DLN: 93493136037060 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable Trustees of union college ☐ Address change 14-1338580 % MICHELE M GIBSON ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (518) 388-6104 City or town, state or province, country, and ZIP or foreign postal code schenectady, NY  $\,$  12308  $\,$ G Gross receipts \$ 382,217,643 Name and address of principal officer H(a) Is this a group return for DAVID HARRIS □Yes ☑No subordinates? 807 Union street H(b) Are all subordinates 12308 schenectady, NY ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) 501(c) ( ) **◀** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW UNION EDU L Year of formation 1795 M State of legal domicile NY K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities union college develops every student to lead with wisdom, empathy, and courage, in ways large and small, now and across multiple Activities & Governance Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 34 Number of independent voting members of the governing body (Part VI, line 1b) 2,691 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 21 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 32,933 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 24,674,932 16,458,935 8 Contributions and grants (Part VIII, line 1h) . . 147,360,724 9 Program service revenue (Part VIII, line 2g) . 141,068,663 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 22,798,728 41,369,256 4,700,630 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,919,652 209,889,545 191,461,975 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 47,931,930 50,614,405 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 77,233,167 78,702,123 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶6,082,279 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 54,680,171 54,448,276 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 179,845,268 183,764,804 19 Revenue less expenses Subtract line 18 from line 12 . 11,616,707 26,124,741 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 845,680,588 858,695,559 206,583,366 21 Total liabilities (Part X, line 26) . 212,182,918 22 Net assets or fund balances Subtract line 21 from line 20 . 652,112,193 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-05-15 Signature of officer Sign Here MICHELE M GIBSON VP ADMIN & FINANCE Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Check | If P00741490 Paid self-employed Firm's name FRANT THORNTON LLP Firm's EIN ▶ Preparer Use Only Firm's address ► 757 THIRD AVENUE 3RD FLOOR Phone no (212) 599-0100 NEW YORK, NY 100172013 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

orm	990 (2018)					Page 2
Pa	rt III Statement o	of Program Servi	ce Accomplish	ments		
	Check If Schedi	ule O contains a resp	onse or note to a	ny line in this Part III .		🗹
	Briefly describe the or					
OLL NGA OM: ROA ISC OCI	EGES with engineering AGED, INNOVATIVE AND INISTRATORS WELCOME AD AND DEEP EDUCATION IPLINES AND INTERDIS	CONSISTENTLY RAND ETHICAL CONTRIBU E DIVERSE AND TALE DN, AND GUIDE THEN CIPLINARY PROGRAN	KED AMONG THE JTORS TO A DIVE NTED STUDENTS IN FINDING AN IS IN THE LIBER	NATION'S TOP COLLEC RSE, GLOBAL AND TEC TO THE CAMPUS COMI D CULTIVATING THEIR AL ARTS AND ENGINEEI	TION'S OLDEST AND MOST DIST GES, UNION IS A LEADER IN EDI HONDLOGICALLY COMPLEX SOCI MUNITY, WORK CLOSELY WITH T PASSIONS THE COLLEGE OFFEI RING, AS WELL AS ACADEMIC, A ATE IN UNDERGRADUATE RESEA	JCATING STUDENTS TO BE ETY FACULTY, STAFF AND THEM TO PROVIDE A RS A WIDE RANGE OF THLETIC, CULTURAL AND
	Did the organization ii	ndertake any signific	ant program serv	ices during the year wh	uch were not listed on	
	-					☐ Yes ☑ No
	If "Yes," describe these					LI TES LINO
	•			hanaaa in haw it aandii	ata any nyaétan	
3	_	<u> </u>	-	hanges in how it condu	cts, any program	☐ Yes ☑ No
	services?					∟ Yes ⊻ No
	If "Yes," describe these	•				
,		501(c)(4) organizati	ons are required	to report the amount of	argest program services, as mea f grants and allocations to others	
a	(Code	) (Expenses \$	165,308,776	including grants of \$	50,614,405 ) (Revenue \$	146,903,666 )
	See Additional Data		, ,	3 3		, , ,
b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
_	•				• • • • • • • • • • • • • • • • • • • •	,
c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
d	Other program service	es (Describe in Sched	ule O )			
	(Expenses \$	•	luding grants of s	\$	) (Revenue \$	)
	Total program servi		165,308,77			·

5	Shouldigh of Danwingd Schoolules			rage 3
Par	t IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
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		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right oprovide advice on the distribution or investment of amounts in such funds or accounts?			No
_	If "Yes," complete Schedule D, Part l 🐿	6		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🥞	7		No
8	If "Yes," complete Schedule D, Part III 🥞	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, I or X as applicable	×,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
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 2	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	
	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	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	22	Yes	

