b)Book value	
1.913.203 F	(1)Financial derivatives		
1,013,208			
CO PRIVATE EQUITY	(A) INTERNATIONAL PRIVATE EQUITY	1,913,208	F
	(B) VENTURE CAPITAL	3,800,764	F
S SMERGHIS MARKETS	(C) PRIVATE EQUITY	32,006,224	F
POISTRESSED DEST 29,414.235 F	(D) HEDGED EQUITY FINDS	87,510,040	F
(G) COMMON STOCKS AND MUTUAL FUNDS 31,821,640 F (M) INTERNATIONAL EQUITY 22,097,900 F (I) MULTI-STRATEGY 10 MULTI-STRATE	(E) EMERGING MARKETS	21,850,952	F
(a) Description of investment type	(F) DISTRESSED DEBT	29,414,235	F
1	(G) COMMON STOCKS AND MUTUAL FUNDS	31,621,640	F
Total, Column (b) should equal Form 990, Fart X, col.(8) line 15.	(H) INTERNATIONAL EQUITY	22,097,900	F
Total. (Column (b) should equal Form 990, Part X, col.(b) Into 15.) Total. (Column (b) should equal Form 990, Part X, col.(b) Into 15.) Total. (Column (b) should equal Form 990, Part X, col.(b) Into 15.) Total. (Column (b) should equal Form 990, Part X, col.(b) Into 15.) Total. (Column (b) should equal Form 990, Part X, col.(b) Into 15.) Total. (Column (b) should equal Form 990, Part X, col.(b) Into 15.) Total. (Column (b) should equal Form 990, Part X, col.(b) Into 15.) Part X Other Liabilities. See Form 990, Part X, into 25. 1. (a) Description of Liability Federal Intoome Taxes 0. 2. SSET RETIREMENT OBLIGATIONS 1.664.150 2. SSET RETIREMENT DENERTY 9.603.601 PLIF a CGA 5.354.120	(I) MULTI-STRATEGY	493,126	F
(a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) should equal Form S80. Part X, col (B) five (1) (a) Description (b) Book value Total. (Column (c) should equal Form S80. Part X, col (B) five (1) (a) Description (b) Book value Total. (Column (c) should equal Form S90. Part X, col (B) five (1) (a) Description (b) Book value Total. (Column (c) should equal Form S90. Part X, col (B) five (1) (b) Book value Total. (Column (c) should equal Form S90. Part X, col (B) five (1) (c) Amount Federal Income Taxes ASSET RETIREMENT OBLIGATIONS (c) Asset RETIREMENT DENETIT (d) Asset RETIREMENT BENEFIT (e) ASSA (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	((-,		
Total. (Column (b) should equal Form 990, Part X, cot (8) line 13.) Total. (Column (b) should equal Form 990, Part X, cot (8) line 15.) Total. (Column (b) should equal Form 990, Part X, cot (8) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description (b) should equal Form 990, Part X, cot (8) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) should equal Form 990, Part X, cot (8) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 2 (b) A mount Pederal Income Taxes Ox56T RETIREMENT OBLIGATIONS 1 (64.150) ACCRUED POST RETIREMENT BENEFIT (9,603,601) PLIF & CGA 5 ,354,120	Part VIII Investments—Program Related. See	Form 990, Part X, line 13	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Amount Federal Income Taxes ASSET RETIREMENT OBLIGATIONS 1,664,150 FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120	(a) Description of investment type	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Amount Federal Income Taxes ASSET RETIREMENT OBLIGATIONS 1,664,150 FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120			
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Amount Federal Income Taxes ASSET RETIREMENT OBLIGATIONS 1,664,150 FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120			
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Amount Federal Income Taxes ASSET RETIREMENT OBLIGATIONS 1,664,150 FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120			
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Amount Federal Income Taxes ASSET RETIREMENT OBLIGATIONS 1,664,150 FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120			
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Amount Federal Income Taxes ASSET RETIREMENT OBLIGATIONS 1,664,150 FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120			
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Amount Federal Income Taxes ASSET RETIREMENT OBLIGATIONS 1,664,150 FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120			
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description (b) Amount Federal Income Taxes ASSET RETIREMENT OBLIGATIONS 1,664,150 FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120			
(a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col.(8) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ASSET RETIREMENT OBLIGATIONS 1,664,150 REDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120	Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	45	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ASSET RETIREMENT OBLIGATIONS 1,664,150 FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120	, , , , , , , , , , , , , , , , , , , ,		(b) Book value
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ASSET RETIREMENT OBLIGATIONS 1,664,150 FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120			
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ASSET RETIREMENT OBLIGATIONS 1,664,150 FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120			
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ASSET RETIREMENT OBLIGATIONS 1,664,150 FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120			
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ASSET RETIREMENT OBLIGATIONS 1,664,150 FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120			
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ASSET RETIREMENT OBLIGATIONS 1,664,150 FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120			
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ASSET RETIREMENT OBLIGATIONS 1,664,150 FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120			
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ASSET RETIREMENT OBLIGATIONS 1,664,150 FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120			
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ASSET RETIREMENT OBLIGATIONS 1,664,150 FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120			
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ASSET RETIREMENT OBLIGATIONS 1,664,150 FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120			
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 ASSET RETIREMENT OBLIGATIONS 1,664,150 FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120	Total (Column (h) should equal Form 990 Part V col (R) line 1	5.)	
(a) Description of Liability (b) Amount Federal Income Taxes 0 ASSET RETIREMENT OBLIGATIONS 1,664,150 FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120			
ASSET RETIREMENT OBLIGATIONS 1,664,150 FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120	· 1		
FEDERAL STUDENT LOAN FUNDS 2,511,822 ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120	Federal Income Taxes	0	
ACCRUED POST RETIREMENT BENEFIT 9,603,601 PLIF & CGA 5,354,120	ASSET RETIREMENT OBLIGATIONS		
PLIF & CGA 5,354,120	FEDERAL STUDENT LOAN FUNDS		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ 19,133,693			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ 19,133,693			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ 19,133,693			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ 19,133,693			
Fotal. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ 19,133,693			
	Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	19,133,693	

