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Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013 D Employer identification number B Check if applicable Trustees of Union College Address change 14-1338580 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 807 UNION STREET Terminated (518) 388-6104 _____Amended return City or town, state or country, and ZIP + 4 Schenectady, NY 12308 Application pending G Gross receipts \$ 434,542,098 Name and address of principal officer Is this a group return for Stephen Ainlay affiliates? 807 Union Street Schenectady, NY 12308 **H(b)** Are all affiliates included? ✓ Yes ✓ No If "No," attach a list (see instructions) Tax-exempt status **▽** 501(c)(3) **□** Group exemption number 🕨 Website: ► www union edu L Year of formation 1795 M State of legal domicile NY Part I Summary Briefly describe the organization's mission or most significant activities See Attachment 1 Activities & Governance 2 Check this box 🚩 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 35 Number of independent voting members of the governing body (Part VI, line 1b) 4 32 2,454 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) . . . 17 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,083,692 \boldsymbol{b} Net unrelated business taxable income from Form 990-T, line 34 $\,$ 7b -529,168 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 20,557,380 21,786,990 Program service revenue (Part VIII, line 2g) . . . 115,317,662 120,117,720 18,770,310 19,518,195 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 5,197,087 3,860,508 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 159,842,439 165,283,413 13 37,851,849 39,757,598 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines **15 Expenses** 65,583,238 68,498,711 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright \frac{5,452,962}{}$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 45,951,398 45,891,506 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 149,386,485 154,147,815 18 11,135,598 19 Revenue less expenses Subtract line 18 from line 12 10,455,954 (Assets or id Balances **Beginning of Current End of Year** Year 572,031,273 20 Total assets (Part X, line 16) . 543,302,893 21 107,276,391 Total liabilities (Part X, line 26) . . 107,693,939 22 Net assets or fund balances Subtract line 21 from line 20 435,608,954 464,754,882 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2014-05-03 Signature of officer Sign Here DIANE BLAKE VP OF FINANCE AND ADMIN Type or print name and title

Preparer's signature

Firm's address FONE FINANCIAL PLAZA

HARTFORD, CT 06103 May the IRS discuss this return with the preparer shown above? (see instructions)

Print/Type preparer's name

Firm's name F KPMG LLP

Paid

Preparer

Use Only

Check self-employed

Firm's EIN F

Phone no (518) 427-4600

TYes TNo

Par	t III	Statement of Program S Check if Schedule O contains				٠
1	Briefly	describe the organization's mi	ssion			
UND COM CUL THE OPP DEV	ERSTAI IMUNIT TIVATI LIBERA ORTUN ELOP II	LEGE, FOUNDED IN 1795, IS NDING THE PAST FACULTY, Y, WORK CLOSELY WITH THE NG THEIR PASSIONS WE DO L ARTS AND ENGINEERING, ITIES TO STUDY ABROAD AN N OUR STUDENTS THE ANAL' DNTRIBUTORS TO AN INCRE	STAFF AND ADMINISTRAT M TO PROVIDE A BROAD A THIS WITH A WIDE RANG AS WELL AS ACADEMIC, A ND TO PARTICIPATE IN UN YTIC AND REFLECTIVE AB	ORS WELCOME I AND DEEP EDUC E OF DISCIPLINI THLETIC, CULTU IDERGRADUATE ILITIES NEEDED	DIVERSE AND TALENTI ATION, AND GUIDE TH ES AND INTERDISCIPL JRAL, AND SOCIAL AC RESEARCH AND COMN TO BECOME ENGAGE	ED STUDENTS INTO OUF IEM IN FINDING AND INARY PROGRAMS IN TIVITIES, INCLUDING IUNITY SERVICE WE D, INNOVATIVE, AND
2		e organization undertake any si or Form 990 or 990-EZ? .				
	If "Yes	," describe these new services	on Schedule O			
3	servic	e organization cease conductings?			cts, any program	
4	Descri expens	be the organization's program ses Section 501(c)(3) and 501 all expenses, and revenue, if an	ervice accomplishments for .(c)(4) organizations are req	uired to report the		
4a	(Code Provid) (Expenses \$ ng higher education to support approx	· · ·	grants of \$ students under a four	39,757,598) (Revenue \$	118,797,849) chelor's degree
4b	(Code) (Expenses \$	ıncludıng	grants of \$) (Revenue \$)
	(Code) (Funances d	un alti d'un a	grants of \$) (Davanua d	,
4 c	(Code) (Expenses \$	including	grants or \$) (Revenue \$)
4d		rprogram services (Describe ir enses \$	Schedule O) including grants of \$) (Revenue \$)
4e	Total	program service expenses 🕨	141,150,043			

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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^{\bullet}	3		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	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, line 10? If "Yes," complete Schedule D, Part VI	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	
С	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		No
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		Νo
e	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII 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	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 United States? 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 United States? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 through 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		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $$.	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	Check if Schedule O contains a response to any question in this Part V	•	Yes	N
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 2,679		res	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	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			
h	by this return	1		
ט	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		N
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			
_		_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N
	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		l N
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
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		N
9	Sponsoring organizations maintaining donor advised funds.			١.
	Did the organization make any taxable distributions under section 4966?	9a 9b		N
	Did the organization make a distribution to a donor, donor advisor, or related person?	90		N
.0	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	42.		
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	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			
c	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		I I n
	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. Section 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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 other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b			103	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a				No
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b		No
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		No
b 12a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b	Yes	No
b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	No
b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	No
b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b 12c	Yes Yes Yes	No
b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No
b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No
b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No

Section 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 made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 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 (518) 388-6104

Form	990	(2012
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d on is	one I both	box, an	heck unless officer stee)	į	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F Estim amount compen from	ated of other isation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organiza rela organiz	ted
1b	Sub-Total				•		•	•				
c d	Total from continuation sheet Total (add lines 1b and 1c) .		ection A	`	٠.	•			2,561,585	C)	636,658
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	l ho received more th	ian		
											Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete S					key	emplo	yee, •	or highest compen	sated employee	3	No
4	For any individual listed on line organization and related organ individual										4 Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5	No
—Se	ection B. Independent Co	ntractors										
1	Complete this table for your five compensation from the organization compensation from the organization from the organization.	ve highest comp										r

(A) Name and business address	(B) Description of services	(C) Compensation
FPI Mechanical , 11 Green Mountain Drive COHOES NY 12047	CONSTRUCTION	432,750
Turner Construction Company , 22 Corporate Woods Blvd 4th floor ALBANY NY 12211	Construction	1,780,651
UW Marx Inc , 20 Gurley Avenue TROY NY 12182	Construction	1,661,602
Maggs Associates , 501 State Street SCHENECTADY NY 12305	Legal	611,940
Schmidt Schmidt Inc , 2240 Route 67 GALWAY NY 12074	Construction	346,401
2. Total number of independent contractors (including but not limited to those listed above	\ha waaaad maka than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5

Part V	/++1	Statement o		aco to any question	in this Part VIII			
		Check if Schedi	ule O contains a respoi	ise to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
w 28	1a	Federated cam	paıgns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	ies 1b					
وَ وَا	С	Fundraising ev	ents 1c	113,243				
iffs, ar A	d	Related organiz	zations 1d					
	e	Government grant	s (contributions) 1e	2,919,511				
oms Sii	f	All other contribution	ons, gifts, grants, and 1f	18,754,236				
buti the		similar amounts no						
a di	g	1a-1f \$	ons included in lines	6,412,410				
ā Ĉ	h	Total. Add lines	s 1a-1f		21,786,990			
e e				Business Code				
ven	2a	TUITION & FEES		611710	97,820,686	97,820,686		
<u>æ</u>	Ь	AUXILIARY ENTER	PRISE	713990	21,814,890	20,977,163	837,727	
WC6	C	ATHLETICS		713990	259,517		204 627	259,517
Program Service Revenue	d	AUXILIARY ICE RIN		611710	204,627		204,627	18.000
ran	f		am service revenue	611710	18,000			18,000
્રે				L				
	g 3		s 2a-2f		120,117,720			
		and other simil	aramounts)	•	1,505,322			1,505,322
	4		stment of tax-exempt bond	proceeds	279,741			279,741
	5	Royalties .	(ı) Real	(II) Personal	0			
	6a	Gross rents	31,360	(II) Fersonal				
	ь	Less rental expenses						
	С	Rental income	31,360	0				
	d	or (loss) Net rental inco	me or (loss)		31,360		31,360	
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	283,942,247					
	ь	Less cost or other basis and sales expenses	266,209,115					
	d d	Gain or (loss)	17,733,132 ss)		17,733,132			17,733,132
Φ	8a	Gross income f events (not inc	from fundraising luding		11,733,132			17,733,132
Other Revenue		T						
<u>-</u>	ь	Lace direct co	apenses b	20,691				
툼	c		(loss) from fundraising	53,772 events .	-33,081			-33,081
_	9a		from gaming activities ne 19 a					
	b c		penses b (loss) from gaming acti	vities	o			
	10a	Gross sales of returns and allo		4,178,898				
	ь	Less costofa	oods sold b	2,995,798				
	С	_	(loss) from sales of inv		1,183,100			1,183,100
	11a	Miscellaneous		Business Code 900099	2,255,994			2,255,994
	Ь.	ATHLETICS NON OPERAT:	INC DEVENUE	900099	209,853			209,853
	c	CGA INVESTM		900099	203,304			203,304
	d		ue		9,978		9,978	
	e	Total. Add lines	s 11a-11d	🕨	2,679,129			
	12	Total revenue.	See Instructions .	🕨	165,283,413	118,797,849	1,083,692	23,614,882
					100,200,710	,,,,,,,,	2,000,002	

