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DLN: 93493097000106

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	014 ca	lendar year, or tax year beginnin	g 06-01-2014 , and ending 05-31-	2015			
B Che	ck if ap	plicable	C Name of organization UNION COLLEGE			D Emp	loyer ider	ntification number
☐ Add	ress cha	inge	5M26M 662E25E			47-0	405319	e
┌ Nar	ne chan	ge	Doing business as					
┌ Init	al returr	า				E Tolon	hone num	hor
_ Fina			Number and street (or P O box if r 3800 SOUTH 46TH STREET	nail is not delivered to street address) Room	m/suite			
	ırn/term					(402	1)486-2	502
_	ended re		LINCOLN, NE 68506	ntry, and ZIP or foreign postal code		G Gross	receints \$	38,784,560
App	lication	pending	3			G Gloss	receipts #	30,704,300
			F Name and address of pri	ncıpal officer		Is this a grou		
			VANITA SAUDER 3800 SOUTH 46TH STREE	т		subordinates	?	┌ Yes ┌ No
			LINCOLN, NE 68506		Н(b)	Are all subor	dinates	┌ Yes ┌ No
						included?		
<u> </u>	k-exemp	ot status	s 501(c)(3) 501(c)() •	(insert no) 4947(a)(1) or 527		If "No," attac	h a list	(see instructions)
J W	ebsite:	► W\	WW UCOLLEGE EDU		H(c)	Group exemp	otion nur	mber 🕨 1071
K Forr	n of orga	anızatıo	n 🔽 Corporation 🦵 Trust 🦳 Association	on Other ►	L Yea	r of formation	1891 M	State of legal domicile NE
Pa	rt I	Sun	nmary				•	
Governance	Т	O PRO		on or most significant activities XPERIENCE INCLUDING EDUCA LLEGE IN LINCOLN, NEBRASKA	ΓΙΟΝ, HOUS	SING, AND A	SSOCIA	TED PROGRAMS
lewell	2 C	heck t	this box 🔭 if the organization d	scontinued its operations or dispos	ed of more t	han 25% of it	s net as	sets
	32 NI	umbar	r of voting members of the sever	ning body (Part VI, line 1a)			3	33
Activities &				of the governing body (Part VI, line			4	30
差				calendar year 2014 (Part V, line 2			5	1,008
Act				necessary)			6	125
				art VIII, column (C), line 12			7a	393,310
	ЬN	et unr	related business taxable income t	from Form 990-T, line 34			7b	-3,401
						Prior Year		Current Year
_	8	Contr	ributions and grants (Part VIII, l	ne 1 h)		7,127	,498	10,959,553
H.	9	9 Program service revenue (Part VIII, line 2g)				22,494		22,334,083
Rayenue	10			n (A), lines 3, 4, and 7d)			,336	78,153
_	11		, , , , , , , , , , , , , , , , , , , ,	, lines 5, 6d, 8c, 9c, 10c, and 11e)	lan a	409	,382	598,928
	12			. (must equal Part VIII, column (A)	, line	30,135	,294	33,970,717
	13			IX, column (A), lines 1-3)		4,321	,736	4,713,288
	14	Bene	fits paid to or for members (Part :	IX, column (A), line 4)			0	0
	15			ee benefits (Part IX, column (A), lin	es	18,495	,019	14,382,498
δ.	16a	5-10 Profe	•	, column (A), line 11e)			0	0
Expenses	b		fundraising expenses (Part IX, column (D		· ·			
Δ	_				_			
	17			lines 11a-11d, 11f-24e)		4,935		9,187,184
	18 19		·	ıst equal Part IX, column (A), lıne 2 18 from lıne 12		27,751		28,282,970 5,687,747
Net Assets or Fund Balances		Keve	nde less expenses Subtract line	10 110111111111111111111111111111111111		inning of Curr Year		End of Year
10 St.	20	Total	assets (Part X, line 16)		. —	53,140	,889	61,034,959
7.48 M B	21					13,174		16,064,578
žĒ	22			line 21 from line 20		39,966	,287	44,970,381
Pai	t II	Sig	nature Block		,		•	
my kr	rer has	ge and s any k		amined this return, including accom mplete Declaration of preparer (oth				
		Typ	pe or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Check I If	PTIN	1654
Paid	i		LARRY ADAMS Firm's name CLIFTONLARSONALLEM	LARRY ADAMS		self-employed		
Pre	parei	r						
	Only		Firm's address ► 220 SOUTH SIXTH STR	REET SUITE 300		Phone no (6:	l2) 376-45	500

MINNEAPOLIS, MN 55402

✓ Yes ☐ No

Form	n 990 (201	4)				Page 2
Par		tatement of Program neck if Schedule O contain			III	
1	Briefly d	escribe the organization's	mission			
		FAITH IN JESUS CHRIST FUDENTS FOR LEARNING			DENT-FOCUSED COMMUNIT	Y, UNION COLLEGE
_						
2		rganızatıon undertake any Form 990 or 990-EZ? .	significant program s	ervices during the yea	r which were not listed on	
	If "Yes,"	describe these new service	es on Schedule O			
3		rganization cease conduct			onducts, any program	
	If"Yes,"	describe these changes o	n Schedule O			
4	expense		01(c)(4) organization	s are required to repoi	nree largest program services, It the amount of grants and allo	
4a	(Code) (Expense	s \$ 14,019,637	ıncludıng grants of \$	4,713,288) (Revenue \$	18,197,904)
	MASTER'S THAN 50	LEVEL STUDENTS THE 10 TO 1	. STUDENT TEACHER RATIONSES IN 27 FIELDS OF STUDY	O ALLOWS FOR EXCELLENT : Y INCLUDING BACHELOR'S I	TS EDUCATION WITH 814 UNDERGRA STUDENT/TEACHER INTERACTION UI DEGREES IN RELIGION, BUSINESS, ED TANT STUDIES	NION COLLEGE OFFERS MORE
		\ /5			0.) (0.)	4.274.202.)
4b	ACADEMI		ICES ACADEMIC SUPPORT		0) (Revenue \$ ACADEMIC ADMINISTRATION, INSTITU H COUNSELING, RECORDS OFFICE, AD	
4 c	(Code) (Expense	, , ,	including grants of \$	0) (Revenue \$	3,350,157)
	DEPARTM				SERVICES TO STUDENTS, FACULTY, S RT TO OUR STUDENTS AND INCLUDE	
	Othern	rogram services (Describe	n Schedule O N			
ru	(Expens	•	including grants o	of \$) (Revenue \$)