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ıts	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	145,315,330
Total expenses (Form 990, Part IX, column (A), line 25)	2	144,105,669
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	1,209,661
4 Net unrealized gains (losses) on investments	4	38,217,556
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	510,428
9 Total adjustments (net) Add lines 4 - 8	9	38,727,984
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	39,937,645
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1 Total revenue, gains, and other support per audited financial statements	1	186,933,633
2 A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	38,779,729
3 Subtract line 2e from line 1	3	148,153,904
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a 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	-2,838,574
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	145,315,330
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
Total expenses and losses per audited financial statements	1	146,995,988
2 A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments 2b		
c Other losses		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	2,890,319
3 Subtract line 2e from line 1	3	144,105,669
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV) 4b		
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	144,105,669

Part 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 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 III, Line 4		The College's collections are made up of approximately 3,000 objects and their estimated fair value is approximately \$14,500,000 The College's policy is not to capitalize its collections. The College's collections comprise paintings and portraits, furniture, works on paper, scientific instrumentation, and other objects. The College's collections are held for educational, research, scientific, and curatorial purposes. Each of the items is cataloged, preserved, and cared for, and activities verifying their existence and assessing their condition are performed periodically. All proceeds resulting from the deaccessioning of objects from the permanent collection are allocated for the benefit of the collections. During the years ended June 30, 2011 and 2010, no objects were deaccessioned.
Part V , line 4		The intended use of the organization's endowment funds are to be used for programs and other educational purposes in accordance with donor intentions for the use of funds
Part X, line 2		The College is a not-for-profit organization as described in Section 501(c)(3) of the Internal Revenue Code and is generally exempt from income tax on related income. The College recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Recognized income tax positions are measured at the largest amount that is greater than 50% likely of being realized. Changes in recognition or measurement are reflected in the period in which the change in judgment occurs. The College believes it has taken no significant uncertain tax positions.
Part XI, line 8		Actuarial Gain/Loss on Terminations 510,428
Part XII, line 2d		Athletic Fundraising Expense 51,745 Actuarial Gain/Loss on Terminations 510,428 Total 562,173 ========
Part XII, line 4b		Bookstore COGS, Part VIII, line 10b (\$2,838,574)
Part XIII, line 2d		Bookstore COGS/Athletics Fundraising exp \$2,838,574 Athletic Fundraising Expense 51,745 Total \$2,890,319 ========

Additional Data

Software ID: Software Version:

EIN: 14-1338580

Name: Trustees of Union College

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
INTERNATIONAL PRIVATE EQUITY	1,913,208	F
VENTURE CAPITAL	3,800,764	F
PRIVATE EQUITY	32,006,224	F
HEDGED EQUITY FINDS	87,510,040	F
EMERGING MARKETS	21,850,952	F
DISTRESSED DEBT	29,414,235	F
COMMON STOCKS AND MUTUAL FUNDS	31,621,640	F
INTERNATIONAL EQUITY	22,097,900	F
MULTI-STRATEGY	493,126	F

Employer identification number

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. OMB No 1545-0047

2010

Open to Public
Inspection

Trustees of Union College 14-1338580 Part I YES NO 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? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 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 Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II 7 Yes