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Parl	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	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	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 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
	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
	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		No
	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	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b	Yes	
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
_	F		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 326			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			

**1**c

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7g

7h

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No

No

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7d |

10a

10b

11a

11b

12b

13b

13c

Nο

No

No

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

d If "Yes," indicate the number of Forms 8282 filed during the year . . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to	lınes 🗹
Se	ction A. Governing Body and Management			
_		$\longrightarrow$	Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year 1a 39			
	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  1b 34			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		No
50	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. \	NO
30	Ction B. Poncies (This Section B requests information about policies not required by the Internal Revenu	1	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			
L	form?	11a		No
		12a	Yes	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	res	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	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 organization's exempt			
	status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	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  MICHELE M GIRSON 807 UNION STREET, schenectady NY 12308 (518) 388-6104			

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five <b>current</b> high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's <b>former dir</b> e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	( <b>D</b> ) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

Name and Title

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

amount of other

compensation

from the

Page 8

		for related	-t-4 - 3/1000 MIGG)   3/1000 MIGG)				organizati						
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1033-11130)	2/1099-11130)		relate organiza	ed
See /	Addıtıonal Data Table			<u> </u>	T	1							
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		!		$\perp$									
		!											
	Sub-Total						<b>&gt;</b>						
	Fotal from continuation sheets to Pa Fotal (add lines 1b and 1c)	art VII <b>, Section</b> .					<b>&gt;</b>		3,772,466	0			915,225
2	Total number of individuals (including					bov		rec		00.000			
	of reportable compensation from the						,		·	•			
												Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>				ey e		oyee,		ghest compensated	employee on	3	Yes	ı
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the												
•	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such												
	ındıvıdual				•	•	•	•		· . · . ·	4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization										5		No
Se	ection B. Independent Contract	tors				_					_		
	Complete the table for some for both							L1 L		#100 000 -£			

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

Name and business address

(C)

Position (do not check more

than one box, unless person

is both an officer and a

director/trustee)

(D)

Reportable

compensation

from the

Reportable

compensation

from related

organization (W- organizations (W-

(B)

Description of services

CONSTRUCTION

CONSTRUCTION

culinary services

ARCHITECT

LEGAL

(C)

Compensation

37,133,934

761,397

601,218

406,094

568,469

Form 990 (2018)

(B)