22,163,358

Total program service expenses ▶

Part IV	Checkli	st 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	
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	3		Νo
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		No
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? <i>If "Yes," complete Schedule D, Part 1</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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^{\square}	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, 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		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		No
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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		No
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		No
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 or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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? <i>If "Yes," complete Schedule J</i>	23		No
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 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
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	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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	Yes	
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?	20	Yes	

	Check if Schedule O contains a response or note to any line in this Part V			
	The state of the s		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 1,211			
b	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
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		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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		
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
)a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
a	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)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			
la	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Voc " has it filed a Form 720 to report these payments? If "No " provide an evaluation in Schedule O			

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

Check if Schedule O	contains a resi	nonce or note t	o any li	ing in this D	art VI						V
Check ii Schedule O	Contains a resi	י שנווטע שבווטע	o ally II	1116 III (1115 F	aitvi						., .

Se	ection 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		No
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	Yes	
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	Yes	
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	Yes	
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	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b		
b 11a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a b	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? 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	
b 11a b 12a b	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? 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	
b 11a b 12a b	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? 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	
b 11a b 12a b c	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? 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	
b 11a b 12a c 13 14	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? 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	
b 11a b 12a c 13 14 15	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? 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15	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? 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	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	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? 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	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	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? 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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Lif "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No No No
b 11a b 12a c 13 14 15 a b	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? 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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No No No
b 11a b 12a c 13 14 15 a b 16a b	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? 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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization in joint venture arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No No No
b 11a b 12a c 13 14 15 a b 16a b	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? 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 15a 15b	Yes Yes Yes Yes	No No No

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

☐ O wn website ☐ Another's website ☐ U pon 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
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►HARVEY MEIER CONTROLLER

3800 SOUTH 46TH STREET LINCOLN, NE 68506 (402) 486-2502

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- ♣ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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

(A) Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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 perso	(C) Ition (do not check than one box, unless on is both an officer a director/trustee)				i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	. ~	Ke) employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	►			
C	Total from continuation sheets to Part VII, Section A	-►			
d	Total (add lines 1b and 1c)	•	184,972	0	81,388

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
HAMPTON COMMERCIAL CONSTRUCTION 3400 PLANTATION DR 110 LINCOLN, NE 68516	CONSTRUCTION	579,719
US FOODSERVICE INC PO BOX 501133 ST LOUIS, MO 63150	FOOD SERVICE	397,278
ADVENTIST COLLEGES ABROAD 12501 OLD COLUMBIA PIKE SILVER SPRING, MD 20904	STUDENT SERVICES	269,224
SANDSTONE CONSTRUCTION LLC 500 N BRYANT PO BOX 6896AVE LINCOLN, NE 68506	CONSTRUCTION	261,939
GANA TRUCKING & EXCAVATING 2200 W PANAMA RD MARTEL, NE 68404	CONSTRUCTION	240,773
2 Total number of independent contractors (including but not limited to those listed abo	ve) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►10

		Check If Schedu	ule O contains a respon	ise or note to any lir	ne in this Part VIII			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated camp	paigns 1a					
ons, Giffs, Grants Similar Amounts	ь	Membership du	es 1 b					
ira 101		•						
s, (An	С	Fundraising eve						
Siffe Iar	d	Related organiz	ations 1d	3,047,587				
s, (mi	е	Government grants	s (contributions) 1e	432,996				
ıtion er Si	f	All other contribution	ons, gifts, grants, and 1f of included above	7,478,970				
Contributions, and Other Sim	g	Noncash contribution 1a-1f \$	ons included in lines	356,790				
Cont and	h	Total. Add lines	s 1a-1f	🗼	10,959,553			
				Business Code				
III	2a	TUITION AND FEES	;	611710	18,197,904	18,197,904		
еке	ь	AUXILIARY SERVIC	 FS	611710	2,864,977	2,523,815	341,162	
e F	c	STUDENT SERVICE		611710	1,271,202	1,271,202	311,102	
ИС	d	STODENT SERVICE		011710	1,2/1,202	1,2/1,202		
Se								
Program Serwoe Revenue	e	A.H						
ogr	f	All other progra	im service revenue					
₹	g	Total. Add lines	s 2a – 2f	🕨	22,334,083			
	3		ome (including dividenc		188,335			188,335
	_		ar amounts)	-	100,333			100,333
	4		tment of tax-exempt bond p	_ F				
	5	Royalties	() Park					
	6-	Cross ronts	(ı) Real 116,065	(II) Personal				
	ba k	Gross rents Less rental	2,317					
		expenses						
	С	Rental income or (loss)	113,748					
	d	Net rental inco	me or (loss)		113,748		52,148	61,600
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	3,617,818					
		assets other than inventory						
	b	Less cost or other basis and	3,482,680	245,320				
		sales expenses		·				
	С	Gain or (loss)	135,138	-245,320				
	d		s)		-110,182			-110,182
ψ.	8a	Gross income f events (not inc						
Other Revenue		\$	reported on line 1c)					
4	١.		a 					
ĭ₽	b		penses b					
,	C		loss) from fundraising e	events 🛌				
	9a		rom gaming activities le 19					
	ь	Less direct ex	a penses b					
	С	Net income or (loss) from gaming activ	/ities				
	10a	Gross sales of returns and allo						
			a	1,568,706				
	ь	Less cost of go	oods sold b	1,083,526				
	С		loss) from sales of inve		485,180	485,180		
		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨				
	12	Total revenue.	See Instructions		33,970,717	22,478,101	393,310	139,753
					20,2,0,,11	,	3,3,310	100,,00