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 43,839 43,839 Grants and other assistance to individuals in the United States See Part IV, line 22 39,701,659 39,701,659 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 12,100 12,100 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 1,911,378 732,291 914,557 264,530 key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 150,837 137,262 6,033 7,542 Other salaries and wages 47,955,952 43,476,157 2,025,645 2,454,150 Pension plan accruals and contributions (include section 401(k) 5,376,755 4,882,484 223,485 270,786 and 403(b) employer contributions) 9,589,574 8,595,620 418,489 Other employee benefits 575,465 10 3,514,215 3,095,497 214,802 203,916 11 Fees for services (non-employees) 348,099 348,099 Management 342,372 27,999 Legal 314,373 215,787 215,787 9,905 9,905 Professional fundraising services See Part IV, line 17 0 Investment management fees 1,036,888 109,627 927,261 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 1,732,737 1,469,550 187,893 75,294 Schedule O) Advertising and promotion . . 334,459 75,656 12 181,698 77,105 13 Office expenses 8,425,060 7,479,145 384,067 561,848 2,681,295 2,528,230 65,891 14 Information technology . . 87,174 15 0 Royalties . . 8,330,540 7,652,988 562,357 115,195 16 Occupancy **17** 3,102,608 2,646,712 121,689 334,207 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings . . . 2,300,114 1,721,185 168,957 409,972 20 2,743,268 2,736,931 6,337 Payments to affiliates 21 O 10,863,726 22 Depreciation, depletion, and amortization . 10,863,726 23 794,384 190,305 604,079 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) OTHER EXPENSES 2,630,264 2,516,939 107,452 5,873 а b C d All other expenses е Total functional expenses. Add lines 1 through 24e 25 154,147,815 141,150,043 7,544,810 5,452,962 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

	't X	Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	119,280	1	87,954
	2	Savings and temporary cash investments	26,656,844	2	20,136,846
	3	Pledges and grants receivable, net	15,105,524	3	16,006,589
	4	Accounts receivable, net	3,347,925	4	2,939,358
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			0
8	7	Notes and loans receivable, net	6,338,189	<u> </u>	6,441,803
Ą	8	Inventories for sale or use	1,048,525		990,282
	9	Prepaid expenses and deferred charges	896,580		1,048,867
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 351,990,382		-	1,040,007
	Ь	Less accumulated depreciation 10b 205,002,092	145,726,929	10c	146,988,290
	11	Investments—publicly traded securities	72,406,361	11	68,066,746
	12	Investments—other securities See Part IV, line 11	247,117,088		294,056,111
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	24,539,648	15	15,268,427
	16	Total assets. Add lines 1 through 15 (must equal line 34)	543,302,893		572,031,273
	17	Accounts payable and accrued expenses	11,828,980		12,893,586
	18	Grants payable	0	18	0
	19	Deferred revenue	815,364		994,122
	20	Tax-exempt bond liabilities	74,056,190		74,048,978
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0		0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			<u>-</u>
졅		persons Complete Part II of Schedule L	0	22	0
\equiv	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	20,993,405	25	19,339,705
	26	Total liabilities. Add lines 17 through 25	107,693,939	26	107,276,391
s e o		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
듄	27	Unrestricted net assets	180,671,277	27	191,701,469
8	28	Temporarily restricted net assets	109,693,454	28	122,609,745
Ξ	29	Permanently restricted net assets	145,244,223	29	150,443,668
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
5	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	435,608,954	33	464,754,882
_	34	Total liabilities and net assets/fund balances	543,302,893	34	572,031,273

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		165,2	283,413
2	Total expenses (must equal Part IX, column (A), line 25)	2		154,	147,815
3	Revenue less expenses Subtract line 2 from line 1	3		11,:	135,598
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			225,438
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			784,892
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			754,882
Par	t XII Financial Statements and Reporting			, .	
	Check if Schedule O contains a response to any question in this Part XII				. ┌
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revious a separate basis, consolidated basis, or both	ewed or	ו		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	d 3b	Yes	

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 Indeper (A) Name and Title	(B) Average hours per	Positio more unless	than pers	not one on i	box s bot	,		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week (list	an officer and a director/trustee)						organization (W- 2/1099-MISC)	organizations (W- 2/1099-MISC)	from the organization and
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
Judith Dein Term Trustee	1 0	х								
Stephen J Ciesinski Life Trustee	10	х								
Neil M Golub Life Trustee	10	х								
Robert D Bertagna Term Trustee	1 5 0 0	х								
David J Breazzano Term Trustee	1 5 0 0	х								
William J Curtin Term Trustee	10	х								
David Henle Term Trustee	2 5 0 0	х								
Adrian Maclean Jay Term Trustee	1 0 0 0	х								
Douglass Karp Term Trustee	1 5 0 0	х								
John E Kelly III Vice Chair of the Board	1 8 0 0	х		х						
Kathy E Magliato Term Trustee	1 0 0 0	х								
Frank L Messa Life Trustee	2 0 0 0	х								
Stanley O Brien Term Trustee	1 5 0 0	х								
Lawrence Pedowitz Term Trustee/GC for the Board	2 3 0 0	х		х						
Stephen W Ritterbush Term Trustee	1 0 0 0	х								
James W Taylor Term Trustee	1 0 0 0	х								
Mark Walsh Chair	3 8 0 0	х		х						
Kelly M Williams Term Trustee Secretary	2 3 0 0	х		х						
Robert A Danziger Alumni Trustee	1 0 0 0	х								
Jason Oshins Alumni Trustee	1 0 0 0	х								
Stephen Ainlay President	40 0 0 0	х		х				459,337	0	94,063
James M Lippman Term Trustee	1 5 0 0	Х								
William M Wicker Term Trustee	1 0 0 0	х								
John Spinelli Faculty Trustee	40 0 0 0	Х						105,792		47,381
Hans-Friedrich Mueller Faculty Trustee	40 0 0 0	×						130,991		55,798

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

Compensated Employees, and Indepen	ndent Contra	actors				_			1	
(A) Name and Title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
Norton Reamer Life Trustee	1 0 0 0	х								
Estelle Cooke-Sampson Term Trustee	1 0 0 0	х								
Roy Jackson Term Trustee	1 0 0 0	х								
Ellen Smith Term Trustee	1 0 0 0	х								
Patrick Dicerbo Alumni Trustee	1 0 0 0	х								
Rıchard Lev Alumnı Trustee	1 0 0 0	х								
Ryan Bottin Student Trustee	1 0 0 0	х								
William Scudder Clay Student Trustee	1 0 0 0	х								
Donald Foley Chair of Pres C	1 0 0 0	х								
Diane Blake VP for Fin & Admin/ Treasurer	40 0 0 0			х				211,618		29,364
Penelope Adey Registrar	40 0 0 0			х				82,250	0	58,575
Edward Summers Chief of Staff	40 0 0 0			х				95,328	0	16,067
Therese McCarty VP Academic Affairs & Dea	40 0 0 0			х				199,333		57,752
Matthew Malatesta VP for Admin, Fin Aid & Enrl	40 0 0 0				х			173,447		32,656
Ellen Borkowski Chief Informational Officer	40 0 0 0				х			153,748		30,916
Stephen Dare VP for College Relations	40 0 0 0				х			201,879		71,381
Alan Taylor Professor of Mathematics	40 0 0 0					х		161,146		28,021
Robert Baker Prof Philosophy	40 0 0 0					х		146,170		26,165
William Zwicker Prof Mathmatics	40 0 0 0					х		143,453		25,564
David Mitchell Hayes Dean of Academic D	40 0 0 0					х		142,389		25,443
Harold Fried Prof of Business Ethics	40 0 0 0					х		154,704		37,512

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493126012424

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization Trustees of Union College