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
Part I Question 3		Racially nondiscriminatory policy is publicized through area new spaper. Union College does not discriminate on the basis of race, color, sexual orientation, national or ethnic origin to all the rights, privilages, programs and activities generally accorded or made available to students. This policy extends to the administration of their educational policies, admissions policies, scholarship and loan programs and athletic and other school-administered programs.
Part I Question 6A		The organization has received the following financial aid or assistance from a governmental agency 1 Federal campus-based aid, which includes Federal Work-Study, Supplemental Educational Opportunity Grants, and Federal Perkins Loans form the U.S. Department of Education 2 NSF-STEM Scholarships which are funded by the Federal Government 3 TAP awards, NYS Merit Scholarships and Tution/Maintenance Grants received from NYS for the HEOP Program

Schedule E (Form 990 or 990-EZ) 2010

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DLN: 93493125006012

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

> Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

ruci	ees of Union College				p.o, ca.c	
ıusl	ees of official College				14-1338580	
Рa	rt I General Information	n on Activiti	es Outside th	ne United States. Co		zation answered
	"Yes" to Form 990, Pai				ompiece il die organiz	adon anomerca
1	For grantmakers. Does the o	•		s to substantiate the a	amount of the grants	
_	assistance, the grantees' elig	-			-	
	the grants or assistance?		_			☐ Yes ☐ No
	_					
2	For grant makers. Describe in Pa	rt V the organiz	atıon's procedur	es for monitoring the use	of grant funds outside t	he
	United States					
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)			
			_			
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is	(f) Total
		offices in the region	employees or agents in region or	region (by type) (e g , fundraising, program	a program service, describe specific type of	expenditures for region/investments
		region	independent	services, investments, grants		in region
			contractors	to recipients located in the region)		
	See Add'l Data			iegion)		
	-					
	-		1			
32	Sub-total					145,030,180
	Total from continuation sheets					27,698
	to Part I					

c Totals (add lines 3a and 3b)

145,057,878

Par	Part IV, l	ine 15, for any					olete if the organiza received more than		
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	,								
	_								
2	Enter total nun	nber of recipie	ent organizations lis	ted above that are i	recognized as chari	ties by the foreign (country, recognized letter	as 🕨	1
3	• •	·	_	•		. , , ,		. ▶	
								Schedule F	(Form 990) 2010

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete i	if the organization a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if ad	ditional space is ne	eded.					

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
			!		assistance	assistance	(book, FMV, appraisal, other)
			<u>. </u>				
			<u> </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			1		1		

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	<u> </u>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	ি	Yes	Г	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	ি	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	<u> </u>	Νo

Schedule F (Form 990) 2010

Software ID: **Software Version:**

EIN: 14-1338580

Name: Trustees of Union College

Schedule F (Form 990) 2010

Page **5**

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Form 990 Schedule F	Part I - Activit	ies Outside T	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	Study abroad	1,069,432
Sub-Saharan Africa			Program Services	Study abroad	95,497
East Asia and the Pacific			Program Services	Study Abroad	660,985
South America			Program Services	Study Abroad	239,366
Middle East and North Africa			Program Services	Study abroad	117,573
South Asia			Program Services	Study abroad	43,493
North America			Program Services	Study abroad	20,812
Central America and the Caribbean			Investments	N/A	142,738,774
North America			Program Services	Recruiting Athletics	11,593
North A merica			Program Services	Research	2,815
North America			Program Services	Conference	10,291
North America			Program Services	Scholars trip	3,343
North America			Program Services	Lab Classroom Supplies	1,860
South America			Program Services	Research	7,164
South America			Program Services	Recruiting Admissions	1,624
Central America and the Caribbean			Program Services	Research	5,466
Central America and the Caribbean			Program Services	Recruiting Admissions	92
Europe (Including Iceland and Greenland)			Program Services	Research	6,523
Europe (Including Iceland and Greenland)			Program Services	Recruiting Admissions	1,999
Europe (Including Iceland and Greenland)			Program Services	Conference	4,721
Europe (Including Iceland and Greenland)			Program Services	Lab Classroom Supplies	378
Europe (Including Iceland and Greenland)			Program Services	Fundraising	1,425
Europe (Including Iceland			Program Services	Library Materials	1,407
and Greenland) East Asia and the Pacific			Program Services	Research	1,745
East Asia and the Pacific			Program Services	Recruiting Admissions	2,209
East Asia and the Pacific			Program Services	Conference	450
East Asia and the Pacific			Program Services	Computer Supplies Serv	917
South Asia			Program Services	Recruiting Admissions	1,445
South Asia			Program Services	Recruiting Admissions	1,346
South Asia			Program Services	Recruiting Admissions	7
Sub-Saharan Africa			Program Services	Conference	3,126
	<u> </u>		I.	I	<u> </u>

In-person solicitations

DLN: 93493125006012

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Name of the organization **Employer identification number** Trustees of Union College 14-1338580 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Special fundraising events Phone solicitations