	990 (2014)				Page 10
	Statement of Functional Expenses			laha aaluman (A.)	
sectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				
.	Check if Schedule O contains a response or note to any line in this			(c)	l
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	4,713,288	4,713,288		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	1,713,200	1,713,233		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	308,383		308,383	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	10,495,221	8,149,021	2,114,415	231,785
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,356,080	950,037	365,891	40,152
9	Other employee benefits	1,443,245	1,077,117	320,606	45,522
10	Payroll taxes	779,569	771,120	8,362	87
11	Fees for services (non-employees)				
а	Management				
b	Legal	41,311		41,311	
С	Accounting	59,261		59,261	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	37,036		37,036	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	737,222	371,893		57,810
12	Advertising and promotion	295,364	196,710	· ·	1,191
13	Office expenses	1,633,054	703,115		57,066
14	Information technology	42,928	42,133	736	
15	Royalties	12,722	,		
16	Occupancy	1,844,743	522,755	1,321,836	152
17	Travel	525,823	435,693	73,598	16,532
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	323,023	133,093	73,330	10,332
19	Conferences, conventions, and meetings	2,963	2,963		
20	Interest	562,438		562,438	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,350,238	258,349	1,090,788	1,101
23	Insurance	400,506	224,238	176,268	·
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)		,	,	
а	INSTRUCTIONAL	365,050	54,852	310,198	
b	DUES/MEMBERSHIPS	323,876	246,817	72,807	4,252
С	BAD DEBT	168,000	168,000		<u> </u>
d	COST ALLOCATIONS	0	2,933,916	-2,933,916	
e	All other expenses	797,371	341,341	458,256	-2,226
25	Total functional expenses. Add lines 1 through 24e	28,282,970	22,163,358		453,483
26	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

	τX	Check if Schedule O contains a response or note to any line in the	his Pa	art X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments			2,544,718	2	4,452,651
	3	Pledges and grants receivable, net			3,336,229	3	3,928,765
	4	Accounts receivable, net			1,314,658	4	1,565,118
	5	Loans and other receivables from current and former officers, di employees, and highest compensated employees Complete Pai Schedule L	of	00.700	_	50.447	
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and c and sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ontrıl ıploy	buting employers	23,760	6	50,147
% %	7	Notes and loans receivable, net			6,548	7	28,517
ď	8	Inventories for sale or use			387,223	-	286,439
	9	Prepaid expenses and deferred charges			47,612		140,592
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	 10a	61,448,958	,		140,002
	ь	F	10b	19,892,941	35,870,675	10c	41,556,017
	11	Investments—publicly traded securities			4,816,911	11	6,498,964
	12	Investments—other securities See Part IV, line 11			1,010,011	12	
	13	Investments—program-related See Part IV, line 11			2,647,753		2,527,749
	14	Intangible assets			2,047,700	14	2,027,740
	15	Other assets See Part IV, line 11			2,144,802	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			53,140,889	16	61,034,959
	17				2,495,778		2,477,970
		Accounts payable and accrued expenses			1,822,653		1,833,810
	18	Grants payable					268,506
	19	Deferred revenue			274,116		<u> </u>
	20	Tax-exempt bond liabilities			5,341,601	20	4,786,111
es Se	21	Escrow or custodial account liability Complete Part IV of Scheo			246,899	21	269,251
Liabiliti	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi	ed				
<u>'E</u>		persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third parties			1,966,682	23	4,840,002
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Par D	t X of	Schedule	1,026,873	25	1,588,928
	26	Total liabilities. Add lines 17 through 25			13,174,602	26	16,064,578
—— Ф	20	Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.			15,111,1552		,
Fund Balance	27	Unrestricted net assets			31,889,811	27	34,515,261
<u>छ</u>	28	Temporarily restricted net assets	•	•	5,740,114	28	5,314,130
<u> </u>	29	Permanently restricted net assets			2,336,362	29	5,140,990
Ĭ		Organizations that do not follow SFAS 117 (ASC 958), check he			2,555,552		3,140,000
<u>.</u>		complete lines 30 through 34.	F	, and			
S 0.	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
dS.S	32	Retained earnings, endowment, accumulated income, or other fu				32	
Net /	33	Total net assets or fund balances			39,966,287	33	44,970,381
ž	34	Total liabilities and net assets/fund balances			53,140,889	34	61,034,959
	J-4	i otal navinties and net assets/juliu valdittes	•	• •] 55, 140,089	34	01,034,939

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		33,9	970,717
2	Total expenses (must equal Part IX, column (A), line 25)	2		28.1	282,970
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		5,6	587,747
7	Net assets of fulld balances at beginning of year (must equal Fact X, me 33, column (A))	4		39,9	966,287
5	Net unrealized gains (losses) on investments	5			-40,443
6	Donated services and use of facilities				•
7	Investment expenses	6			
		7			
8	Prior period adjustments	8		- 6	67,765
9	Other changes in net assets or fund balances (explain in Schedule O)	9			24,555
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	-			-
Door	column (B))	10		44,9	970,381
Par	Time Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	Accounting method used to prepare the Form 990				
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	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 separate 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?	ht of th	ne 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Software ID: Software Version:

EIN: 47-0405319 Name: UNION COLLEGE

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers,	Direct	ors, rs	Tru	ste	es, k	(ey	Employees, Higl	nest	
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th person and a	ion (e nan o n is b	ne b	ox, u an of	ınless fficer tee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from 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)	organization and related organizations
(1) VANITA SAUDER	40 00	х		х				39,282	0	17,284
PRESIDENT (1) JOHN WAGNER	1 00							·		·
PRESIDENT	0 00	x		х				11,916	0	5,244
(2) HAROLD ALOMIA	1 00									
TRUSTEE	0 00	X						0	0	0
(3) KEN BACON	1 00	х						0	0	0
TRUSTEE	0 00							Ů		
(4) ED BARNETT	1 00	x						0	0	0
TRUSTEE (5) STEVE BASCOM	0 00									
TRUSTEE	0 00	x						0	0	0
(6) ROGER BERNARD	1 00									
TRUSTEE	0 00	X						0	0	0
(7) NEIL BILOFF	1 00	V							0	0
TRUSTEE	0 00	Х						0	0	0
(8) MARIDAN BLAIR	1 00	×						0	0	0
TRUSTEE (9) RON CARLSON	0 00									
	1 00	x						0	0	0
TRUSTEE (10) STEVE CHAVEZ	1 00									
TRUSTEE	0 00	X						0	0	0
(11) DEAN CORIDAN	1 00	V							0	
TRUSTEE	0 00	Х						0	0	0
(12) CARY DECAMP	1 00	l x						0	0	0
TRUSTEE (13) MORRE DEAN	0 00									
	1 00	х						0	0	0
TRUSTEE (14) TANYA DICK	0 00									
TRUSTEE	0 00	X						0	0	0
(15) GARTH FLETCHER	1 00	,								
TRUSTEE	0 00	Х						0	0	0
(16) DOUG GOETZ	1 00	×						0	0	0
TRUSTEE	0 00								_	
(17) MILDRED GREER	1 00	х						0	0	0
TRUSTEE (18) ROB KOCH	0 00									
TRUSTEE	0 00	Х						0	0	0
(19) JOHN KRIEGELSTEIN	1 00	.,								
TRUSTEE	0 00	Х						0	0	0
(20) JACK KROGSTAD	1 00	x						0	0	0
TRUSTEE	0 00	.,								
(21) RICK KRUEGER	1 00	x						0	0	0
TRUSTEE (22) JEROME LANG	0 00						_			
TRUSTEE	1 00	x						0	0	0
(23) KEVIN LANG	1 00									
TRUSTEE	0 00	Х						0	0	0
(24) JUSTIN LYONS	1 00	х						0	0	0
TRUSTEE	0 00							<u> </u>		