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Open to Public Inspection

								14-1338	580	
Part			blic Charity Sta						instruction	ıs.
The org	anızatıon ıs	not a privat	te foundation becaus	eitis (For	lines 1 thro	ough 11, chec	k only one	box)		
1 T	– A chur	ch, convent	ion of churches, or a	ssociation o	fchurches	described in s	section 170	(b)(1)(A)(i).		
2 ▼	A scho	ol described	d in section 170(b)(1	L)(A)(ii). (A1	ttach Sche	dule E)				
з Г	A hosp	oital or a coo	perative hospital se	rvice organiz	zatıon desc	rıbed ın secti	on 170(b)(1	L)(A)(iii).		
4 F			h organization opera	ted ın conjur	nction with	a hospital des	cribed in s	ection 170(b)	(1)(A)(iii).	Enter the
5 Г			ity, and state erated for the benefi	t of a colloge	or upwor	sity owned or	aparated by	, 2 dovornmor	stal unit dae	cribad in
3	_	· ·	(A)(iv). (Complete P	_	e or univers	sity owned or t	pperated by	a governmen	itai uiiit ues	scribed III
6 Г	_		local government o	•	tal unit des	cribed in sect	ion 170(h)/	(1)(4)(4)		
7 F	_		at normally receives						from the ae	neral nublic
, ,			on 170(b)(1)(A)(vi).			s support from	i a governii	ientai unit oi	nom the ge	neral public
8 F			: described in sect io r			omplete Part I	I)			
9 Г	– An org	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross								
	receipt	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of								
	ıts sup	port from gr	oss investment inco	me and unre	lated busir	ness taxable 11	ncome (less	s section 511	tax) from b	ousinesses
	acquired by the organization after June 30, 1975 See section $509(a)(2)$. (Complete Part III)									
10	_		ganized and operated							
11			ganized and operated							
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h									
			b Type II c						on-function	nally integrated
е Г	– By che	cking this b	ox, I certify that the	organization	ıs not cor	trolled directl	y or indirec	tly by one or	more disqu	alıfıed persons
			ion managers and ot	her than one	or more p	ublicly support	ted organiz	atıons descrıl	oed in secti	on 509(a)(1) or
f		1009(a)(2)	received a written de	otormination	from the I	DC that it is a	Typo I Ty	no II or Type	NIII cuppoi	rting organization
•		this box	received a written d	etermination	i iioiii tile 1	NS that it is a	Type I, Ty	pe II, or Type	: III suppoi	
g			2006, has the organ	ızatıon acce _l	pted any gi	ft or contribut	ıon from an	y of the		·
		ng persons?							`	N
			rectly or indirectly of governing body of th	•		-	i persons d	escribed iii (ii		Yes No
			er of a person descr		_	Olli				lg(i) g(ii)
	• •	•	lled entity of a perso) above?				g(iii)
h			ng information about							9(/
				о очррого	ou organiz	(5)				
(i) N	lame of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	u notify	(vi) Is	the	(vii) A mount of
	ported		organization	organizat		the organ		organiza		monetary
orga	nization		(described on lines 1- 9 above	col (i) lis		ın col (i) suppo		col (i) org		support
			or IRC section	your gove docume		Suppo	11.	lii tile t	, , ,	
			(see							
			instructions))	Yes	No	Yes	No	Yes	No	7
Total					1			İ		

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	 	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493126012424

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

Inspection

Internal Revenue Service If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B ◆ Section 527 organizations Complete Part I-A only If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Trustees of Union College 14-1338580 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e 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,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

circulate e (i	01111 330 01 330 E2/2012		ray
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT	

For o	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		1)	(b)	
activ		Yes	No	Amount	
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		
е	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	O ther activities?	Yes		9,90!	
j	Total Add lines 1c through 1i			9,90!	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	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?				

			Yes	No
1	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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

	'		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	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	4	
_	political expenditure next year?	-	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B- Description of Lobbying Activity		Question 1 Union retains a lobbying firm in Washington DC to obtain funding for the college through the federal appropriations
		process

11

DLN: 93493126012424

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization Trustees of Union College

Employer identification number

	onion conege			1338580
art I	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.	unds	or Accounts. Complete if th
		(a) Donor advised funds		(b) Funds and other accounts
	number at end of year			
	egate contributions to (during year)			
	egate grants from (during year)		_	
Aggre	egate value at end of year			
	he organization inform all donors and donor adviso are the organization's property, subject to the or		nor adv	ısed ☐ Yes ☐ N o
used	he organization inform all grantees, donors, and d only for charitable purposes and not for the benef erring impermissible private benefit?			
rt II	Conservation Easements. Complete If	the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
☐ P ☐ P ☐ Com	ose(s) of conservation easements held by the org reservation of land for public use (e g , recreation rotection of natural habitat reservation of open space plete lines 2a through 2d if the organization held a ment on the last day of the tax year	or education) Preservation of a Preservation of a	certifie	d historic structure
ease	ment on the last day of the tax year			Held at the End of the Year
Total	number of conservation easements		2a	neid at the Elid of the Year
	l acreage restricted by conservation easements		2b	
	ber of conservation easements on a certified histo	oric structure included in (a)	2c	
Numl	ber of conservation easements included in (c) acc ric structure listed in the National Register		2d	
	ber of conservation easements modified, transferr	red, released, extinguished, or terminat	ed by th	ne organization during
	ax year ►	,		
	ber of states where property subject to conservat			
	the organization have a written policy regarding treement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	f violations, and Yes No
Staff ►	and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	during the year
A mo	unt of expenses incurred in monitoring, inspecting	g, and enforcing conservation easemen	ts durin	g the year
Does	s each conservation easement reported on line 2(o section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı) Yes N
balar	art XIII, describe how the organization reports col nce sheet, and include, if applicable, the text of th rganization's accounting for conservation easeme	e footnote to the organization's financia		
t III	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
works	e organization elected, as permitted under SFAS 1 s of art, historical treasures, or other similar asse ce, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its reve its held for public exhibition, education	, or rese	earch in furtherance of public
works	e organization elected, as permitted under SFAS 1 s of art, historical treasures, or other similar asse ce, provide the following amounts relating to thes	ts held for public exhibition, education		
(i) _R	evenues included in Form 990, Part VIII, line 1			► \$
	ssets included in Form 990, Part X			 \$
Ifthe	e organization received or held works of art, histor wing amounts required to be reported under SFAS			
		(-	⊫. ¢
Reve	nues included in Form 990, Part VIII, line 1			▶ \$

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	, His	torical	Treas	ures, or O	the	r Similar <i>i</i>	<u>Asse</u>	ts (cc	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	eck any o	of the fo	llowing that a	are a	significant i	ise of	ıts	
а	▼ Public exhibition d										
b	Scholarly research e 🔽 Other Educational										
c	Preservation for future generations										
4	Provide a description of the organization's c Part XIII	ollections and expla	ın hov	v they furt	her the	organızatıor	ı's ex	empt purpos	se in		
5	During the year, did the organization solicit							nılar	_	Yes	√ No
Dar	assets to be sold to raise funds rather than to the transfer to be sold to raise funds rather than to the transfer to be sold to raise funds rather than to the transfer to be sold to raise funds rather than to the transfer to be sold to raise funds rather than to the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to the transfer to be sold to raise funds rather than the transfer to the transfer t							es" to Forn			140
	Part IV, line 9, or reported an ar	•				iii answere	u i	C3 (0 1011)	1 550	,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary	for contri	butions	or other ass	etsı	not	Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	ving table		F					
						-			Amou	nt	
c	Beginning balance					-	1 c				
d	Additions during the year					-	1d				
e	Distributions during the year					-	1e				
f	Ending balance					L	1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21?						Γ,	Yes	Г No
ь	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	nation ha	s been	provided in P	art)	KIII			
Pa	rt V Endowment Funds. Complete										
4_	Paginning of ware balance	(a)Current year 321,972,461	(b)F	Prior year 327,756,30		wo years back 297,078,531	-	Three years bac 291,305,1	-		ears back 99,538,866
1a L	Beginning of year balance	18,078,890		6,306,70	_	6,711,456	1	6,635,7	_		6,328,854
b	Contributions	10,070,030		0,300,70	<u> </u>	0,711,430		0,033,7	23		
С	Net investment earnings, gams, and losses	41,615,439		10,652,26	53	57,057,490		37,872,2		-8	88,958,538
d	Grants or scholarships	3,789,795		4,087,27	75	4,794,124		5,109,8	30		4,643,118
е	Other expenditures for facilities and programs	13,068,256		13,055,53	36	21,437,051		28,774,6	97	1	.7,721,944
f	Administrative expenses	6,200,000		5,600,00	00	6,860,000		4,850,0	00		3,239,000
g	End of year balance	358,608,739		321,972,46	51	327,756,302		297,078,5	31	29	1,305,120
2	Provide the estimated percentage of the cur	rent year end baland	e (lın	e 1g, colu	ımn (a)	held as					
а	Board designated or quasi-endowment 🕨	29 000 %									
ь	Permanent endowment ► 41 000 %										
c	Temporarily restricted endowment ► 30	000 %									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiza	ation 1	hat are h	eld and	administere	d for	the			
	organization by							Г		Yes	No
	(i) unrelated organizations				• •		•	<u> </u>	3a(i) Ba(ii)	Yes Yes	<u> </u>
b	(ii) related organizations		1 on S	chedule F			•	· · · [-	3b	Yes	<u> </u>
4	Describe in Part XIII the intended uses of the						•		35	103	<u> </u>
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X, line	e 10.						
	Description of property			(a) Cost basis (inve		(b) Cost or of basis (othe		(c) Accumula depreciation		(d) Bo	ok value
1a	Land						101				101
b	Buildings					151,721	,720	70,440,	079	8	1,281,641
	_easehold improvements					71,673	,611	31,971,	009	3	9,702,602
d	Equipment					86,465	,189	72,424,	553	1	4,040,636
						42,129	,761	30,166,	451	1	1,963,310
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part)	<, colu	mn (B), lii	ne 10(c)	.)		🕨		14	6,988,290
								Schedul	e D (F	orm 9	90) 2012