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No							
otal										

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.										
			(a) Event #1 GARNET BLADES (event type)	(b) Event #2 GRIDIRON GOLF (event type)	(c) O ther Events 3 (total number)	(d) Total Events (Add col (a) through col (c))						
ΞE	1	Gross receipts	39,878	38,588	44,991	123,457						
Revenue	2	Less Charitable contributions	23,028	27,968	31,644	82,640						
	3	Gross income (line 1 minus line 2)	16,850	10,620	13,347	40,817						
	4	Cash prizes			100	100						
ဟ	5	Non-cash prizes		1,680	420	2,100						
Expenses	6	Rent/facility costs	16,784	5,445	12,756	34,985						
ă	7	Food and beverages	200	4,455	3,011	7,666						
Direct	8	Entertainment										
ā	9	Other direct expenses .	2,555	200	4,139	6,894						
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	51,745						
	11	Net income summary Combine li	nes 3 and 10 ın column (d)	$(x_1, x_2, x_3, x_4, x_4, \bullet) \bullet$	-10,928						
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than						
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))						
		Cash prizes										
Expenses	3	Non-cash prizes										
E E	4	Rent/facility costs										
Direct	5	Other direct expenses										
	6	Volunteer labor	∀es % No	∀es % No	┌ Yes %							
	7	Direct expense summary Add line	s 2 through 5 ın column (d)								
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)								
9 a b	Ist	er the state(s) in which the organizathe organization licensed to operate	gaming activities in each			· Fyes Fno						
10a b		re any of the organization's gaming Yes," Explain			the tax year?	· · Fyes Fno						

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	\$ \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par		<u>-</u>	r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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Schedule I

(Form 990)

Department of the Treasury

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990 OMB No 1545-0047

2010

DLN: 93493125006012

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization Trustees of Union College 14-1338580 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other) (1) Alumni Council of Union 14-6019466 501(c)(3) 51,942 Book Cover Expenses College Inc807 Union Street Schenectady, NY 12308

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.

(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
				recipients cash grant non-cash assistance (book,

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
Part IV	Part I, Line 2	All grants awarded are based on need and conform to federal, state and institutional regulations. Eligibility is based on a thorough review and verification of a family's income, assets, size and number of dependents enrolled in college. Annual expenditure reports are submitted to the federal and state governments for review. The fund expenditures are reviewed for compliance in an annual audit conducted by an independent accounting firm. Internal Controls. 1. The total sum of all sources of financial aid, including institutional funds, cannot exceed the total cost of attendance for non-need based funds and calculated need for need-based funds. 2. Each year the Financial Aid Department sets in Datatel the budgeted amount for each fund. This is the maximum total that can be spent during the fiscal year for each fund. 3. Restricted Scholarships. College Relations receives a spreadsheet from Finanacial Aid listing all students who received an annual restricted scholarship. For the scholarships that are stewarded, the information on this list is verified, such as spelling of name, and class year. College Relations also verifies that the award given matches the amount determined would be spent out of the account. College Relations also verifies that the restrictions on the accounts were properly met. 4. Endowed scholarships. The budget amount indicated in Datatel is the maximum amount that may be awarded to a student. (a) On a monthly basis, the Director of Financial Reporting and Analysis updates the endowment subledger (which is Excel based) for all endowed expenditures, including expenses charged to the endowed scholarship accounts. Any potential discrepancies are brought to the attention of the Director of Financial Aid to be explained and corrected if necessary. (b) College Relations receives a spreadsheet from Financial Aid listing all students who received an endowed scholarship. For the scholarships that are stewarded, the information on this list is verified, such as spelling of name, and class year. College

Software ID: Software Version:

EIN: 14-1338580

Name: Trustees of Union College

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
Higher Education Opportunity Program	79		181,240	Book	Crto Student's a/c
Union College General Scholarships	1454		29,447,461	Book	Cr to Student's a/c
Endowed Scholarships	554		4,379,775	Book	Cr to Student's a/c
Annual Restricted Scholarships	128	7,875	853,287	воок	Crto Student's a/c
Work Study	745	773,633			
Supplemental Educational Opportunity Grant	403		395,197	Book	Crto Student's a/c
ROTC Scholarship	7		256,238	Scholarships	cr to student's a/c
Supporting Scholars in Science And Engineering	16		162,715	Book	Crto Student's a/c