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

(A) Name and Title	(B) A verage hours per week (list any hours	more than one box, unless ist person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the				
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(26) JAMES MCARTHURTRUSTEE	1 00	×						0	0	0
(1) TROY PEOPLES TRUSTEE	1 00	х						0	0	0
(2) BARBARA PROWANT	1 00									
TRUSTEE	0 00	X						0	0	0
(3) RICH REINER	1 00	х						0	0	0
TRUSTEE (4) SUSAN REISWIG-HAINES	0 00									
TRUSTEE	0 00	X						0	0	0
(5) KENT SELTMAN TRUSTEE	1 00	х						0	0	0
(6) KENT THOMPSON TRUSTEE	1 00	х						0	0	0
(7) GARY THURBER TRUSTEE	1 00	х						0	0	0
(8) GILL WEBB	1 00	х						0	0	0
(9) JEFF LEEPER	40 00									
SECRETARY/TREASURER	2 00			Х				66,887	0	29,430
(10) MALCOM RUSSELL VICE PRESIDENT	40 00			Х				66,887	0	29,430
100	1 000	<u> </u>								

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DLN: 93493097000106

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

UNION	I COLLE	EGE										
							47-0405319					
	rt I			tatus (All organiza				ns.				
The c	rganı	zation is not a private fo										
1	Г	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	o)(1)(A)(i).					
2	굣	A school described in	section 170(b)(1)(A)(ii). (Attach S	chedule E)							
3	Γ	A hospital or a cooper	atıve hospıtal	service organization o	described in sec	tion 170(b)(1)	(A)(iii).					
4		A medical research or	ganızatıon ope	erated in conjunction v	vith a hospital d	lescribed in sec	tion 170(b)(1)(A)(iii). Enter the				
	_	hospital's name, city,										
5	J	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	or operated by a	a governmental unit d	escribed in				
		section 170(b)(1)(A)	(iv). (Complet	e Part II)								
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	Г	An organization that n	The state of the s	· · · · · · · · · · · · · · · · · · ·		om a governme	ental unit or from the g	jeneral public				
	_	described in section 1				+ TT \						
8 9	<u> </u>	A community trust de					h	face and succe				
9	'	An organization that n										
		receipts from activitie										
		its support from gross						Dusmesses				
	_	acquired by the organ										
10	<u> </u>	An organization organ	•	•	•	•						
11	ı	An organization organ one or more publicly s										
		the box in lines 11a th			•							
а	Γ	Type I. A supporting of										
		supported organizatio				ty of the direct	ors or trustees of the	supporting				
	_	organization You mus										
b	ļ	Type II. A supporting	-	•			=					
		management of the su must complete Part IV			same persons c	nat control of f	nanage the supported	organization(s) Tou				
c	Г	Type III functionally	•		n operated in c	onnection with,	and functionally integ	grated with, its				
	_	supported organization										
d	ı	Type III non-function										
		not functionally integr (see instructions) Yo					ement and an attentiv	eness requirement				
e	Г	Check this box if the o					s a Type I. Type II. T	vpe III functionally				
	•	integrated, or Type II					, , . , , .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
f		Enter the number of s	upported organ	nizations								
g		Provide the following i	nformation abo	out the supported orga	ınızatıon(s)							
		ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	-	(v) A mount of	(vi) A mount of				
		organization		organization	listed in your		monetary support	other support (see				
				(described on lines 1-9 above or IRC	docume	entz	(see instructions)	instructions)				
				section (see								
				instructions))								
					Yes	No						
Tota												

Sch	edule A (Form 990 or 990-EZ) 2014						Page 2
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto					<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		 	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	33 1/3% support test—2014. If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and stop here. The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	-2014. If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		▶ ┌
18	Private foundation. If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• ▶ □

Schedule A (Form 990 or 990-EZ) 2014 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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493097000106

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Name	e of the organization N COLLEGE		Employer identification number
Pari	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990,		unds or Accounts. Complete if the
	organization answered Tes to Form 990,	(a) Donor advised funds	(b) Funds and other accounts
Т	otal number at end of year	(2, 2 3 2222	(2) and and and account
	aggregate value of contributions to (during year)		
	aggregate value of grants from (during year)		
	aggregate value at end of year		
		re in writing that the access held in der	
f	Old the organization inform all donors and donor adviso unds are the organization's property, subject to the org	ganızatıon's exclusıve legal control?	☐ Yes ☐ No
ι	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefi conferring impermissible private benefit?		
art	Conservation Easements. Complete if	the organization answered "Yes" t	to Form 990, Part IV, line 7.
F	Purpose(s) of conservation easements held by the orga	anization (check all that apply)	
Γ	Preservation of land for public use (e g , recreation	or education)	n historically important land area
Γ	Protection of natural habitat	Preservation of a	certified historic structure
Γ	Preservation of open space		
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in	the form of a conservation
			Held at the End of the Year
7	Total number of conservation easements		2a
7	Total acreage restricted by conservation easements		2b
ſ	Number of conservation easements on a certified histo	rıc structure ıncluded ın (a)	2c
	Number of conservation easements included in (c) acquistoric structure listed in the National Register	uired after 8/17/06, and not on a	2d
	Number of conservation easements modified, transferrections that the tax year •	ed, released, extinguished, or terminato	ed by the organization during
ı	Number of states where property subject to conservation	on easement is located ►	
[Does the organization have a written policy regarding the conservation easements it holds?		dling of violations, and Yes No
9	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation ease	ments during the year
	Amount of expenses incurred in monitoring, inspecting,	, and enforcing conservation easement	s during the year
[►\$ Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?) above satisfy the requirements of sec	ction 170(h)(4)(B)(i)
] l	In Part XIII, describe how the organization reports con palance sheet, and include, if applicable, the text of the	e footnote to the organization's financia	d expense statement, and
	the organization's accounting for conservation easements Organizations Maintaining Collections Complete if the organization answered "Year	s of Art, Historical Treasures,	or Other Similar Assets.
١	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assets service, provide, in Part XIII, the text of the footnote to	16 (ASC 958), not to report in its reve ts held for public exhibition, education,	or research in furtherance of public
] \	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statement and balance sheet
((i) Revenue included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		
]	f the organization received or held works of art, histori ollowing amounts required to be reported under SFAS		or financial gain, provide the
	Revenue included in Form 990, Part VIII, line 1	(= 2.2.) . Glassing to these items	▶ \$
,	Accets included in Form 990 Part V		b- ¢