Average

hours per

week (list

any hours

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

compensation from the organization ▶ 24

TURNER CONSTRUCTION COMPANY,

JACKSON DEMOLITION SERVICE INC,

1 COMPUTER DRIVE SOUTH ALBANY, NY 12205 EINHORN YAFFEE PRESCOTT,

201 FULLER ROAD ALBANY, NY 12203

2745 AQUEDUCT ROAD NISKAYUNA, NY 12309 HIGGINS ROBERTS Beyerl CO,

1430 BALLTOWN ROAD SCHENECTADY, NY 12309

American Dining Corp,

124 Metropolitan Park Dr SYRACUSE, NY 13088

		(2018)	Davianus								Page <b>9</b>
Part	VIII			resno	onse or note to any	line in tl	his Part VIII				$\square$
		Check ii Schedul	e o contains a	i respi	on the to any	(	A) revenue	Rel ex fu	(B) ated or xempt nction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	<b>1</b> a	Federated campaig	ns	1a				re	venue		512 - 514
nts ints		<b>b</b> Membership dues		1b	<u> </u>						
ora nou		c Fundraising events		1c	118,424						
Š, ( An		d Related organizatio		1d	,						
ia et		e Government grants (co		1e	2,515,289						
ıs,		F All other contributions	, i								
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts n above	ot included	<b>1</b> f	13,825,222						
ᅙᄛ	9	9 Noncash contribution in lines 1a - 1f \$	ons included	3,8	883,97 <u>6</u>						
<u>5</u>		<b>h Total.</b> Add lines 1a	-1f		•		16,458,935				
					Business		,,	Т			
RI e	2a	TUITION & FEES				611710	119,5	64,502	119,564,5	02	
۱۶۸۶	b	AUXILIARY ENTERPRISE				713990	27,3	39,164	27,339,1	64	
υ OΣ	c	ATHLETICS				713990	4	13,067			413,067
rvic	d	BOOKSTORE				611710		18,000			18,000
፠	e	AUXILIARY ICE RINK				i		25,991		25,9	91
ıran	Ī					713990		_			
Program Service Revenue	f	All other program se	rvice revenue		147 3	60,724					L
	g	<b>Total.</b> Add lines 2a-2	2f		<b>•</b>	00,724					
		Investment income (i similar amounts) .	_		interest, and other	]	7,191,586	5			7,191,586
		Income from investm	• • • • • ent of tax-exe		ond proceeds ►		. ,				· '
		B 1:					(				
			(ı) Real		(II) Personal						
	6a	Gross rents									
	b	Less rental expenses	1	24,277		-					
	c	: Rental income or	1	24,277	0	1					
		(loss)				Ţ					
	d	Net rental income o					124,277				124,277
	7-	Gross amount	(ı) Securit	ies	(II) Other	-					
	/ a	from sales of assets other than inventory	204,2	58,926							
	ь	Less cost or				-					
		other basis and 170,081,256 sales expenses									
	c	Gain or (loss)	34,1	77,670		]					
		Net gain or (loss) .			<b>&gt;</b>		34,177,670				34,177,670
as	8a	Gross income from f (not including \$									
Š		contributions reporte	ed on line 1c)		ļ						
eve		See Part IV, line 18			33,873 55,026	-					
r R		Less direct expense : Net income or (loss)		b Ing ev			-21,153	3			-21,153
Other Revenue		Gross income from g			ents •	1	,				
0		See Part IV, line 19									
				a	0	-					
		Less direct expense : Net income or (loss)		<b>b</b> activit		]	(				
		Gross sales of invent		accivit	les <b>&gt;</b>	1					
		returns and allowand			J						
				а		_					
		Less cost of goods s		b			904,178	,			904,178
	<u> </u>	Net income or (loss)  Miscellaneous		ınven	tory ► Business Code		904,170	<u>'</u>			904,170
	11	aINSURANCE AND O			900099	-	1,399,805	5			1,399,805
	_	REIMBURSEMENTS					,				
	h	CONFERENCES			900099	,	440,957	,			440,957
	_	CONFERENCES					, - 3 /				
	_	ATHLETIC SPONSOR	SHID ACREE	IENIT	900099	,	6,942			6,942	
		ATTILLTIC SPONSOR	JITE AGREEN	I LIN I			-,- 12			-,- 12	
	ام	All other revenue			<del>                                     </del>		1,845,624	1			1,845,624
		Total. Add lines 11a			▶						_,,,,,,,,,
		Total revenue. See				-	3,693,328	3			
		. J.a. Perender Jee	2 4000113		· · · •		209,889,545	5	146,903,666	32,933	46,494,011

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must comp	olete column (A)	_
Check if Schedule O contains a response or note to any	line in this Part IX .			<u> LL</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	53,010	53,010		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	50,517,545	50,517,545		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	43,850	43,850		
4 Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,007,841	1,151,120	1,543,872	312,849
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,106,332	1,106,332		
7 Other salaries and wages	54,965,179	49,637,054	2,526,991	2,801,134
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,673,502	4,087,408	277,969	308,125
9 Other employee benefits	10,920,603	9,559,532	585,080	775,991
<b>10</b> Payroll taxes	4,028,666	3,507,585	288,262	232,819
11 Fees for services (non-employees)				
a Management	1,452,934	1,452,934		
<b>b</b> Legal	415,221	4,810	410,411	
c Accounting	224,422		224,422	
d Lobbying	692			692
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	3,115,730	125,730	2,990,000	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,562,216	1,874,952	324,493	362,771
12 Advertising and promotion	431,308	260,044	100,972	70,292
13 Office expenses	8,536,186	7,560,157	488,111	487,918
14 Information technology	3,674,651	3,416,441	169,581	88,629
15 Royalties	0			
<b>16</b> Occupancy	6,064,382	5,310,323	630,707	123,352
<b>17</b> Travel	2,857,785	2,507,184	171,110	179,491
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			

2,705,726

4,541,083

1,176,566

2,691,967

331,635

184,671

3,384,755

183,764,804

0 10,096,346 2,200,374

4,534,746

10,096,346

180,771

2,691,967

229,577

165,214

3,033,770

165,308,776

178,518

995,795

91,501

19,457

350,160

12,373,749

6,337

326,834

10,557

825

6,082,279

Form 990 (2018)

defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	, ,	, ,	
7 Other salaries and wages	54,965,179	49,637,054	2
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,673,502	4,087,408	
<b>9</b> Other employee benefits	10,920,603	9,559,532	
<b>10</b> Payroll taxes	4,028,666	3,507,585	

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

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

25 Total functional expenses. Add lines 1 through 24e 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)

21 Payments to affiliates . . .

expenses on Schedule O )