DLN: 93493125006012

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

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

Name	of	t he	orga	nizat	ior
rustee	SO	f Hnic	n Col	llene	

Employer identification number

14-1338580

Pai	rt I Questions Regarding Compensati	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	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 reimbursement orprovision of all the expenses des	_		1b		No
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive		,	2		Νο
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all	that appl	У			
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization), Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	ol paymer	nt from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplem	nental non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	-based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only r	must comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, 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	A, 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 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	in Kegs	section 53 4958-4(a)(5)/ IT "Yes," describe	8		No
9	If "Yes" to line 8, did the organization also follow t section 53 4958-6(c)?	the rebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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	W-2 and/or 1099-MI	ı	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) Stephen Aınlay	(I) (II)	346,455 0	25,000 0	· ·	40,120 0	39,059 0	469,325 0		
(2) Diane Blake	(ı) (ıı)	198,135 0	0	3,000 0	22,330 0	6,805 0	230,270		
(3) Therese McCarty	(ı) (ıı)	169,217 0	0	16,500 0	21,221 0	20,402	227,340 0		
(4) Valerie Barr	(ı) (ıı)	151,014 0	0	0	16,038 0	4,654 0	171,706 0		
(5) Alan Taylor	(ı) (ıı)	135,291 0	0	16,500 0	17,263 0	7,401 0	176,455 0		
(6) Peter Heinegg	(ı) (ıı)	137,221 0	0	0	13,756 0	7,314 0	158,291 0		
(7) Stephen Dare	(ı) (ıı)	194,876 0	0	806 0	22,220 0	54,449 0	272,351 0		
(8) Matthew Malatesta	(ı) (ıı)	168,466 0	0	0 0	18,887 0	9,951 0	197,304 0		
(9) Robert Wells	(ı) (ıı)	140,592 0	0	0	15,479 0	7,359 0	163,430 0		
(10) Carol Weisse	(ı) (ıı)	135,125 0	0	0	13,341 0	49,878 0	198,344 0		
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
· · · · · · · · · · · · · · · · · · ·								de 1 (Ferm 000) 2010	

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
Part I - Line 1a, 1b		Line 1 - Housing Allowance Per their employment contracts, the College provides housing for the President, Vice President for College Relations, Vice President for Student Affairs and Resident Directors & Advisors Of this group, only the President, Stephen Ainlay, and the Vice President for College Relations, Stephen Dare, are required to be disclosed on Schedule J We have estimated the value of housing to be approximately \$2,000 per month Line 1 - Health or Social Club Dues or Initiation Fees Stephen Ainlay, President, has an employment contract which states that the College will pay for two club memberships as required by his employment. The first is to the Mohawk Golf Club in Schenectady and the other membership is to the University Club in New York City. Additionally, as part of his employment contract the Vice President for College Relations, Stephen Dare, is entitled to a membership at the Mohawk Golf Club which is paid for by the College No formal written policy is available as the memberships are considered to be job requirements for these particular employees. This is not considered a taxable benefit because it is used solely for business entertaining and not personal use.
Part I, line 4b		President Stephen Ainlay has a 457(f) plan in which the College contributed \$13,170 in 2010

Schedule J (Form 990) 2010

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0 (Form 990).
 Attach to Form 990.

OMB No 1545-0047

DLN: 93493125006012

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Trustees of Union College

Bond Issues

Employer identification number

14-1338580

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pi	rıce	(f)	Description	of Purpose	(g) Defe	eased	Beha	On alf of uer		Pool ncing	
										Yes	No	Yes	No	Yes	No	
A	City of Schenectady Industrial Development - 2003A	14-1699509	64985wz31	11-25-2003	16,348	5 X Y I	A c q u i N ott	ired and reno	ovate 450		X		Х		Х	
В	County of Schenectady Industrial Development	14-1699509		12-22-2005	6,150		Renov Fitnes	vate the Col ss	ege's		х		х		Х	
С	City of Schenectady Industrial Development	14-1699509	806476BX4	11-22-2006	33,356	354 1	Refinance the Series 1999 Indu		х			х		х		
D	Schenectady County Capital Resource Corporation	27-3478847		12-23-2010	15,310	,000	Fund Facilities Renewal Plan			х		х		Х		
_																
	rt III Proceeds															
Fe	Partiti			Α			E	<u> </u>		С						
1	A mount of bonds retired						0		0			C)		0	
2	A mount of bonds legally defea	A mount of bonds legally defeased					0		0		30,0	30,000)		0	
3	Total proceeds of issue				1	6,348,	,589		6,150,000		33,3	356,354		6,	291,185	
4	Gross proceeds in reserve fun	ds					0		0			C)		0	
5	Capitalized interest from proc	eeds					0 0		0			C)		45,877	
6	Proceeds in refunding escrow						0 0			15,424,831			0			
7	Issuance costs from proceeds	3				678,	8,629 98,667		410,663		291,184					
8	Credit enhancement from proc	eeds				286,	6,508 0					C)	0		
9	Working capital expenditures	from proceeds					0		0			C)		0	
10	Capital expenditures from pro	ceeds			1	5,669,	,960		6,051,333		17,3	32,419)	6,000,000		
11	Other spent proceeds						0		0			C)		0	
12	Other unspent proceeds						0		0			C)		0	
13	Year of substantial completion	า			200	5		20	09		2005					
					Yes	No		Yes	No	Yes		No	Yes	<u> </u>	No	
14	Were the bonds issued as part	of a current refund	ing issue?			Х			Х			Х			Χ	
15	Were the bonds issued as part	t of an advance refu	nding issue?			Х			Х	X					Х	
16	Has the final allocation of proc	ceeds been made?			х			Х		X					Х	
17	Does the organization maintai	n adequate books a	nd records to supp	ort the final	х			Х		Х			х			