Part	Organizations Maintaining Co	llections of Art, I	Histor	ical Treas	sures, or Oth	er Similar Ass	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other records	, check	any of the f	ollowing that are	a significant use	of its
а	Public exhibition		d ┌	Loan or e	xchange progran	าร	
b	Scholarly research		е Г	Other			
c	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain	how the	ey further th	e organızatıon's	exempt purpose ıı	ı
5	During the year, did the organization solicit		,			_	
Do	assets to be sold to raise funds rather than t						Yes No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an				ion answered	res to form 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				s or other asset		Yes Vo
b If "Yes," explain the arrangement in Part XIII and complete the following table							
						Am	ount
С	Beginning balance				10	:	
d	Additions during the year				10	1	
e	Distributions during the year				16	_	
f	Ending balance				1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for 6	escrow or cu	stodial account	liability?	✓ Yes
ь	If "Yes," explain the arrangement in Part XII	I Check here if the ex	xplanat	ion has beei	n provided in Pai	tXIII	ᅜ
Pa	rt V Endowment Funds. Complete						
1-	Reginning of year halance	(a)Current year 6,556,331	(b) Prior	year b (c ,387,057)Two years back (6 5,202,755	4,713,386	(e)Four years back 4,495,009
1a b	Beginning of year balance	2,744,171		,672,679	394,101	440,782	403,464
c	Net investment earnings, gains, and losses	2,7 11,171		70.270.5	33.,7101	110,702	
_		136,260		-106,670	67,013	275,483	91,523
d	Grants or scholarships						
e	Other expenditures for facilities and programs	392,029		396,735	276,812	226,896	276,610
r	Administrative expenses	9,044,733		,556,331	5,387,057	5,202,755	4,713,386
g	End of year balance	, , <u>,</u>		<u> </u>	<u> </u>	3,202,733	
2	Provide the estimated percentage of the cur	ent year end balance 32 320 %	(line 1	g, column (a)) held as		
а	Board designated or quasi-endownient	32 320 70					
Ь	remailent endowment p	240.04					
С	remporarily restricted endowment	340 %					
3 -	The percentages in lines 2a, 2b, and 2c sho				d - dd &		
3a	Are there endowment funds not in the posses organization by	ssion of the organizati	on that	are neid and	a administered to	orthe	Yes No
	(i) unrelated organizations					3a(i	
	(ii) related organizations					3a(i	i) No
b	If "Yes" to 3a(II), are the related organization	•				<u>3</u> b	
4	Describe in Part XIII the intended uses of the				1.157 . 1.4		
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		e orga	nization ar	iswered 'Yes' t	o Form 990, Pa	rt IV, line
	Description of property) Cost or othersis (investment		(c) Accumulated depreciation	(d) Book value
			$\overline{}$	3,109,80	0 679,11	.0	3,788,910
	Buildings			2,203,00	44,112,21		
	Leasehold improvements		.		2,889,61		
	Equipment		.		10,428,71		+
е	Other	<u></u>			229,50		229,502
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part X, o	column	(B), line 10(c	:).)		41,556,017
		·				Schedule D	(Form 990) 2014

Part VII Investments—Other Securities. Co. See Form 990, Part X, line 12.	mplete if the organization	answered 'Yes' to Form	m 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)		Cost or end-of-year r	market value
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Total (Column /h) must equal form 000 Part V sel (P) Inc 12.)	F		
Part VIII Investments—Program Related. C			rm 990 Part IV line 11c
See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year r	
		Cost of end-of-year i	narket value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	n answered 'Ves' to Form 990	Dart IV June 11d See F	form 000 Part V June 15
(a) Desci		, raiciv, ille iiu Seer	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	(5.)		
Part X Other Liabilities. Complete if the organization			ne 11e or 11f. See
Form 990, Part X, line 25.		· · · · · · · · · · · · · · · · · · ·	
1 (a) Description of liability	(b) Book value		
Federal income taxes ANNUITY AND SPLIT INTEREST AGREEMENT			
OBLIGATIONS	1,036,802		
ASSET RETIREMENT OBLIGATION	552,126		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,588,928		
2 Linkship for the area and the boundaries of Doub VIII and the	la tha taut of the footnata to the		

28,282,970

Julieu	ule D (1 01111 990) 2014		Page 🖣
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	Return Complete If
	the organization answered 'Yes' to Form 990, Part IV, line 12a.		,
1	Total revenue, gains, and other support per audited financial statements	1	30,288,031
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -40,443		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	1,067,638
3	Subtract line 2e from line 1	3	29,220,393
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 37,036		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4 c	4,750,324
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	33,970,717
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return. Complete
	ıf the organization answered 'Yes' to Form 990, Part IV, line 12a.		T
1	Total expenses and losses per audited financial statements	1	24,616,172
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	1,083,526
3	Subtract line 2e from line 1	3	23,532,646
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 37,036		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	4,750,324

Part XIII Supplemental Information

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Return Reference	Explanation
PART IV, LINE 2B	THE COLLEGE HOLDS DEPOSITS AND AGENCY ACCOUNTS FOR THE BENEFIT OF STUDENTS
PART V, LINE 4	THE COLLEGE'S ENDOWMENT IS USED TO SUPPORT STUDENT SCHOLARSHIPS AND OTHER INSTITUTIONAL NEEDS AS THEY ARISE
PART X, LINE 2	THE COLLEGE IS A RELIGIOUS AND EDUCATIONAL NONPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL, STATE, AND LOCAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE IT IS ALSO EXEMPT FROM STATE INCOME TAX HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE SUBJECT TO TAXATION THE COLLEGE FOLLOWS THE ACCOUNTING STANDARD RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF ANNUITIES AND SPLIT-INTEREST AGREEMENTS 24,555 COST OF GOODS SOLD 1,083,526
PART XI, LINE 4B - OTHER ADJUSTMENTS	SCHOLARSHIPS AND FINANCIAL AID 4,713,288
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 1,083,526
PART XII, LINE 4B - OTHER ADJUSTMENTS	SCHOLARSHIPS AND FINANCIAL AID 4,713,288