Part VII Investments—Other Securities.			
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
L)Financial derivatives		Cost of elia-o	i-year market value
ther			
ee Additional Data Table	!		
	!		
	!		
	!		
	!		
	!		
. 1 (0 / // // / / / / / / / / / / / / / /	204.056.111		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)		2	
art VIII Investments—Program Related.			- d - £ 1 t
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		Cost of end-o	i-year market value
	!		
	!		
	- 		
	!		
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	P		
Part IX Other Assets. See Form 990, Part X			T
(a) De	scription		(b) Book value
	ne 15.)		
otal. (Column (b) must equal Form 990, Part X, col.(B) III			
	art X, line 25.		
Part X Other Liabilities. See Form 990, Pa	art X, line 25. (b) Book value		
(a) Description of liability	(b) Book value		
Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes	(b) Book value		
Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes EDERAL STUDENT LOAN FUNDS	(b) Book value 0 2,461,284		
Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes EDERAL STUDENT LOAN FUNDS	(b) Book value 0 2,461,284 10,459,263		
Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes EDERAL STUDENT LOAN FUNDS CCRUED POST RETIREMENT BENEFI	(b) Book value 0 2,461,284		
Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes EDERAL STUDENT LOAN FUNDS CCRUED POST RETIREMENT BENEFI LIF & CGA	(b) Book value 0 2,461,284 10,459,263		
Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes EDERAL STUDENT LOAN FUNDS CCRUED POST RETIREMENT BENEFI LIF & CGA	(b) Book value 0 2,461,284 10,459,263 4,781,268		
Part X Other Liabilities. See Form 990, Part X (a) Description of liability Tederal income taxes EDERAL STUDENT LOAN FUNDS ACCRUED POST RETIREMENT BENEFI ELIF & CGA	(b) Book value 0 2,461,284 10,459,263 4,781,268		
Part X Other Liabilities. See Form 990, Part X (a) Description of liability Gederal income taxes GEDERAL STUDENT LOAN FUNDS ACCRUED POST RETIREMENT BENEFI PLIF & CGA	(b) Book value 0 2,461,284 10,459,263 4,781,268		
Part X Other Liabilities. See Form 990, Part X (a) Description of liability Gederal income taxes GEDERAL STUDENT LOAN FUNDS ACCRUED POST RETIREMENT BENEFI PLIF & CGA	(b) Book value 0 2,461,284 10,459,263 4,781,268		
Total. (Column (b) must equal Form 990, Part X, col.(B) Interest Part X Other Liabilities. See Form 990, Part X, col.(B) Interest (a) Description of liability Federal income taxes FEDERAL STUDENT LOAN FUNDS ACCRUED POST RETIREMENT BENEFI PLIF & CGA ASSET RETIREMENT OBLIGATIONS	(b) Book value 0 2,461,284 10,459,263 4,781,268		
Ca) Description of liability Federal income taxes FEDERAL STUDENT LOAN FUNDS ACCRUED POST RETIREMENT BENEFI PLIF & CGA	(b) Book value 0 2,461,284 10,459,263 4,781,268		
Part X Other Liabilities. See Form 990, Part X (a) Description of liability Gederal income taxes GEDERAL STUDENT LOAN FUNDS ACCRUED POST RETIREMENT BENEFI PLIF & CGA	(b) Book value 0 2,461,284 10,459,263 4,781,268		
Part X Other Liabilities. See Form 990, Part X (a) Description of liability Tederal income taxes EDERAL STUDENT LOAN FUNDS ACCRUED POST RETIREMENT BENEFI ELIF & CGA	(b) Book value 0 2,461,284 10,459,263 4,781,268		
Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes EDERAL STUDENT LOAN FUNDS CCRUED POST RETIREMENT BENEFI LIF & CGA	(b) Book value 0 2,461,284 10,459,263 4,781,268		

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per i	Return
1	Total revenue, gains, and other support per audited financial statements	1	186,289,541
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	1	
С	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	18,010,330
3	Subtract line 2e from line 1	3	168,279,211
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	1	
c	Add lines 4a and 4b	4c	-2,995,798
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	165,283,413
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s pe	r Return
1	Total expenses and losses per audited financial statements	1	157,143,613
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)	3	
е	Add lines 2a through 2d	2e	2,995,798
3	Subtract line 2e from line 1	3	154,147,815
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)............. 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	154,147,815
Part	XIII Supplemental Information		

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

ınformatıon		
Identifier	Return Reference	Explanation
Part III, Line 4- Description of Organization Collections		The college's collections are made up of approximately 18,000 objects and their estimated fair market value is approximately \$18,000,000 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 item is catalogued, preserved, and cared for, and activities verifying their existence and assessing their condition are performed periodically.
Part V, line 4- Intended Use of Endowment Fund		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- FIN 48 Footnote		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 XII, line 2d	Other Expenses and Losses Per Audited F/S	Bookstore & Sushi Bar COGS, Part VIII, Line 10B \$2,995,798 Total \$2,995,798
Part XI, line 4b	Other Revenue Included On Form 990 But Not Included In F/S	Bookstore & Sushi Bar COGS \$ -2,995,798 Total \$ -2,995,798
Part XI, line 2d	Other Revenue Included In F/S But Not Included On Form 990	Actuarial Adjustment \$720,344 Athletic Fundraising Expense 53,772 Athletic Sponsorship Agreement -9,978 CGA-Other Admissions less Inv Mngt Fees 20,754 Total \$784,892
Part III, Line 1a- F/S Footnote for Art, Treasures, Etc,		The College's collections are held for educational, research, scientific and curatorial purposes. Each of the items is catalogued, preserved, and cared for, and activities verifying their existence and assessing their condition are performed periodically. All proceeds resulting from the deaccession of objects from the permanent collection are allocated for the benefit of the collections. During the years ended June 30, 2013 and 2012, no objects were deaccessioned.

Additional Data

(J) INTERNATIONAL EQUITY

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						
(3)Other								
(A) FIXED INCOME	34,814,627	F						
(B) EMERGING MARKETS	21,638,506	F						
(C) INTERNATIONAL PRIVATE EQUITY	2,474,438	F						
(D) VENTURE EQUITY	2,647,460	F						
(E) PRIVATE EQUITY	35,220,947	F						
(F) MULTI-STRATEGY	21,834,362	F						
(G) HEDGED EQUITY	75,370,973	F						
(H) DISTRESSED DEBT	15,439,471	F						
(I) DOMESTIC EQUITY	57,573,980	F						

27,041,347

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As Filed Data -

DLN: 93493126012424

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Employer identification number Name of the organization 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? 2 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 3 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 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 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? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 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 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? 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

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
Line 3- Racially Nondiscriminatory Policy Publicized		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, privileges, 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.
Schedule E, Line 6- Explanation of Aid or Assistance from Governmental		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 from 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) 2012

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As Filed Data -

DLN: 93493126012424

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 congrate instructions

OMB No 1545-0047

	nent of the Treasury Revenue Service	► Attaci	► Attach to Form 990. ► See separate instructions.						
	e of the organization				Employer ident	ification number			
ırust	tees of Union College				14-1338580				
Pa		mation on Activition on Part IV, line 14b		ne United States. Co	omplete if the organiz	ation answered			
1	For grantmakers. Does assistance, the grantee	_			_				
	the grants or assistance	e?				✓ Yes			
2	For grantmakers. Desc the United States.					ınds outside			
3	Activites per Region (The	e following Part I, line 3	3 table can be d	uplicated if additional spa	ace is needed)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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 and investments in region			
	See Add'l Data								
3a	Sub-total					166,790,080			
	Total from continuation sh to Part I	neets				40,813			
c Totals (add lines 3a and 3b)		(b)				166,830,893			

1	(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				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if additio	nal space is ne	eeded.				
(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 assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarship	East Asia and the Pacific	4	5,100	Student Acct		N/A	
Scholarship	Europe (Including Iceland and Greenland)	2	3,000	Student Acct		N/A	
Scholarship	Middle East and North Africa	2	2,200	Student Acct		N/A	
Scholarship	South America	2	1,800	Student Acct		N/A	

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<u> ~</u>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	Į √	No
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)	١✓	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)	<u> </u>	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	No
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	▽	Νo

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

as applicable. Also co	mplete this part to provide any add	ditional information (see instructions).
Identifier	ReturnReference	Explanation
Part I, Line 2- Grantmakers Explanation for Monitoring Use of Funds		Terms Abroad Scholarships are awarded by Union's Terms Abroad office to students scheduled to study abroad based on financial need and criteria established by the donor. The student receiving the award understands that the funds must be returned to Union if the student does not travel abroad. The award is generally used for the student's travel expenses, which are not covered by Union College. Upon their return, the student is urged to write a personal note of thanks to the donor describing their terms abroad experience.
	1	Schedule F (Form 990) 2012

Additional Data

Software ID: Software Version:

EIN: 14-1338580

Name: Trustees of Union College

Form 990 Schedule F Part I - Activities Outside The 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
North America			Program Services	Study abroad	22,146
Russia and the Newly Independent States			Program Services	Study Abroad	13,593
Europe (Including Iceland and Greenland)			Program Services	Syudy Abroad	1,190,644

Form 990 Schedule F Part I - Activities Outside The 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			
Sub-Saharan Africa			Program Services	Study Abroad	84,064			
East Asia and the Pacific			Program Services	Study Abroad	816,879			
South America			Program Services	Study Abroad	323,732			

Form 990 Schedule F Part I - Activities Outside The 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				
Middle East and North Africa			Program Services	Study Abroad	38,655				
South Asia			Program Services	Study Abroad	33,759				
Central America and the Caribbean			Investments		162,713,403				