**b** DUES AND MEMBERSHIPS

c STIPENDS & HONORARIUM

a TERMS ABROAD

d OTHER EXPENSES

e All other expenses

20 Interest . .

23 Insurance .

Forr	n 990	(2018)					Page <b>11</b>
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			55,610	1	18,843
	2	Savings and temporary cash investments .		[	42,251,499	2	43,288,820
	3	Pledges and grants receivable, net			46,758,183	3	39,020,546
	4	Accounts receivable, net		[	4,589,356	4	5,386,920
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	nployees Complete	0	5	0	
ts	6	Loans and other receivables from other disqualisection 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	s(c)(3)(B), and of section 501(c)(9) structions) Complete	6.118.701	6	6.165,845	
Assets	7	'		-	963,256		1,023,517
As	8	Inventories for sale or use	1,111,677	8	1,025,517		
	9	Prepaid expenses and deferred charges		, · · .	1,111,077	9	000,600,1
	IUa	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	518,932,820			
	Ь	Less accumulated depreciation	<b>10</b> b	263,921,953	229,662,255	<b>10</b> c	255,010,867
	11	Investments—publicly traded securities .			106,456,633	11	148,600,139
	12	Investments—other securities See Part IV, line	11 .		367,410,852	12	335,979,228
	13	Investments—program-related See Part IV, line	11 .		0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11	•		40,302,566	15	23,131,798
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	845,680,588	16	858,695,559
	17	Accounts payable and accrued expenses			22,361,630	17	19,659,301
	18	Grants payable			0	18	0
	19	Deferred revenue			2,076,727	19	2,087,492
	20	Tax-exempt bond liabilities			94,540,277	20	93,009,330
Š	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ig:		persons Complete Part II of Schedule L $$ .			0	22	0
	23	Secured mortgages and notes payable to unrela	ited thi	rd parties	76,112,579	23	75,092,892
	24	Unsecured notes and loans payable to unrelated	l thırd	parties	0	24	0
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		s to related third parties,	17,091,705	25	16,734,351

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33 34

Net Assets or Fund Balances

Total liabilities. Add lines 17 through 25 . .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.
Capital stock or trust principal, or current funds . . . .

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

212,182,918

231,527,795

228,979,955

172,989,920

633,497,670

845,680,588

26

27

28

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31

32

33

34

206.583.366

244,344,308

227,872,773

179,895,112

652,112,193

858,695,559 Form **990** (2018)

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

3a

3b

Yes

Yes (2018)

Audit Act and OMB Circular A-133?

### Additional Data

Software ID:

**Software Version:** 

EIN: 14-1338580

Name: Trustees of union college

Form 990 (2018)

#### Form 990, Part III, Line 4a:

roilli 990, Pait III, Lille 4

PRESIDENT OF THE UNITED STATES.

THE UNION COLLEGE CURRICULUM EMPHASIZES COLLABORATION WITH STUDENTS AND FACULTY THROUGH SMALL CLASSES AND UNDERGRADUATE RESEARCH, INTERNATIONAL STUDY AND LEARNING THROUGH SERVICE THROUGH ITS UNIQUE INTERDISCIPLINARY APPROACH TO THE LIBERAL ARTS, UNION COMBINES THE HUMANITIES AND SOCIAL SCIENCES WITH SCIENCE AND ENGINEERING, EMPHASIZING THE PRACTICAL APPLICATION OF IDEAS THROUGH HANDS-ON EXPERIENCE WITH MORE THAN 40 MAJORS AND 55 MINORS TO CHOOSE FROM, UNION STUDENTS CAN PURSUE DOUBLE MAJORS, COMBINE MAJORS AND MINORS, SELECT INTERDEPARTMENTAL AND MULTIDISCIPLINARY CONCENTRATIONS, AND AREA, ETHNIC AND CULTURAL STUDIES PROGRAMS, OR DESIGN THEIR OWN MAJOR MOST STUDENTS TAKE THREE COURSES IN EACH OF THE THREE 10-WEEK TERMS THAT COMPRISE UNION'S ACADEMIC CALENDAR SYSTEM NEARLY EVERY ACADEMIC DEPARTMENT REQUIRES STUDENTS TO COMPLETE SOME FORM OF RESEARCH IN THEIR SUBJECT AREA, AND STUDENTS HAVE OPPORTUNITIES TO WORK ONE-ON-ONE WITH THEIR PROFESSORS AT STEINMETZ SYMPOSIUM EACH SPRING, SOME 400 STUDENTS PRESENT THE RESULTS OF THEIR RESEARCH, SCHOLARLY AND CREATIVE ACTIVITIES MANY STUDENTS. CO-AUTHOR PUBLICATIONS WITH THEIR PROFESSORS AND PRESENT AT THE NATIONAL CONFERENCE ON UNDERGRADUATE RESEARCH