Jenedale 2 (1 31111 33 3) 23 13		age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493097000106

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE E

(Form 990 or 990-EZ)

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.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	me of the organization ION COLLEGE Employer ident in		ation number				
	47-040531						
Pai	ti.			YES	NO		
1	Does the organization have a racially nondiscriminatory policy toward students by statement in in other governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes			
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student adprograms, and scholarships?		2	Yes			
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broads the period of solicitation for students, or during the registration period if it has no solicitation prothat makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain If you need more space use Part II	gram, ın a way	3	Yes			
4 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes			
	Records documenting that scholarships and other financial assistance are awarded on a racially	nondiscriminatory		163			
_	basis?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4b	Yes			
c	Copies of all catalogues, brochures, announcements, and other written communications to the pu	ıblıc dealıng					
	with student admissions, programs, and scholarships?		4c	Yes			
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	<u> </u>		
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		No		
b	Admissions policies?		5b		No		
С	Employment of faculty or administrative staff?		5c		Νo		
d	Scholarships or other financial assistance?		5d		No		
e	Educational policies?		5e		Νo		
f	Use of facilities?		5f		Νo		
	Athletic programs?		5g		No		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		_ 5h_		No.		
	Does the organization receive any financial aid or assistance from a governmental agency?		6a	Yes			
b	Has the organization's right to such aid ever been revoked or suspended?		6b		Νo		
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Pa		7	Yes			

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	THE COLLEGE'S NONDISCRIMINATORY POLICY IS PUBLISHED IN THE STUDENT HANDBOOK AND IN COLLEGE BROCHURES
SCHEDULE E, PART I, LINE 6	UNION COLLEGE PARTICIPATES IN THE FOLLOWING FEDERAL PROGRAMS THROUGH THE US DEPARTMENT OF EDUCATION PELL GRANT PROGRAM, FEDERAL DIRECT LOAN PROGRAM, FEDERAL WORK-STUDY PROGRAM, FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT PROGRAM, FEDERAL PERKINS LOAN PROGRAM, AND FEDERAL NURSING STUDENT LOAN PROGRAM EXPENDITURES RELATED TO THE PROGRAMS ARE PRIMARILY MADE BY PARTICIPATING STUDENTS AT THE COLLEGE

Schedule E (Form 990 or 990-EZ) (2014)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493097000106

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.

Department of the Treasury Internal Revenue Service

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

	e of the organization ON COLLEGE				Employer identi	fication number
J 141 C	JN COLLEGE				47-0405319	
Pa	rt I General Information "Yes" to Form 990, Par			ne United States. C	omplete if the organiza	ation answered
1	For grantmakers. Does the o	_			-	
	and other assistance, the gra	ıntees' elıgıbılı	ty for the gran	its or assistance, and	the selection criteria	
	used to award the grants or a	assistance?				│ Yes │ No
2	For grantmakers. Describe in assistance outside the United		ganızatıon's pı	rocedures for monitori	ng the use of its grant	s and other
3	Activites per Region (The follow	ing Part I, line 3	table can be du	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
(1)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	STUDY ABROAD AND MISSION TRIPS	156,050
(2)	EUROPE	0	0	PROGRAM SERVICES	STUDENT TRIPS	28,355
(3)	SOUTH AMERICA	0	0	PROGRAM SERVICES	MISSION TRIPS	40,660
(4)						
(5)						
3a	Sub-total	0	0			225,065
b	Total from continuation sheets to Part I	0	0			C
_	Totale (add lines 3a and 3h)	ا ما	0		1	225.065

Pā						ited States. Comp duplicated if additioi			to Form 990,
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2						les by the foreign co (c)(3) equivalency l			
3	Enter total num	nber of other or	ganızatıons or ent	ities					

Schedule F (Form 990) 2014

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 addit	tional 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)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
				I.	I .		

Part IV Foreign Forms

1	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)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, 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; do not file with Form 990)	Г	Yes	<u>\</u>	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u> </u>	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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	⊽	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)	Г	Yes	▼	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	<u> </u>	No

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5**

Part V Supplemental Information

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	THE COLLEGE USES THE ACCRUAL METHOD TO REPORT EXPENDITURES ON SCHEDULE F

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493097000106 Schedule I OMB No 1545-0047 Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number UNION COLLEGE 47-0405319 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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 section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance grant cash orassistance or government assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) MERIT AWARDS	742	3,089,337	0	N/A	N/A
(2) MATCHING AWARDS	361	622,862	0	N/A	N/A
(3) NEED BASED AWARDS	242	481,568	0	N/A	N/A
(4) UC GRANTS - NEED BASED	269	519,521		N/A	N/A

Part IV Supplemental I	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Explanation								
	SCHOLARSHIPS AND GRANTS FOR STUDENTS ARE APPLIED DIRECTLY TO A STUDENT'S COLLEGE ACCOUNT AND APPLIED TO TUITION, FEES, ROOM AND BOARD ALL FINANCIAL AID IS SUBJECT TO REVISION BASED ON AVAILABILITY, CHANGES IN FAMILY CONTRIBUTION AND/OR CREDIT LOAD SATISFACTORY ACADEMIC PROGRESS MUST BE MAINTAINED ACCORDING TO STANDARDS PRESCRIBED BY THE COLLEGE ANNUAL RENEWAL OF FINANCIAL AID IS CONTINUOUS IF INSTITUTIONAL FINANCIAL NEED REMAINS, ALL REQUIRED DOCUMENTS ARE COMPLETED BY THE PUBLISHED DEADLINE AND SATISFACTORY ACADEMIC PROGRESS IS MAINTAINED CONSISTENT WITH THE COLLEGE'S POLICY								

Schedule I (Form 990) 2014

(Form 990)

Department of the Treasury

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.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

DLN: 93493097000106

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** UNION COLLEGE 47-0405319 Part I Bond Issues (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No NEBRASKA EDUCATIONAL 52-1293953 06-26-2012 FACILITY CONSTRUCTION Χ 5,500,000 FINANCE AUTHORITY **Proceeds** Part II В C Α D Amount of bonds retired 713,889 Amount of bonds legally defeased 2 Total proceeds of issue 3 5.500.000 Gross proceeds in reserve funds 4 5 Capitalized interest from proceeds Proceeds in refunding escrows 6 7 Issuance costs from proceeds 40,000 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 5,460,000 Other spent proceeds 11 Other unspent proceeds 12 Year of substantial completion 13 2012 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ 14 Were the bonds issued as part of an advance refunding issue? Χ 15 Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final Χ allocation of proceeds? **Private Business Use** Part III Α В C D Yes No No No No Yes Yes Yes Was the organization a partner in a partnership, or a member of an LLC, which owned Χ property financed by tax-exempt bonds?

financed property?