Form 990 Schedule F Part I - Activities Outside The 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					
Sub-Saharan Africa			Investments		1,486,497					
Europe (Including Iceland and Greenland)			Program Services	Fundraising	32,475					
Europe (Including Iceland and Greenland)			Program Services	Educational Activity	9,768					

Form 990 Schedule F Part I - Activities Outside The 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	Research	3,129				
Europe (Including Iceland and Greenland)			Program Services	Recruiting/Admissions	1,452				
North America			Program Services	Educational Activity	194				

Form 990 Schedule F Part I - Activities Outside The 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				
North America			Program Services	Recruiting/Athletics	15,311				
North America			Program Services	Educational Activity	4,379				
North America			Program Services	Research	4,336				

Form 990 Schedule F Part I - Activities Outside The 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				
East Asia and the Pacific			Program Services	ITS Software	8,848				
East Asia and the Pacific			Program Services	Recruiting/Admission	5,958				
Middle East and North Africa			Program Services	Recruiting/Admission	1,984				

Form 990 Schedule F Part I - Activities Outside The 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					
Middle East and North Africa			Program Services	Educational Activity	522					
South Asia			Program Services	Recruiting/Admission	426					
South Asia			Program Services	Research	2,315					

Form 990 Schedule F Part I - Activities Outside The 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					
Central America and the Caribbean			Program Services	Research	5,149					
Central America and the Caribbean			Program Services	Recruiting/Admission	32					
South America			Program Services	Recruiting/Admission	4,117					

form 990 Schedule F Part I - Activities Outside The 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				
South America			Program Services	Educational Activity	1,382				
Sub-Saharan Africa			Program Services	Student Fellowship	5,744				

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DLN: 93493126012424

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Trustees of Union College

SCHEDULE G

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. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Employer identification number

					14-1338580	
Part I Fundraising Act	i vities. Complete	ıf the or	rganızatı	ion answered "Yes" i	to Form 990, Part IV	, line 17.
1 Indicate whether the organi	zatıon raısed funds	through ar	ny of the 1	following activities Che	eck all that apply	
a Mail solicitations			е	Solicitation of nor		
b Internet and email solid	citations		f	Solicitation of gov	ernment grants	
c Phone solicitations			g	Special fundraisin	g events	
d In-person solicitations						
2a Did the organization have a or key employees listed in	Form 990, Part VII)	or entity	ın connec	tion with professional f	undraising services?	┌ Yes ┌ N
b If "Yes," list the ten highest to be compensated at least			undraiser	rs) pursuant to agreeme	ents under which the fu	ndraiser is
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(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			
-						
Total			>			
						_
3 List all states in which the o	organization is regis	tered or li	censed to	solicit funds or has be	en notified it is exempt	from registration or
nechanig						

		G (Form 990 or 990-EZ) 2012				Page 2
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contributi			
		<u> </u>	(a) Event #1 Garnet Blades (event type)	(b) Event #2 Gridiron Golf (event type)	(c) O ther events 4 (total number)	(d) Total events (add col (a) through col (c))
<u>Ф</u>	_			1		122.024
Revenue	1	Gross receipts	44,616			
Æ	3	Less Contributions Gross income (line 1	35,344	39,930	37,969	113,243
	3	minus line 2)	9,272	-5,420	16,839	20,691
	4	Cash prizes				
	5	Noncash prizes	3,250	150	360	3,760
nseg	6	Rent/facility costs	10,261	5,507	19,969	35,737
Expenses	7	Food and beverages .	800	3,327	2,705	6,832
	8	Entertainment			1,495	
Direct	9	Other direct expenses .	876	400		
				<u> </u>	.,,,,,	(53,772)
	10 11	Direct expense summary Add lir Net income summary Combine li				
Par					art IV line 19 or reno	-33,081
		\$15,000 on Form 990-EZ, li				1
Reveilue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u> 유</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
Ğ Ğ	5	Other direct expenses				
	6	Volunteerlabor	┌ Yes	┌ Yes	☐ Yes	
	7	Direct expense summary Add line	s 2 through 5 ın column (d)	•	
	8	Net gaming income summary Con	nbine lines 1 and 7 in colu	ımn (d)	•	
9	Ent	ter the state(s) in which the organiz	ation operates gaming ac	tivities		
а		the organization licensed to operate				. Fyes Fno
b		'No," explain				
10a		re any of the organization's gaming				· · 「Yes 「No
b	11	'Yes," explain				,

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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Schedule I

(Form 990)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

OMB No 1545-0047

DLN: 93493126012424

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 **Inspection** Internal Revenue Service **Employer identification number** Name of the organization Trustees of Union College 14-1338580 **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 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. Part II can be duplicated if additional space is needed. (c) IRC Code section (d) Amount of cash (e) Amount of non-(a) Name and address of **(b)** EIN (f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation or assistance grant non-cash assistance cash or government assistance (book, FMV, appraisal, other) (1) Alumni Council of Union 14-6019466 501(c)(3) 43,839 Book To cover expenses College 807 Union Street Schenectady, NY 12308

Part I, Line 2 - Procedures

for Monitoring Use of

Grant Funds in U S

(a)Type of grant or assis	tance (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 assistanc
See Addıtıonal Data Table					
	al Information.				l .
Complete this part to provide th	e information required in Part 1 turn Reference	I, line 2, Part III, column (b), a	ind any other additional infor	mation	

compliance in an annual audit conducted by an independent accounting firm

All grants awarded are based on need and 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

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	76		146,694	Book	Cr to Student's a/c
Union College General Scholarships	1592		33,242,924	Book	Cr to Student's a/c
Endowed Scholarships	579		3,772,117	Book	Cr to Student's a/c
Annual Restricted Scholarships	107	12,000	982,944	воок	Cr to Student's a/c
Work Study	906	966,419			
Supplemental Educational Opportunity Grant	350		303,140	Book	Cr to Student's a/c
ROTC Scholarship	8		274,241	Scholarships	Credit to STudent's
Supporting Scholars in Science And Engineering	1		1,180	Book	Cr to Student's a/c

DLN: 93493126012424

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Compensation Information

Open to Public Inspection

Name of the organization Trustees of Union College

Employer identification number

14-1338580

Pa	rt I Questions Regarding Compensatio	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	<u> - - - - - </u>	Housing allowance or residence for personal use			
	▼ Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	I→	Health or social club dues or initiation fees			
	Discretionary spending account	⊽	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b		Νo
2	Did the organization require substantiation prior to i directors, trustees, and the CEO/Executive Directo			2		No
		.,.ega.e				INO
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all the used by a related organization to establish compens	nat apply				
	✓ Compensation committee	굣	Written employment contract			
	☐ Independent compensation consultant	I→	Compensation survey or study			
	Form 990 of other organizations	⊽	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	paymen	ıt?	4a		No
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 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	, lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," o			7		No
8	Were any amounts reported in Form 990, Part VII, I	oaid or a	occured pursuant to a contract that was			
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section $53\ 4958-6(c)$?	e rebutta	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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation	
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990	
See Additional Data Table								

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

The complete this part for any additional	illiottilia etoti	_
Identifier	Return Reference	Explanation
Part I, Line 1a- Relevant Information Regarding Compensation Benefits		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. The expense is not taxable and therefore not included in the individuals form W-2. 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 and not personal use. Line 1-Personal Services Stephen Ainlay, President, as part of his employment contract the college provides routine housekeeping. The college also provides a gardner. The expense is included in the housing allowance as mentioned above. Line 1- Travel for Companions Consistent with code section 274(M) (3), the college and travel is a required part of her job and therefore not included in the W-2.
Part I, line 4b		President Stephen Ainlay has a 457(f) plan in which the College contributed \$22,495 in 2012
Part 1, Line 1b- Reason For Not Following Policy Regarding Payments		See explanation Part 1, Line 1

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 14-1338580

Name: Trustees of Union College

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
	ı) 440,245 ı) 0	0 0	19,092 0	49,995 0	44,068 0	553,400 0	0	
	1) 204,118 1)	0	7,500	23,509	5,855	240,982	0	
	144,146		17,000	18,376	9,645	189,167	0	
	173,447 1)			19,650	13,006	206,103	0	
	ı) 105,792 ı)			12,699	34,682	153,173	0	
	130,991 1)			14,163	41,635	186,789	0	
	1) 153,748 1)			17,949	12,967	184,664	0	
	146,170 1)			16,558	9,607	172,335	0	
	143,453 1)			15,973	9,591	169,017	0	
	142,389 1)			15,854	9,589	167,832	0	
	182,333 1)		17,000	22,885	34,867	257,085	0	
	201,269 1)		610	23,109	48,272	273,260	0	
Harold Fried (1	154,704			14,473	23,039	192,216	0	

DLN: 93493126012424 OMB No 1545-0047

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 Part VI. ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Name of the organization Trustees of Union College