DEPARTMENT REQUIRES STUDENTS TO COMPLETE SOME FORM OF RESEARCH IN THEIR SUBJECT AREA, AND STUDENTS HAVE OPPORTUNITIES TO WORK ONE-ON-ONE WITH THEIR PROFESSORS AT STEINMETZ SYMPOSIUM EACH SPRING, SOME 400 STUDENTS PRESENT THE RESULTS OF THEIR RESEARCH, SCHOLARLY AND CREATIVE ACTIVITIES MANY STUDENTS CO-AUTHOR PUBLICATIONS WITH THEIR PROFESSORS AND PRESENT AT THE NATIONAL CONFERENCE ON UNDERGRADUATE RESEARCH (NCUR) MANY PARTICIPATE IN BUSINESSES, HEALTH CARE, GOVERNMENT AND SOCIAL SERVICE INTERNSHIPS THE INTERNATIONAL EXPERIENCE IS A HALLMARK OF A UNION EDUCATION, WITH NEARLY 60 PERCENT OF STUDENTS PURSUING STUDIES, RESEARCH, INTERNSHIPS, AND OTHER PROGRAMS ABROAD ON CAMPUS, OPPORTUNITIES FOR LEADERSHIP, DISCUSSION AND COMMUNITY ABOUND IN THE MINERVA SYSTEM, OFFERING RESIDENTIAL, ACADEMIC AND SOCIAL PROGRAMS EVERY INCOMING STUDENT IS ASSIGNED TO ONE OF SEVEN MINERVA HOUSES, WHICH ALSO INVOLVE FACULTY AND STAFF UNION'S BECKER CAREER CENTER HELPS STUDENTS WITH CAREER PLANNING, INTERNSHIPS AND THE GRADUATE SCHOOL AND JOB SEARCH RECENT TRENDS SHOW THAT ABOUT A THIRD OF GRADUATING SENIORS GO DIRECTLY TO GRADUATE OR PROFESSIONAL SCHOOLS, AND UNION HAS EARNED AN EXCELLENT REPUTATION FOR PLACING GRADUATES IN MEDICAL, LAW AND BUSINESS SCHOOLS UNION'S MORE THAN 22,000 ALUMNI INCLUDE LEADERS IN ALL FIELDS, INCLUDING ARTS, MEDICINE, SCIENCE, GRADUATES INCLUDE NOBLE PRIZE AND ACADEMY AWARD WINNERS. A NATIONAL BOOK AWARD WINNER AND A MCARTHUR

FELLOW, AN OLYMPIC GOLD MEDALIST. SEVEN CABINET SECRETARIES. A SECRETARY OF STATE. 13 GOVERNORS, 200 JUDGES, 90 COLLEGE PRESIDENTS AND THE 21ST

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	6-4-1-4-4							(14, 2/1000	(N) 3/4000   (N) 3/4000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	eavoldine Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
David R Harris President (as of 07/2018)	40 0	×		×				383,716	0	84,940	
DAVID HENLE TERM TRUSTEE	15	×						0	0	0	
JOHN KELLY III TERM TRUSTEE CHAIRMAN	3 8	×		х				0	0	0	
WILLIAM PERLSTEIN	1 8										

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JOHN KELLY III
TERM TRUSTEE CHAIRMAN
WILLIAM PERLSTEIN
TERM TRUSTEE/GENERAL COUNSEL
KELLY WILLIAMS

TERM TRUSTEE

alumni trustee

ALUMNI TRUSTEE

life TRUSTEE

term trustee

LIFE TRUSTEE

Thomas Caulfield

STEPHEN J CIESINSKI

DAVID BREAZZANO

Kathrvn Stefanik Barrv

BESTY MODEST BRAND

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and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the compensation from related and a director/trustee) any hours organization organizations from the

and Independent Contractors

Rebecca Cortez

faculty trustee

**EX-OFFICO** 

JUDITH DEIN .......