Part IIII Private Business Use

		A		В		c		I	D
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х		Х		x		Х
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		×		X

Part III Private Business Use (Continued)

	111vate Basiness Ose (continued)								
			Α		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		×		×		x		х
b	Are there any research agreements that may result in private business use of bond-financed property?		×		×		X		x
С	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?	x		x		x		x	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		11 210 %		0 %		0 %		0 %
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 section 501(c)(3) organization, or a state or local government		1 220 %		1 600 %		1 200 %		1 900 %
6	Total of lines 4 and 5		12 430 %		1 600 %		1 200 %		1 900 %
7	Has the organization adopted management practices and procedures to ensure the	х		×		х		×	

Par	rt IV Arbitrage								
	-	А	A	В	,	С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		х		×		x		х
2	Is the bond issue a variable rate issue?		Х	X	+		Х	Х	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		х	×			x	×	
b	Name of provider	Bank Of America		Bank Of Ame	ırıca				
С	Term of hedge	<u> </u>	8 4	<u> </u>	8 4				6
d	Was the hedge superintegrated?		х		х				х
e	Was a hedge terminated?		Х		х				х
4a	Were gross proceeds invested in a GIC?		Х				Х		Х
ь	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?		х				х		×
6	Did the bond issue qualify for an exception to rebate?		х		х		х		х

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Ident if ier	Return Reference	Explanation
Part II		Union College received \$33,356,354 in proceeds from the City of Schenectady Industrial Development Agency Civic Facility Refunding Revenue Bonds (Union College Project), Series 2006 These proceeds were used to refinance the 1999 issue and a portion of the 2001 issue Initially, all proceeds (with the exception of proceeds used for costs of issuance) were placed into an escrow account Proceeds would remain in the escrow account until the bonds could be called, which was 10 years from the date of issue As of June 30, 2011, the 1999 debt had been paid off and only the escrow set up to pay off the 2001 debt remains. The escrow account has a market value of \$15,424,831 as of June 30, 2011. The capital expenditures from proceeds represent expenditures made using bond proceeds from the previous issues (1999 & 2001). The date of substantial completion, 2005, represents the year in which the projects related to the 2001 debt (that was refinanced by the 2006 debt) were substantially complete.
Part III Line 5		For the 2010 Bond the percentage of financed property used is calculated by the total costs of issuance divided by \$15,310,000, which is the total amount borrowed
Part III Line 6		The percentage of private use is greater than the 5% cap at this point for the 2003 Bond. The college has a plan to reduce the conferencing activity from Wellspring in the future so that the average percentage of private use over the life of the bonds will not exceed the 5% cap

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

DLN: 93493125006012

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Trustees of Union College 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 (f) (b) Loan to (g)Written (e) In Approved or from the (a) Name of interested person and (c)O riginal default? by board or agreement? (d)Balance due organization? purpose principal amount committee? Τо From Yes No Yes Yes No Total 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 (1) David Breazzano Trustee 10,000

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
(1) Diane Blake	Officer	66,644	Brother-ın-law college employe		Νο
(2) Stephen Aınlay	Officer/Trustee	34,295	Spouse - College employee		Νο
(3) Kelly Williams	Trustee	125,335	mgmt fees paid to CS		Νο
					1
					Ť

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

DLN: 93493125006012

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

NonCash Contributions

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

Open to Public Inspection

Name of the organization Trustees of Union College

Employer identification number

					14-1338580			
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining o amounts		ontribut	:ion
1	Art—Works of art			-9				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications	Х		3,039	Opinions of experts			
5	Clothing and household	V		7.076				
good	ds	X		7,076	Opinions of experts			
	Cars and other vehicles .							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded	X	81	2,289,652	Market value			
	Securities—Closely held stock							
	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—O ther							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	Х	7	1,833	Cost			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	Computer Other ► (<u>Equipment</u>)	х	1	34,893	cost			
	Athletic Broadcasts/Events							
26	Other►(- Other)	X	16	11,167	selling price			
27	campus Other ► (events)	x	1	22.000	selling price			
27	Other ► (events)	$\frac{\hat{x}}{x}$	19	50,948				
28 29	Number of Forms 8283 received by			· · · · · · · · · · · · · · · · · · ·				
	for which the organization complete	_			29		Yes	No
30a	During the year, did the organizatio	n receiv	e by contribution any prope	rty reported in Part I. lines	1-28 that it		103	140
	must hold for at least three years f	rom the o	late of the initial contribution					
	for exempt purposes for the entire	٠.				30a		No
b	If "Yes," describe the arrangement	ın Part I	I					
31	Does the organization have a gift a			•		31	Yes	
32a	Does the organization hire or use the contributions?	nırd partı • • •	es or related organizations	to solicit, process, or sell	non-cash	32a		Νo
ь	If "Yes," describe in Part II							
33	If the organization did not report re	venuesı	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II					1		ı