Are there any lease arrangements that may result in private business use of bond-

Χ

Sche	dule K (Form 990) 2014									Page 2
Par	Private Business Use (Continued)									
				A		В		<u>c</u>		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a 	Are there any management or service contracts that may result in private to food-financed property?			Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or outside counsel to review any management or service contracts relating to property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х						
d	d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?									
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 %						•
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 %						
6	Total of lines 4 and 5			0 %						
7	Does the bond issue meet the private security or payment test?			X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			х						
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or o	disposed of		•		•		•		•
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations : 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all nong bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?			х						
Pai	t IV Arbitrage									
		Α		В		С			D	
		Yes	No	Yes	No	· Y	es	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		×							
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?	Х								
ь	Exception to rebate?		Х							
С	No rebate due?		Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed				•	•	•		•	
3	Is the bond issue a variable rate issue?	Х								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
_ b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									

self-remediation is not available under applicable regulations?

Pai	rt IV Arbitrage (Continued)								
	· •	A	,	В	В		С		
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider								
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						
7	Has the organization established written procedures to monitor the requirements of section 148?		Х						
Pa	rt V Procedures To Undertake Corrective Action	•							•
		Α	1	В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	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		х						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K (Form 990) 2014

DLN: 93493097000106

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

UNION COLLEGE

Name of the organization

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.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

47-0405319 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (a) Name of (c) Purpose of (d) Loan to (f)Balance (i)Written (e) (g) In (h) Approved agreement? ınterested with organization loan or from the Original due default? organization? principal by board or person amount committee? Τо From Yes No Yes Yes No 55,911 50,147 (1) JEFF OFFICER BRIDGE LOAN Х Νo Yes Yes LEEPER TO ASSIST WITH RELOCATION 50,147 Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) COOPERS APARTMENTS LLC	TRUSTEES KENT THOMPSON AND RICK KRUEGER CO- OWN COOPERS APARTMENTS LLC	137,534	LEASE PAYMENTS		No
(2) SANDSTONE CONSTRUCTION LLC	TRUSTEE KENT THOMPSON OWNS SANDSTONE CONSTRUCTION, LLC	261,939	CONSTRUCTION SERVICES		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART III, GRANTS	CERTAIN FAMILY MEMBERS OF OFFICERS ATTEND THE COLLEGE AND RECEIVE
OR ASSISTANCE BENEFITING	SCHOLARSHIPS ON THE SAME TERMS AND CRITERIA AS OTHER STUDENTS AT THE COLLEGE
INTERESTED PERSONS	

Schedule L (Form 990 or 990-EZ) 2014

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DLN: 93493097000106

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

Noncash Contributions

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

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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Name of the organization UNION COLLEGE

Employer identification number

47-0405319

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 1g	Method of a noncash contri		_	nts
1	Art—Works of art	Х	1	28,500	APPRAISAL			
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	Х	1	12,990	APPRAISAL			
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .	Х	1	275,000	APPRAISAL			
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other►(SICALINSTRUMENTS)	X	1	14,700	ESTIMATED VAL	.UE		
26	Other ► (DICAL EQUIPMENT)	Х	1	10,000	ESTIMATED VAL	UE.		
	Other (X	1	10.000	ESTIMATED VAL	HE		
	PLE TREES)	_ ^	_	10,000	LOTTINATED VAL	.0 L		
	Other►(HER)	Х	1	5,600	ESTIMATED VAL	-UE		
29	Number of Forms 8283 received by th							0
	for which the organization completed F	orm 8283,	Part IV, Donee Acknowle	dgement 2	9			0
20-	. Duming the warm did the agreement on a				*h		Yes	No
3Ua	During the year, did the organization							
	it must hold for at least three years fr			, and which is not require	a to be used			
	for exempt purposes for the entire hol		?			30a		No
в 31	 If "Yes," describe the arrangement in Does the organization have a gift acc 		licy that requires the revie	w of any non-standard co	ontributions?	31		Νo
			,	•		_ 		
32a	Does the organization hire or use thir contributions?	•	related organizations to s	· · · · · · · ·	ncasn • • •	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report an a	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			
_	describe in Part II							

art II	Supplemental Information. 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.

	on our distribution of both the both protection and partition and administration and the both
Return Reference	Explanation
PART I, COLUMN (B)	THE COLLEGE REPORTS THE NUMBER OF CONTRIBUTORS ON PART I, COLUMN B

Schedule M (Form 990) (2014)

DLN: 93493097000106

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization UNION COLLEGE 47-0405319