TERM TRUSTEE

MEGAN FERRY

NEIL M GOLUB

LIFE TRUSTEE

TERM TRUSTEE

**FACULTY TRUSTEE** 

JULIE GREIFER-SWINDLER

GOVERNOR ANDREW M CUOMO

					•			1 11 2/1000	(11) 2/1000	overniestion and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MATTHEW COHEN ALUMNI TRUSTEE	1 0	×						0	0	0	
THOMAS COLEMAN TERM TRUSTEE	2 5	×						0	0	0	
THOMAS CONNOLLY TERM TRUSTEE	1 0	×						0	0	0	

		l x				l ol	
TERM TRUSTEE	0 0						
THOMAS CONNOLLY	1 0	_				0	
TERM TRUSTEE	0 0	_ ^					
ESTELLE COOKE-SAMPSON	1 0					9	
TERM TRUSTEE	0 0	_ ^					
Pohocca Cortoz	40 0						

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113,967

104,219

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0

83,950

37,828

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	any nours	anu	a uii	ecto	)/ LI	ustee)	1	Organization	organizations	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
DENNIS HOFFMAN	1 0	×						0	0	0	
CHAIR OF PRESIDENT'S COUNCIL	0 0										
ARTHUR HOLDEN	1 5	x						0	0	0	
TERM TRUSTEE	0 0	l									
ROY JACKSON	1 0	×						0	0	0	
TERM TRUSTEE	0 0	l ''							-	-	
John Johnson	1 0	×						0	0	0	
alumnı trustee	0.0	I						Ĭ	ŭ	Ĭ	

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0 0 10

0 0 10

0 0

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NOT JACKSON	
TERM TRUSTEE	0 0
john johnson	1 0
alumnı trustee	0 0
ADRIAN MACLEAN JAY	1 0
TERM TRUSTEE	0 0

DOUGLASS KARP

TERM TRUSTEE

TERM TRUSTEE

**GUY LOGAN** 

JAMES LOREE

TERM TRUSTEE

TERM TRUSTEE

KATHY MAGLIATO

TRUSTEE

JENNIFER SCONYERS LAWTON

.....

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation week (list person is both an officer from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

STUDENT TRUSTEE

WILLIAM WICKER

TERM TRUSTEE

Robert Bertagna

PENELOPE ADEY

REGISTRAR

term trustee/ vice chair

......

Mark Walsh

life trustee

	any hours	and	a dir	ecto	or/tr	ustee,	)	organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
FRANK L MESSA	2 0	X						0	0	0	
LIFE TRUSTEE	0 0										
Robert Moser term trustee	1 0	Х						0	0	0	
- Control of the cont	0.0										
STANLEY O'BRIEN TERM TRUSTEE/Secretary	1 8	×		х				0	0	0	
TEINT TROOTEE, occident	0 0		l	i	i	I	i	1			

term dustee	0 0								
STANLEY O'BRIEN	1 8	×		Х			0	0	
TERM TRUSTEE/Secretary	0 0	''		^			9	9	
Ruchi Raval	1 0	×					0	0	
student trustee	0 0	''					3	,	
ELLEN SMITH	1 5								
		l X				I	0	0	

STAINLET O BRIEN		l x	x		۱	n	
TERM TRUSTEE/Secretary	0 0	_ ^	^			J	
Ruchi Raval	1 0	,			0	0	
student trustee	0.0	_ ^			U	0	
ELLEN SMITH	1 5	V					
TERM TRUSTEE	0 0	×			0	0	

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0.0 40 0

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TERM TRUSTEE/Secretary	0 0								
Ruchi Raval	1 0	×					0	C	
student trustee	0 0						9	0	
ELLEN SMITH	1 5	×					0	O	
TERM TRUSTEE	0 0						9	3	
SARAH TAHA	1 0	V					2 220	0	
		_ X	1	1 1	- 1	- 1	2,328	U	

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93,471

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18,113

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and

MISC)

241,499

208,079

184,986

733,766

MISC)

related

122,530

41,897

31,308

90,039

0

organizations

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

	below dotted line)	dividual trustee director	nstitutional Trustee		y employee	ghest compensated aplovee	enner	Miscy	Miscy	organizations
DIANE BLAKE ret 0719 VP ADMINISTRATION & FINANCE	40 0			×				148,279	0	20,530
DARCY CZAJKA CHIEF OF STAFF	40 0			х				136,502	0	15,825
STROM THACKER  VP ACADEMIC AFFAIRS/DEAN FACUL	40 0			х				239,642	0	46,012
Bobbi Nelson Assistant Secretary to the BOT	40 0			×				83,338	0	18,080
marybeth kabalian	40 0			х				182,477	0	53,631

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4 · · · · · · · · · · · · · · · · · · ·		
Assistant Secretary to the BOT	0 0	
marybeth kabalian	40 0	
Interim VP Admin (7/18-1/19)	0 0	
michele m gibson as of 119	40 0	
-		
vp of admin and finance	ا م م	

TERRI CERVENY

ELLEN YU

STEPHEN AINLAY

past president/faculty

......