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
Column B		Column B represents the number of contributions made for each specified category and NOT the number of items contributed to Union College

Schedule M (Form 990) 2010

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DLN: 93493125006012

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization Trustees of Union College 14-1338580

ldentifier	Return Reference	Explanation
Part VI-A, Question 1		There are 45 trustees listed on Part VII, Section A, however only 35 of these trustees have voting rights. Of the 45 trustees, 11 are trustees emeritive high do not have voting rights. In addition, the Governor of the State of New York and the President of the College have voting rights as described in the College's By-Laws, however are not considered trustees and are therefore not listed on Part VII, Section A

ldentifier	Return Reference	Explanation
Part VI-A, Question 2		1 Stephen Ritterbush & Kathy Magliato - Business Relationship 2 David Breazzano & James Taylor - Business Relationship 3 William Curtain & Valerie Hoffman - Business Relationship

ldentifier	Return Reference	Explanation
Part VI-B, Question 10a		The Trustees of Union College is affiliated with the Alumni Council of Union College, Inc

ldentifier	Return Reference	Explanation
Part VI-B, Question 10b		There are w ritten policies and procedures governing the activities of Alumni Council

ldentifier	Return Reference	Explanation
Part VI-B, Question 11		Although the College does not provide a copy to all Board members, it does provide a copy of the 990 to the Audit Committee prior to submission for review. The Audit Committee Chair provides an overview of the review to the full Board of Trustees. In addition, a copy of the Form 990 is available for review in the College's Finance Office.

ldentifier	Return Reference	Explanation
Part VI-B, Question 12c		The Trustees of Union College has a written conflict of interest policy, which requires officers, directors, trustees and key employees to annually disclose interests that could give rise to conflicts. Questionnaires are sent annually to monitor and enforce compliance with the policy. The responses to the questionnaires are reviewed by both the President's Office and Finance for potential conflicts of interest that require disclosure. If a conflict of interest is noted, potentially a Board member would have to recuse himself from voting, if so required

ldentifier	Return Reference	Explanation
Part VI-B, Question 15b		The Executive Compensation Committee shall act as a committee of the Board, consisting of the Chairman, Vice Chairman, Secretary, and General Counsel of the Board of Trustees. The Chair of the Board shall serve as the Chair of the Committee. The Committee shall act as the authorized body under Treasury Reg. 53.4958-6, responsible for approving the compensation arrangements of the President and certain key employees, as defined from time to time by the Internal Revenue Service. Regarding the President and certain key employees, as defined from time to time by the Internal Revenue Service. Regarding the President and certain key employees, as defined from time to time by the Internal Revenue Service. Regarding the President and certain key employees and studies for use in evaluating the compensation of the President c. Document its deliberations and decision establishing the President's compensation. Regarding key employees, the Committee will a Review the analysis and studies used by the President and/or administration in evaluating the recommended compensation of the key employees. Document its deliberations and decisions as to the reasonableness of the compensation recommendations for key employees. Report to the Executive Committee of the Board annually its findings and actions. Currently defined as those employees, other than officers or Trustees, who had reportable compensation of \$150,000 or greater on a calendar year basis, had or shared organization-wide control or influence similar to that of an officer or Trustee, or managed or had authority or control over at least 10% percent of the College's activities, and were within that group of the College's top 20 highest paid persons for the year who satisfied both of the foregoing two tests.

ldentifier	Return Reference	Explanation
Part VI-C, Question 19		The Trustees of Union College's governing documents, conflict of interest policy and financial statements are available to the public upon request. The financial statements are also available on the College's wiebsite with with windows and the college of the co

ldentifier	Return Reference	Explanation
Part VII, Column B		The following individuals listed in Part VII, Column A also devote hours to the following related organizations John Vero, Trustee - Alumni Council, 25 hours per week Stephen Ainlay, Key Employee - Alumni Council (exofficio), 25 hours per week

ldentifier	Return Reference	Explanation
Part XI, Line 5		Other changes in net assets or fund balances included in Line 5 are net unrealized gains of \$38,217,556 and actuarial gain/loss on terminations of \$510,428