Department of the Treasury

Internal Revenue Service

Employer identification number

14-1338580

									1 4 -	13385				
rt I Bond Issues														
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f	f) Description	on of purpose	(g) De	eased	beha	behalf of fir		Pool ncing
									Yes	No	Yes	No	Yes	No
County of Schenectady IDA	14-1699509		12-22-2005	6,1	50,000	Reno	ovate colleg	e's fitness ct		х		×		X
City of Schenectady IDA	14-1699509	806143BF3	11-22-2006	33,3	∟∟ ≀∟ ⊿ ∣			1999 IDA	Х			×		Х
Schenectady County Cap Re	27-3478847		12-23-2010	15,3	10,000	Fund	d Facilities R	enewal Plan		Х		х		Х
Schenectady County Cap Re	27-3478847	806418AT6	04-26-2012	24,2	63,434	Refin	nance Portio	n Series 200	1 X			×		Х
ridu Proceeds			·											
				,	١		В	3	С				D	
						0	0 0			0				0
	ised					0		30,030,000			0			287,175
<u>'</u>					6,150,0	000	3	33,356,354		12,29	1,185	24,263,43		263,434
<u> </u>						0		0		0			0	
<u> </u>						0		0 147,984				0		
Proceeds in refunding escrows	5					0		0		0		0 16,		806,877
<u> </u>					98,6	667		410,663		291	1,184			470,121
Credit enhancement from proc	ceeds					0		0			0			0
Working capital expenditures	from proceeds					0		0			0			0
Capital expenditures from pro-	ceeds				6,051,3	333		32,945,691		12,000	000,0		23,	793,313
O ther spent proceeds						0		0			0			0
O ther unspent proceeds	O ther unspent proceeds					0		0			0			0
Year of substantial completion	า			20	09		20	05	<u>'</u>			2005		
				Yes	No		Yes	No	Yes	N	• [Yes		No
Were the bonds issued as part	t of a current refundi	ng issue?			Х			Х		×		Χ		
Were the bonds issued as part	t of an advance refun	ıdıng ıssue?			Х		Х			×	(Х		
Has the final allocation of proc	ceeds been made?			Х			Х			×	(Х
	(a) Issuer name County of Schenectady IDA City of Schenectady IDA Schenectady County Cap Re Schenectady County Cap Re IT II Proceeds Amount of bonds retired Amount of bonds legally defeat Total proceeds of issue Gross proceeds in reserve fur Capitalized interest from proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Credit enhancement from proceeds Capital expenditures Capital expenditures from proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as par	(a) Issuer name County of Schenectady IDA City of Schenectady IDA 14-1699509 Schenectady County Cap Re 27-3478847 Schenectady County Cap Re 27-3478847 IT II Proceeds Amount of bonds retired Amount of bonds legally defeased Total proceeds of Issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Other spent proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as part of a current refunding	(a) Issuer name (b) Issuer EIN (c) CUSIP # County of Schenectady IDA 14-1699509 City of Schenectady IDA 14-1699509 806143BF3 Schenectady County Cap Re 27-3478847 Schenectady County Cap Re 27-3478847 806418AT6 II Proceeds Amount of bonds retired Amount of bonds legally defeased Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Other spent proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue?	County of Schenectady IDA 14-1699509 12-22-2005 City of Schenectady IDA 14-1699509 806143BF3 11-22-2006 Schenectady County Cap Re 27-3478847 806418AT6 04-26-2012 TETT Proceeds Amount of bonds retired Amount of bonds legally defeased Total proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Capital expenditures from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as part of an advance refunding issue?	(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issuer County of Schenectady IDA 14-1699509 12-22-2005 6,1 12-22-2006 33,3 Schenectady County Cap Re 27-3478847 12-23-2010 15,3 Schenectady County Cap Re 27-3478847 806418AT6 04-26-2012 24,20 Price Amount of bonds retired Amount of bonds retired Amount of bonds legally defeased Total proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Other unspent proceeds Other unspent proceeds Year of substantial completion 20 Yes Were the bonds issued as part of an advance refunding issue?	(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price County of Schenectady IDA 14-1699509 12-22-2005 6,150,000 City of Schenectady IDA 14-1699509 806143BF3 11-22-2006 33,356,354 Schenectady County Cap Re 27-3478847 12-23-2010 15,310,000 Schenectady County Cap Re 27-3478847 806418AT6 04-26-2012 24,263,434 ****II Proceeds Amount of bonds retired Amount of bonds legally defeased Total proceeds of issue Capital proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Working capital expenditures from proceeds Working capital expenditures from proceeds Other unspent proceeds Year of substantial completion 2009 Yes No Were the bonds issued as part of a current refunding issue? X Were the bonds issued as part of an advance refunding issue?	(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (c) County of Schenectady IDA 14-1699509 12-22-2005 6,150,000 Ren City of Schenectady IDA 14-1699509 806143BF3 11-22-2006 33,356,354 Ref Bon Schenectady County Cap Re 27-3478847 12-23-2010 15,310,000 Fun Schenectady County Cap Re 27-3478847 806418AT6 04-26-2012 24,263,434 Ref Schenectady County Cap Re 27-3478847 806418AT6 04-26-2012 24,263,434 Ref Schenectady County Cap Re 27-3478847 806418AT6 04-26-2012 24,263,434 Ref Schenectady County Cap Re 27-3478847 806418AT6 04-26-2012 24,263,434 Ref Schenectady County Cap Re 27-3478847 806418AT6 04-26-2012 24,263,434 Ref Schenectady County Cap Re 27-3478847 806418AT6 04-26-2012 24,263,434 Ref Schenectady County Cap Re 27-3478847 806418AT6 04-26-2012 24,263,434 Ref Schenectady County Cap Re 27-3478847 806418AT6 04-26-2012 24,263,434 Ref Schenectady County Cap Re 27-3478847 806418AT6 04-26-2012 24,263,434 Ref Schenectady County Cap Re 27-3478847 806418AT6 04-26-2012 24,263,434 Ref Schenectady County Cap Re 27-3478847 806418AT6 04-26-2012 24,263,434 Ref Schenectady County Cap Re 27-3478847 806418AT6 04-26-2012 24,263,434 Ref Schenectady County Cap Re 27-3478847 806418AT6 04-26-2012 24,263,434 Ref Schenectady County Cap Ref Schenectady County Cap Ref Schenectady County Cap Ref Schenectady Cap R	(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description County of Schenectady IDA 14-1699509 12-22-2005 6,150,000 Renovate college City of Schenectady IDA 14-1699509 8061438F3 11-22-2006 33,356,354 Refinance series Bond Schenectady County Cap Re 27-3478847 12-23-2010 15,310,000 Fund Facilities R Schenectady County Cap Re 27-3478847 806418AT6 04-26-2012 24,263,434 Refinance Portion *** IT Proceeds** Amount of bonds retired 0	(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose County of Schenectady IDA 14-1699509 12-22-2005 6,150,000 Renovate college's fitness of the second purpose City of Schenectady IDA 14-1699509 806143BF3 11-22-2006 33,356,354 Refinance series 1999 IDA Bond Schenectady County Cap Re 27-3478847 12-23-2010 15,310,000 Fund Facilities Renewal Plan Schenectady County Cap Re 27-3478847 806418AF6 04-26-2012 24,263,434 Refinance Portion Series 200 ***TII Proceeds*** Amount of bonds retired 0 0 0 0 Amount of bonds legally defeased 0 30,030,000 0 Total proceeds of issue 6,150,000 33,356,354 Good 0 Gross proceeds in reserve funds 0 0 0 Gross proceeds in refunding escrows 0 0 0 Gross proceeds in refunding escrows 0 0 0 Gross proceeds in refunding escrows 0 0 0	(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defendence of the purpose of	County of Schenectady IDA	(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (d) Delease (h) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (d) Delease (h) Issuer EIN (d) Delease (d) Delease (e) Issue price (f) Description of purpose (d) Delease (e) Issue price (f) Description of purpose (d) Delease (e) Issue price (f) Description of purpose (f) Pose price (f) Description of purpose (g) Description of purpose (g) Description of purpose description of purpose (g) Descrip	(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Description of purpose (h) Description of purpose	County of Schenectady IDA 14-1699509 8061438F3 11-22-2005 6,150,000 Renovate colleges interest to 1 14-1699509 806418AF3 11-22-2006 33,356,354 Refinance series 1999 IDA 14-1699509 806418AF3 11-22-2010 15,310,000 Fund Facilities Renewal Plan 14-1699509 806418AF3 11-22-2010 15,310,000 Fund Facilities Renewal Plan 14-1699509 14-1699509 806418AF3 11-22-2010 15,310,000 Fund Facilities Renewal Plan 14-1699509 14-1699

allocation of proceeds? Part IIII Private Business Use

17

			Α		В	С		ı)
		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		х		Х
2	Are there any lease arrangements that may result in private business use of bond-financed property?		Х		Х		Х		Х
						•			

Χ

Does the organization maintain adequate books and records to support the final

Χ

Part III Private Business Use (Continued)

Par	Private Business Use (Continued)									
				A		В		c		D
		ı	Yes	No	Yes	No	Yes	No	Yes	No
3a 	Are there any management or service contracts that may result in private to of bond-financed property?			×		×		×		Х
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the final property?	nced								
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х		Х		Х		x
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed propert									
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government			0%		0%		0 00000%		0%
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, anothe $501(c)(3)$ organization, or a state or local government			0%		0 %		0	%	0%
6	Total of lines 4 and 5			0%		0%		0	%	0%
7	Does the bond issue meet the private security or payment test?			X		Х		Х		X
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bond issued?			х		х		х		Х
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or d	lisposed of		%		%			%	%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s 1 141-12 and 1 145-2?	sections		×		х		×		Х
9	Has the organization established written procedures to ensure that all nonq bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		Х		Х		х		Х	
Par	t IV Arbitrage									
	1	Α			B		<u> </u>		D	
1	Has the issuer filed Form 8038-T?	Yes	No X	Yes	No X	Ye	es	No X	Yes	No X
2	If "No" to line 1, did the following apply?							<u>L</u>		
<u>а</u>	Rebate not due yet?		Х	$\overline{}$	Х		$\overline{}$	Х		Х
	Exception to rebate?	Х		Х		X				Х
c	No rebate due?		Х	1	Х			Х		Х
										•