VP FOR ADMISSIONS, FA & ENROLL

CHIEF INFORMATIONAL OFFICER

VP FOR COLLEGE RELATIONS

MATTHEW MALATESTA

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation

and a director/trustee)

organization

184,503

164,812

Х

organizations

from the

34,756

32,152

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

and Independent Contractors

DIRECTOR OF ATHLET

Ashraf Ghalv

Prof Philosophy

THERESE MCCARTY

FORMER OFFICER

		l						/// -//	44.000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ERIC BENNETT MEN'S HOCKEY COACH	40 0					×		211,270	0	78,189
SCOTT RAVA	40 0									

any hours

				à			
ERIC BENNETT	40 0						
MEN'S HOCKEY COACH	0 0			X	211,270	0	78,189
SCOTT RAVA	40 0						
SR PHIL ADV & Campaign DIR	0 0			X	173,600	0	65,708
James Mclaughin	40 0						
				X	182,012	0	39,737

0 0 40 0

0 0 40 0

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. . . . . . . . . . . . . . . . .

efil	e GR/	APHIC pri	nt - DO NOT PRO	CESS	As Filed Data -			DLN: 9	3493136037060
SCI	HED	ULE A	Dul	lic (	Charity Statu	e and Dul	nlic Sunn	ort	OMB No 1545-0047
	m 99		Complete if	the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 10-EZ.	r a section	2018
•		the Treasury	•	Go to 1	www.irs.gov/Form	<u>990</u> for the late	st information		Open to Public Inspection
Nam	e of th	ne organiza nion college	tion					Employer identific	ation number
			(- p. b.); - 0b - 11	<u> </u>	- (611	1 1-	1 - 1 1 > 6	14-1338580	
	rt I rganiz		for Public Charity a private foundation b					see instructions.	
1	_		onvention of churche		•	•		(A)(i).	
2	<b>▽</b>	A school de	scribed in <b>section 1</b> 7	70(b)(1	L <b>)(A)(ii).</b> (Attach Scl	nedule E (Form 9	90 or 990-EZ) )		
3		A hospital o	or a cooperative hosp	ital serv	ice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical in		operate	d in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	( <b>iv).</b> (Complete Part I	II)	_			ernmental unit descri	bed in <b>section 170</b>
6		•	tate, or local governr		-			,, ,	
7	Ш		ation that normally re <b>'0(b)(1)(A)(vi).</b> (Co			s support from a	governmental u	ınıt or from the gener	al public described in
8		A commun	ty trust described in s	section	170(b)(1)(A)(vi)	(Complete Part I	I)		
9			ural research organiza rant college of agricul						ege or university or a
10		from activition	ies related to its exer	npt fund d busine	ctions—subject to cer ess taxable income (le	taın exceptions,	and (2) no more	ns, membership fees, than 331/3% of its si sses acquired by the c	
11		An organiz	ation organized and o	perated	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more publi		ations d	escribed in <b>section 5</b>	<b>09(a)(1)</b> or sec	ction 509(a)(2	s of, or to carry out th <b>).</b> See <b>section 509(</b> s 12e. 12f. and 12g	
a		<b>Type I.</b> A sorganization	supporting organization	n opera ularly a	ated, supervised, or c	ontrolled by its s	upported organi	zation(s), typically by of the supporting orga	
b		manageme	11 2 2	rganiża	tion vested in the sar			organization(s), by ha ge the supported orga	~
С		Type III f	•	<b>ed.</b> A s	upporting organizatio			nd functionally integra	ated with, its
d		Type III n	on-functionally into	e <b>grate</b> o Inization	I. A supporting organ generally must satis	Ization operated fy a distribution	in connection wi requirement and	th its supported orgai I an attentiveness req	1. 1
e		Check this	•	n receiv	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organiz		5 (1	-		_	
g			ing information about			T'			T
(i) Name of supported organization			≡IN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No		
			<u>'</u>						
Tota	1								
		work Reduc	tion Act Notice, see	the In	structions for	Cat No 11285	<u> </u> 	 Schedule A (Form 9	90 or 990-EZ) 2018

instructions

	Page	_
1	L70	

oport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170
(1)(A)(ix)
mplete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part
If the organization fails to qualify under the tests listed below, please complete Part III.)