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DLN: 93493125006012

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization Trustees of Union College				Employer iden	tification number		
Part I Identification of Disregarded Entities (Com	plete if the organizati	on answered "Yes	" on Form 990, Pa	•			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (stat or foreign country)	(d) e Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	nizations (Complete g the tax year.)	ıf the organization	n answered "Yes" (on Form 990, Part	: IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 cont organ	rolled lization
(1) Alumni Council of Union College Inc						Yes	No
807 Union St Abbe Hall Schenectady, NY 12308	Supporting Or	NY	501(c)(3)	11C	NA		
14-6019466							

				ble as a Partner created as a partne					answe	ered "\	es" on Fo	rm 990,	Part	IV, lu	ne 34
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share of t	(f) total income		(g) f end-of-year assets	(h Disprop allocat	rtionate	(i) Code V- amount in bo Schedule (Form 10	x 20 of K-1	(j Gene mana part	ral or aging	(k) Percentage ownership
									Yes	No			Yes	No	
				ble as a Corpora ations treated as a							nswered "\	'es" on	Form	990,	Part IV,
(a)			(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) (e) Direct controlling Type of e (C corp, S or trus		corp,		(f) f total income	(g) Share of end-of-year assets			(h) Percentage ownership	
See Additional Data Table				,,											

(6)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV	011 101111 330, 1 41	- 1 v , iiiie 3 i , 33 , 3	371, 01 30.7	Τ,	Yes	No		
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organi	ızatıons lısted ın Parts	II-IV?	Γ					
	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			-	La		No		
	Gift, grant, or capital contribution to other organization(s)			<u>:</u>	Lb '	Yes			
	Gift, grant, or capital contribution from other organization(s)			<u> </u>	Lc		No		
	Loans or loan guarantees to or for other organization(s)			:	Ld		No		
	Loans or loan guarantees by other organization(s)			:	Le		No		
f	Sale of assets to other organization(s)			:	Lf		No		
g	Purchase of assets from other organization(s)			[:	Lg		No		
h	Exchange of assets			[:	Lh		No		
i	Lease of facilities, equipment, or other assets to other organization(s)			:	1i		No		
j	Lease of facilities, equipment, or other assets from other organization(s)			[:	1j		No		
k	k Performance of services or membership or fundraising solicitations for other organization(s)								
ı	I Performance of services or membership or fundraising solicitations by other organization(s)								
m	m Sharing of facilities, equipment, mailing lists, or other assets								
n	n Sharing of paid employees								
o	Reimbursement paid to other organization for expenses			[:	Lo		No		
р	Reimbursement paid by other organization for expenses			[:	Lp `	Yes			
q	O ther transfer of cash or property to other organization(s)			[:	Lq		No		
r	r Other transfer of cash or property from other organization(s)								
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc	cluding covered relation	onships and transact	ıon thresholds					
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d Method of deten invol	mının	g amo	unt		
1)									
2)									
3)									
1)									
4)									
5)									
•	!			1					

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 parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010

Software ID: Software Version:

EIN: 14-1338580

Name: Trustees of Union College

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust										
(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			
James E Enright CRUT 807 Union Street Schenectady, NY12308 14-1338580	Investing	NY	Union College	Trust	0	690,631	76 000 %			
Juengling HB 5 CRUT FBO - Union 211 North Broadway Suite 1000 St Louis, MO 63102 06-1389744	Investing	СТ	Union College	Trust	0	50,418	51 000 %			
Warren O Kamm CRUT - Union 221 North Broadway Suite 1000 St Louis, MO 63102 06-6463750	Investing	СТ	Union College	Trust	0	90,279	56 000 %			
Romana O benzinger CRUT 807 Union Street Schenectady, NY12308 14-1338580	Investing	FL	Union College	Trust	0	1,126,209	97 000 %			
The Nathan and Romana Obenzinger CLD 670 West End Ave No 9D New York, NY10025 14-1338580	INvesting	NY	Union College	Trust	0	676,671	64 000 %			
Frank E Pepe Unitrust - Union 211 North Broadway Suite 1000 St Louis, MO 63102 20-6822068	Investing	МО	Union College	Trust	0	63,352	68 000 %			
Stanley G Peschel CRAT One Constitution Plaza CTHM-M08P Hartford, CT06115 14-1338580	Investing	СТ	Union College	Trust	0	676,046	72 000 %			
Kenneth B & Kathleen Kelly Sharpe CRUT 20 Rue Villars Newport Beach, CA92660 14-1338580	Investing	CA	Union College	Trust	0	529,162	67 000 %			
John H Smith & Winifred S Smith CRT 4 Almeria Drive Clifton Park, NY12065 14-1338580	Investing	NY	Union College	Trust	0	98,701	78 000 %			
Thyra Joan Smith Trust PO Box 380 Schenectady, NY12301 14-1338580	Investing	NY	Union College	Trust	0	518,035	52 000 %			
Melcher A Anderson Trust PO Box 830269 Dallas, TX75283	Investing	FL	Union College	Trust	0	74,196	100 000 %			