_	Trus the issuer med to im obsoli		X		, ×		X	1	X
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?		X		Х		Х		Х
ь	Exception to rebate?	Х		Х		Х			Х
С	No rebate due?		Х		Х		Х		Х
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed						•		
3	Is the bond issue a variable rate issue?	Х			Х	Х			Х
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Х			х	Х			Х
ь	Name of provider	Bank of Ame	rıca	0		JP Morgan Ch	nase		
С	Term of hedge		8 4				6		
d	Was the hedge superintegrated?		Х				Х		
е	Was a hedge terminated?		Х				Х		
							Sc	hedule K (Forn	n 990) 2012

Pai	t IV Arbitrage (Continued)								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X		x		х
b	Name of provider	0		0		0		0	
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х		Х		x		х
7	Has the organization established written procedures to monitor the requirements of section 148?	x		х		×		×	

Part V Procedures To Undertake Corrective Action

1	Has the organization established written procedures to ensure
	that violations of federal tax requirements are timely identified
	and corrected through the voluntary closing agreement program if
	self-remediation is not available under applicable regulations?

Α		В		С		D	
Yes	No	Yes	No	Yes	No	Yes	No
х		×		х		х	

Part VI Supplemental Info	ormation. Complete this part to j	provide additional information for responses to questions on Schedule K (see instructions).
Identifier	Return Reference	Explanation
Part VI- Supplemental Information		Part III-Line 5 Bond Issue 2010 To calculate the percentage, the total amount borrowed (\$15,310,000) was used rather than the proceeds amount actually drawn down on the bond at June 30, 2013 Part III Line 4,5,6 Bond Issue 2012 To calculate the percentage on lines 4,5, and 6, the total proceeds were used (includes the 2003 and a portion of the 2001 refunded bonds) The percentage of private use is greater than the 5% cap at June 30, 2013 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

Schedule K (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493126012424

OMB No 1545-0047

2012

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

Open to Public Inspection

Name of the orga Trustees of Union Co					En	nploye	r identii	fication	numbe	r		
Part I Exces	Excess Benefit Transactions (section 501(c)(3) and section 501(c). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 2 Name of disqualified person (b) Relationship between disqualified person and organization The amount of tax incurred by organization managers or disqualified persons dure 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-EZ, Part V, line 38a organization reported an amount on Form 990, Part X, line 5, 6, or 22 elect (b) Relationship (c) Purpose of loan or from the organization? To From To From To From From To Fr	01(c)(4) or										
											40b	
											(d) Corr	ected?
			person and	d organizatio	on					,	Yes	No
							yearı	under	section			
								•	- \$			
3 Enter the am	ount of tax, if any,	on line 2, ab	ove, reimb	ursed by the	e organization			•	F \$			
Part II Loa	ns to and/or E	rom Inter	acted De	reone								
					-EZ. Part V. lı	ne 38a. or Fo	rm 99	0. Par	t IV. lın	e 26. o	rıfthe	
								·, · ·.	,	,		
(a) Name of					<u> </u>	(f)Balance	(g)) In	(h	1)	(i)Wr	ıtten
ınterested	with organization	of loan			1 '	due	defa	ault?			agreer	ment?
person			organizat	ion	amount							
			То	From	1		reprise of transaction (d) Yes he year under section	Yes	No			
			1	1			1	1	 	1	1	1
											_	
											_	
											_	
											_	
											_	
otal	•		▶ \$	•	•	•				•	7	
Part IIII Gran	ts or Assistan	ce Benefit	ting Inte	erested P	ersons.						<u> </u>	
Com	olete if the orgai	nization ans	swered "Y	es" on For	m 990, Part	IV, line 27.						
(a) Name of inte				A mount o	fassistance	(d) Type o	fassis	tance	(e)	Purpos	e of ass	ıstance
2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958												
	Ber the amount of tax, if any, on line 2, above, reimbursed by the organization											

Part IV Business Transactions Involving Interested Persor

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	ation's	
				Yes	No	
(1) Scott Montgomery	See Part V	87,078	See Part V		No	
(2) Judith Ainlay	See Part V	63,759	See Part V		No	

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
Schedule L, Part IV - Interested		LINE 1 COLUMN B FAMILY MEMBER OF OFFICER LINE 1
Persons		COLUMN D EMPLOYEE OF THE COLLEGE LINE 2 COLUMN
		B FAMILY MEMBER OF OFFICER & TRUSTEE LINE 2
		COLUMN D EMPLOYEE OF THE COLLEGE

Schedule L (Form 990 or 990-EZ) 2012

DLN: 93493126012424

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

Name of the organization Trustees of Union College

Employer identification number

					14-1338580		
Pa	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 determi noncash contribution a	_	ts
1	Art—Works of art	Х	8	0			
2	Art—Historical treasures .						
3	Art—Fractional interests						
4	Books and publications	Х		58,485	Opinions of Experts		
5	Clothing and household						
	goods	Х		10,700	Opinions of Experts		
6	Cars and other vehicles						
7							
8	,						
9	Securities—Publicly traded .	Х	217	6,121,013	Market value		
	Securities—Closely held stock .						
	Securities—Partnership, LLC, or trust interests						
	Securities—Miscellaneous						
	Qualified conservation contribution—Historic structures						
	Qualified conservation contribution—Other						
	Real estate—Residential .						
	Real estate—Commercial						
	Real estate—O ther						
	Collectibles	X	5		Opinions of Experts		
	Food inventory	X	31	2,607	Cost		
	Drugs and medical supplies .						
	Taxidermy						
	Historical artifacts						
	Scientific specimens						
24	Archeological artifacts						
25	Computer Other►(<u>Equipment</u>)	х	70	34,043	cost		
	Athletic						
	Broadcasts/Events			40 = 24			
26	Other ► (- Other)	X	26	49,/81	selling price		
27	campus Other ► (events)	X	3	10 929	selling price		
28	Other ► (miscellaneous)	$\frac{x}{x}$	17	10,347			
	Number of Forms 8283 received			·			
	for which the organization comple				29		3
				•		Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it		
	must hold for at least three year for exempt purposes for the enti				d to be used		No
ь	If "Yes," describe the arrangem						
31	Does the organization have a gi	ft acceptand	ce policy that requires the i	review of any non-standard	contributions? 31	Yes	
32a	Does the organization hire or us contributions?	e third parti	les or related organizations	to solicit, process, or sell	noncash 32a		No
ь	If "Yes," describe in Part II						
33	If the organization did not report	t an amount	: in column (c) for a type of	property for which column (a) is checked,		

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	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) (2012)

OMB No 1545-0047

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.

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

		14-1330300
ldentifier	Return Reference	Explanation
Part VI, Line 1a- Explanation of Material Differences in Voting Rights		
Part VI, Line 2- Business or Family Relationships of Officers, Directors,		1 STEPHEN RITTERBUSH AND KATHY MAGLIATO - BUSINESS RELATIONSHIP 2 DAVID BREAZZANO AND JAMES TAYLOR - BUSINESS RELATIONSHIP
Part VI, Line 11b- Form 990 Review Process		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 Chai r 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.
Part VI, Line 12c- Explaination of Monitoring and Enforcement of Conflicts		The Trustees of Union College has a written conflict of interest policy, which requires of ficers, 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.
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, the Committee will a Review goals for the upcoming year and accomplishments for the year just ended by Obtain appropriate analysis and studies for use in evaluating the compensation of the President concurrent its deliberations and decision establishing the President's compensation of Report to the Executive Committee of the Board annually its findings and actions.
Part VI, Line 19- Other Organization Documents Publicly Available		The Trustees of Union College's governing documents, conflict of interest policy and finan cial statements are available to the public upon request. The financial statements are als o available on the College's website www union edu
Part XI, Line 9- Other Changes In Net Assets or Fund Balances		Actuarial Adjustment \$720,344 Athletic Fundraising Expense 53,772 Athletic Sponsorship AGreement -9,978 CGA- Other Additions Less Inv Mngt Fees 20,754 Total \$784,892
Part VI-B, Question 10A		The Trustees of Union College is affiliated with the Alumni Council of Union College, Inc
Part VI-B, Question 10B		There are written policies and procedures governing the activities of Alumni Council

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DLN: 93493126012424

OMB No 1545-0047

2012

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization Trustees of Union College

14-1338580 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (b) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity

Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the		the organization a	nswered "Yes" to	Form 990, Part IV	, line 34 because it	had o	ne
(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 (13) co	g) 512(b) ontrolled tity?
(1) Alumnı Council of Union College Inc	Supporting Or	NY	501(c)(3)	11C	NA	Yes	No No
807 Union St Abbe Hall	capperaing or		001(0)(0)				
Schenectady, NY 12308 14-6019466							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501:	35Y	•	Schedule R (Forr	n 990) 2	012