990 Schedule O, Supplem	
Return Reference	Explanation Explanation
FORM 990, PART VI, SECTION A, LINE 1	
FORM 990, PART VI, SECTION A, LINE 6	THE COLLEGE'S MEMBERS ARE COMPRISED OF THE SAME CONSTITUENCY AS THE MID-AMERICA UNION CONF
	ERENCE OF SEVENTH-DAY ADVENTISTS, AS DEFINED IN THE CONFERENCE'S GOVERNING INSTRUMENTS
FORM 990, PART VI, SECTION A, LINE 7A	THE COLLEGE'S MEMBERS MAY ELECT OR REMOVE THE BOARD OF TRUSTEES THE PRESIDENT, VICE PRESIDENT FOR ADMINISTRATION, AND DIRECTOR OF EDUCATION OF THE MIDAMERICA UNION CONFERENCE SERVE AS TRUSTEES OF THE COLLEGE, AS DO THE PRESIDENTS OF ALL LOC AL CONFERENCES WITHIN THE MID-AMERICA UNION CONFERENCE ASSOCIATION TERRITORY
FORM 990, PART VI, SECTION A, LINE 7B	ANY AMENDMENTS OF THE COLLEGE'S GOVERNING DOCUMENTS REQUIRE THE APPROVAL OF THE COLLEGE'S MEMBERS
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM USING DATA SUPPLIED BY MANAGEM ENT A COPY OF THE 990 WAS PROVIDED VIA E-MAIL TO EACH MEMBER OF THE BOARD TO REVIEW WITH SPECIFIC REVIEW WITH THE AUDIT COMMITTEE AS DESIGNATED BY THE BOARD OF TRUSTEES
FORM 990, PART VI, SECTION B, LINE 12C	TRUSTEES MUST SIGN A CONFLICT OF INTEREST FORM AT THE START OF EACH YEAR ALL TRUSTEES SHA LL DISCLOSE TO THE BOARD OF TRUSTEES ANY POSSIBLE CONFLICT OF INTEREST AT THE EARLIEST PRA CTICABLE TIME. NO TRUSTEE SHALL VOTE ON ANY MATTER UNDER CONSIDERATION AT A MEETING OF THE BOARD OR ANY OF ITS COMMITTEES IN WHICH THE TRUSTEE HAS A CONFLICT OF INTEREST. THE MINUT ES OF SUCH A MEETING SHALL REFLECT THAT A DISCLOSURE WAS MADE AND THAT THE TRUSTEE HAVING A CONFLICT OF INTEREST ABSTAINED FROM VOTING. ANY TRUSTEE WHO IS UNCERTAIN WHETHER A CONFL. ICT OF INTEREST MAY EXIST IN ANY MATTER MAY REQUEST THE BOARD OF TRUSTEES OR COMMITTEE OF
	THE BOARD TO RESOLVE THE QUESTION BY A MAJORITY VOTE.
FORM 990, PART VI, SECTION B, LINE 15	THE NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTISTS PUBLISHES PAY SCALES FOR ALL ORGANIZ ATIONS UNDER THEM THE PAY SCALES PROVIDE A BASE SALARY AND EVERYONE GETS A PERCENTAGE OF THE BASE SALARY, ALLOWING FOR VARIANCES BASED ON THE COST OF LIVING IN THE AREA THESE PAY SCALES ARE DEVELOPED WITH AN EXTERNAL INDEPENDENT COMPANY THAT CALCULATES THE DATA FOR T HE PRESIDENT AND CFO OF THE COLLEGES AND UNIVERSITIES THE PAY SCALES HAVE A PROVISION TO A DD A SPOUSE ALLOWANCE OF 20 PERCENT TO THEIR SALARY UNION COLLEGE CREATES CATEGORIES WITH IN THESE RANGES AND EVERYONE IS PLACED WITHIN THE RANGES BASED ON EXPERIENCE AND DEGREES H ELD EVERYONE IS PLACED IN THESE CATEGORIES BY HR AND THE HR COMMITTEE ONCE A YEAR THE FI NANCE COMMITTEE IS GIVEN A COPY OF EACH EMPLOYEE'S SALARY, AND COPY OF THE PAY SCALE TO RE VIEW FOR ACCURACY
FORM 990, PART VI, SECTION C, LINE 19	THE COLLEGE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF ANNUITIES AND SPLIT-INTEREST AGREEMENTS 24,555

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DLN: 93493097000106

2014

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

UNION COLLEGE

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

Employer identification number

47-0405319

I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.								
(a) Name, address, and EIN (ıf applicable) of disregarded entity	(b)	(c)	(d)	(e)	(f)			
	Primary activity	Legal domicile (state	Total income	End-of-year assets	Direct controlling			

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section (13) coi enti	512(b) ntrolled
						Yes	No
(1) MID-AMERICA UNION CONFERENCE ASSOCIATION OF SEVENTH-DAY ADVENTISTS 8307 PINE LAKE ROAD LINCOLN, NE 68516	CHURCH	NE	501(C)(3)	LINE 1	N/A		No
(2) MIDWEST FOUNDATION FOR HIGHER EDUCATION 3800 SOUTH 48TH STREET LINCOLN, NE 68506 47-0698086	SUPPORT STUDENTS AT UNION COLLEGE	NE	501(C)(3)	LINE 11B, II	UNION COLLEGE	Yes	
(3) UNION COLLEGE HOUSING INC 5211 CALVERT STREET LINCOLN, NE 68506 36-3248578	LOW-INCOME HOUSING	NE	501(C)(3)	LINE 7	UNION COLLEGE	Yes	

Part III	Identification of Related Organizations Taxable a	s a Partne	ership	Complete i	f the organiza	ation ansv	vered "Ye	s" on Form	990, Part 1	[V, line 34	1
	because it had one or more related organizations treate	ed as a part	nership	during the	tax year.				•	•	
	(a)	(b)	(c)	(d)	(e)	(f)	(a)	(h)	(i)	(i)	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	1)	(i)	(j)	,— L	(k)
Name, address, and EIN of	Primary activity		Direct	Predominant	Share of	Share of	Disprop	rtionate	Code V-UBI	Genera	al or	Percentage
related organization	1	domicile	controlling	ıncome(related,	total income	end-of-year	allocat	:ions?	amount in box	manar	Jing	ownership
'	1	(state or	entity	unrelated,		assets	İ		20 of	partne	er?	· ·
'	1	foreign	i '	excluded from	'		İ		Schedule K-1	1		
'	1	country)	i '	tax under	'		İ		(Form 1065)	1		
'	1	1 1	i '	sections 512-			İ			1		
·		1	i '	514)			L]			
							Yes	No		Yes	No	
1			I									

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

(a) Name, address, and EIN of related organization	e, address, and EIN of Primary activity Legal		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(1 contro entit	1512 13) Illed
							Yes	No
(1) CHARITABLE REMAINDER UNITRUSTS (3)	INVESTMENTS	NE	UNION COLLEGE	Т			Yes	

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
--

Note, Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule

- 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 Receipt of (i) interest, (ii) annuities, (iii) royalties, 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)
- 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)
- **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)
- 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)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- **p** Reimbursement paid to related organization(s) for expenses
- **q** Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)
- If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MIDWEST FOUNDATION FOR HIGHER EDUCATION	С	344,763	CASH TRANSFERRED
(2) UNION COLLEGE HOUSING	Q	85,346	CASH TRANSFERRED

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

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

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
								<u>, </u>	\Box	1			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

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