	Identification of Related Organ because it had one or more related								zatıon an	swered "Y	es" to	Form	990, P	art I	V, lır	ne 34		
	(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	entı	ct olling	(e) Predomii income(re unrelate excluded tax und sections 514)	nant lated, ed, from der 512-	(f) Share of total income	(g) Share of e end-of-year assets	(h Disprop allocat	rtionate	(i) Code V— amount ir 20 of Schedule (Form 10	box K-1	(j) Gener mana partn	al or ging	(k) Percentag ownershi	
							514)				Yes	No			Yes	No		_
																		_
																		_
																		_
																_		_
	Identification of Related Organ line 34 because it had one or more										swere	d "Ye	s" to Fo	rm 9	990,	Part 1	IV,	
Λ	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Lega domici (state or fo country	le oreign		Direct	(d) controlling entity	Type (C co	(e) of entity rp, S corp, trust)	(f) Share of total income	0	(g) re of end of-year assets		(h) rcenta vnersh		CC	(i) ection 512 (b)(13) ontrolled entity?	
(1) Charitable	Load Annuity	Investing				Union (College	CLAT			0		0			Y ∈	es No	<u>,</u>
Tr (1)	Lead Aimuity	investing	NY			Onion	college	CLAI		·							-5	
(2) Charitable (1)	Remain Ann Tr	Investing	СТ			Union (College	CRAT		,	0		0			Ye	es	-
(3) Charitable (10)	Remain Unitr	Investing				Union (College	CRUT		(0		0			Ye	es	_
(4) Income Ber	neficiary Tr (3)	Investing				Union (College	Trust		(0		0			Ye	es	_

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organiza	atıons lı	sted in Parts II-IV?							
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No			
b	Gift, grant, or capital contribution to related organization(s)				1b	Yes				
C	: Gift, grant, or capital contribution from related organization(s)				1c		No			
d	Loans or loan guarantees to or for related organization(s)				1d		No			
e	Loans or loan guarantees by related organization(s)				1e		No			
f	Dividends from related organization(s)				1f		No			
					1g		No			
					1h		No			
	·				1i		No			
					1j		No			
•										
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No			
c Giff, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Purchase of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) i Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) and Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) p Reimbursement paid to related organization(s) for expenses p Reimbursement paid to related organization(s) for expenses p Reimbursement paid by related organization(s) for expenses p Other transfer of cash or property from related organization(s) 1 In The answer of cash or property from related organization(s) 1 In The answer of cash or property from related organization(s) 1 In The answer of cash or property from related organization(s) 1 In The answer of cash or property from related organization(s) 1 In The answer of cash or property from related organization(s) 1 In The answer of cash or property from related organization(s) 1 In The answer of cash or property from related organization(s) 1 In The answer of cash or property from related organization(s) 1 In The answer of cash or property from related organization(s) 1 In The answer of cash or property from related organization(s) 1 In The answer of cash or property from related organization(s) 1 In The answer of cash or property from related organization(s) 1 In The answer of cash or property from related organization(s) 1 In The answer of cash or property from related organization(s) 1 In The answer of cash or property from related organization(s) 1 In The answer of cash or property from related o										
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV> a Recipt of (i) interest (ii) annuities (iii) royalities or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) c Juna or loan guarantees to or for related organization(s) d Loans or loan guarantees to or for related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) i Exchange of assets to related organization(s) i Exchange of assets with related organization(s) i Exchange of assets with related organization(s) i Lease of facilities, equipment, or other assets to related organization(s) i Performance of services or membership or fundraising solicitations for related organization(s) in Performance of services or membership or fundraising solicitations for related organization(s) in Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) i Sharing of paid employees with related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) g Sharing of paid employees with related organization(s) f Divini transfer of cash or property to related organization(s) f Divini transfer of cash or property to related organization(s) f Divini transfer of cash or property from related organization(s) f Divini transfer of cash or property from related organization(s) f Divini transfer of cash or property from related organization(s) f Divini transfer of cash or property from related organization(s) f Divini transfer of cash or property from related organization(s) f Divini transfer of cash or property from related organization(s) f Divini transfer of cash or property from related organization(s) f Divini transfer of cash or property from related organization(s)						No				
					1n		No			
					10		No			
р	Reimbursement paid to related organization(s) for expenses				1p		No			
q	Reimbursement paid by related organization(s) for expenses				1q	Yes				
r	O ther transfer of cash or property to related organization(s)				1r		No			
g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) j Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses 1p q Reimbursement paid by related organization(s) for expenses 1p q Reimbursement paid by related organization(s) for expenses 1p q Reimbursement paid by related organization(s) for expenses 1p q Reimbursement paid by related organization(s) for expenses 1p q Reimbursement paid by related organization(s) 1r s Other transfer of cash or property to related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Name of other organization Amount movived Method of determining amount movived			No							
2		uding co	overed relationships	and transaction thresholds						
	Name of other organization Transaction				ount II	nvolved				

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				`	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID:

Software Version:

EIN: 14-1338580

Name: Trustees of Union College

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental		Part IV Line 3 The 10 charitable remainder unitrusts listed on line 3 of part IV have the following legal domiciles 2-NY 1-NJ 2-CT 1-FL 1-MO 2-CA 1-PA Part
Information		IV Line 4 The 3 income beneificary trusts listed on line 4 of part IV have the following legal domiciles 2-NY 1-NJ

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493126012424 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** GENERAL DEPRECIATION Name(s) shown on return Trustees of Union College 14-1338580 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Total cost of section 179 property placed in service (see instructions) • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) \$ 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . • 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ΜМ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs **Summary** (see instructions) Part IV 21 Listed property Enter amount from line 28 · · · · · · · · · · · · 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 295,471 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. **epreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.

24a Do you have evider	nce to support	the business/inve	stment ι	ıse claıme	d? ┌ Yes	Гио		24	lb If "Y	es," is	the ev	idence	written?	,	s L	0
(a) Type of property (list vehicles first)				(e) Basis for depreciation (business/investme use only)				(f) Recovery period	(g) ry Method/ Convention			(h) Depreciation/ deduction			(i) Elected section 179 cost	
25Special depreciation allo		• •	y placed	ın service	during the	tax year	and u	used more	e than							
50% in a qualified busi	•	•								25						
26 Property used more	e than 50% I	in a qualified bi	usiness	use	T			Ι			1					
		%									+			+		
		%														
27 Property used 50%	orless in a		ness us	е					lo /i		_					
		%							S/L - S/L -		+			\dashv		
		%							S/L -		+			┪		
28 Add amounts in co	olumn (h), lır	nes 25 through	27 En	ter here	and on lu	ne 21,	page	1	28							
29 Add amounts in co	olumn (ı), lın	e 26 Enterhei	e and o	n line 7,	page 1								29			
	(),				mation	on U	se d	of Veh	icles				<u>'</u>			
omplete this section	for vehicles	used by a sole	propri	etor, par	tner, or o	ther "n	nore	than 5%	owne	r," or	relate	ed per	son			
f you provided vehicles to	your employee	es, first answer the	e questio		_			n except		mpletir T						
30 Total business/investment miles driven during the				(Veh	(b) Vehicle 2		Ve	(c) Vehicle 3		(d) Vehicle 4			e) icle 5	5 Vehicle 6		
year (do not inclu	de commutir	ng miles) .	•	- '	1010 1	1	<u> </u>				• • • • • • • • • • • • • • • • • • • •		1		1	
31 Total commuting i	miles driven	during the yea	r .													
32 Total other persor	nal(noncomm	nutina) miles di	riven										+			
33 Total miles driven	•							-		-+			+			
through 32	· · ·	· · ·														
34 Was the vehicle available for personal use				Yes	No	Yes	No	Yes	N	0 1	es/	No	Yes	No	Yes	No
during off-duty hours?																
35 Was the vehicle used primarily by a more than 5%																
owner or related p	erson? .													↓		
36 Is another vehicle	available fo	r personal use	?.													
Section Sectio	ns to determ														not mo	re tha
37 Do you maintain a written policy statement that prohemployees?				nibits all	personal	use of	vehi	cles, in	cluding	comr	nutın	g, by	your	Y	'es	No
employees.			• • •			• •	•		• •			•				
38 Do you maintain a employees? See the												your •				
39 Do you treat all us	e of vehicles	s by employees	s as per	rsonal us	se?											
40 Do you provide movehicles, and reta				oyees,o	btaın ınfo	rmatio	n fro	m your	employ	ees a	bout	the us	se of			
41 Do you meet the r	eauirements	concernina au	alıfıed a	automob	ıle demor	nstratio	n us	e? (See	ınstru	ctions) .					
Note: If your answ	-							=			-					
	rtization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15 1 6.	, do 110	e compre			7 101 1110			110100					
Allio	T CIZACIOII	(b)	T		Т	\Box		Т	(e)							
(a)		Date			(c) A mortizable			(d) Code	Αn	nortiza	zation		Λmo	(f) irtizati	on for	
Description of c				amo	I		ection P		eriod or rcentage				his ye			
40.4		begins	2015		,	<u>_</u>			Įρε	cent	aye					
42 A mortization of co	sts that beg	ins auring you	7 2012	tax year	(see ins	tructio	1S)				-					
			4													
										<u> </u>						
43 A mortization of co	_	•		-			•			· _	43					
44 Total. Add amount	ts ın column	(f) See the ins	tructio	ns for wh	nere to re	port				.	44					