	III. If the organization fai						iy under Part
_	Section A. Public Support	is to quality ut	ider the tests his	ted below, pied.	se complete rai	C 111.)	
	Calendar year		I	T			
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
4	Total. Add lines 1 through 3						
4	The portion of total contributions by						
5	· · ·						
	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	<b>Public support.</b> Subtract line 5 from						
•	line 4						
S	ection B. Total Support		•	•	•		
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(a)2017	(0)2013	(6)2010	(u)2017	(e)2010	(1)Total
7	Amounts 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							
	loss from the sale of capital assets						
	(Explain in Part VI ) <b>Total support.</b> Add lines 7 through						
11	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)	<u> </u>		12	
	First five years. If the Form 990 is for			ard fourth or fifth	n tay year as a sec	tion 501(c)(3) org	anization
		=				· · · · · · <u>-</u>	_
_	check this box and stop here				<u> </u>	<u>P</u> L	
	Section C. Computation of Public						
	Public support percentage for 2018 (line			column (f))		14	
	Public support percentage for 2017 Sch					15	
16a	<b>33 1/3% support test—2018.</b> If the	organızatıon dıd ı	not check the box	on line 13, and lin	ne 14 is 33 1/3% o	r more, check this	box
	and stop here. The organization qualif	ies as a publicly s	supported organiza	ation			ightharpoons
b	33 1/3% support test—2017. If the	organization did	not check a box of	on line 13 or 16a,	and line 15 is 33 i	./3% or more, chec	k this
	box and <b>stop here.</b> The organization	qualifies as a nub	alicly supported or	ganization			ightharpoons
47-	10%-facts-and-circumstances test-				ne 13 16a or 16h	and line 14	
1/2	is 10% or more, and if the organization						
	in Part VI how the organization meets t						
	J			J. garnización	-, as a publ	,	►□
	organization	2017 ****	, , ,		43.46.46.	47	
ь	10%-facts-and-circumstances test						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization	i meets the Tact	s-and-circumstand	es test the orga	inization qualifies	as a publicly	_
	supported organization						▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this box	cand see	

P	art IIII Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	below, please co	omplete Part II.	)	
30	Calendar year		43.50/5		412.004		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c						
S	from line 6 ) ection B. Total Support						
	Calendar year			I	T		
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
13	(Explain in Part VI ) <b>Total support.</b> (Add lines 9, 10c,						
	11, and 12 )						
14	First five years. If the Form 990 is fo	r the organization	's fırst, second, tl	nird, fourth, or fift	:h tax year as a se	ction 501(c)(3) c	rganızatıon,
	check this box and stop here						▶ 🗆
Se	ection C. Computation of Public						
15	Public support percentage for 2018 (lin	ie 8, column (f) di	ivided by line 13,	column (f))		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ection D. Computation of Invest						
17	Investment income percentage for 201	1 <b>8</b> (line 10c, colur	mn (f) divided by	line 13, column (f	())	17	
18	Investment income percentage from 2	<b>017</b> Schedule A, <sup>1</sup>	Part III, line 17			18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s						▶ □
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	-			•		▶ □
20	Private foundation. If the organization		-				▶□
		AL GIG HOL CHECK O	. 20/ 011 11116 14, 1	a, or industrial	Callo DOX allu 366		

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 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 Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4b supervised by or in connection with its supported organizations

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)? 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 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) 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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 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 Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	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	<b>11</b> c		
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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	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 <b>Part VI identify those supported organizations and explain</b> 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 <b>Part VI</b> 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	Parent of Supported Organizations Answer (a) and (b) below.	_		
	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 <b>Part VI.</b>	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> 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		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

### **Additional Data**

### Software ID: Software Version:

**EIN:** 14-1338580

Name: Trustees of union college

Page 8

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)

Instructions)

Facts And Circumstances Test

**SCHEDULE C** 

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493136037060

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

		01(c)(3)) organizations Complete Parts	I-A and C below	Do not complete Part I-	В	
	Section 527 organizations Complet	te Part I-A only n Form 990, Part IV, Line 4, or Form 9	00 E7 Bart VI lu	o 47 (Lobbying Activit	unc) than	
		t have filed Form 5768 (election under s				
		t have NOT filed Form 5768 (election un				4
f the	e organization answered "Yes" or	n Form 990, Part IV, Line 5 (Proxy Tax				
	xy Tax) (see separate instructions	**				
	Section 501(c)(4), (5), or (6) organized me of the organization	zations Complete Part III		Emmlares id	lentification number	
	istees of union college			Employer id	lentincation number	
				14-1338580		
Par	rt I-A Complete if the organ	nization is exempt under sectio	n 501(c) or is	a section 527 orga	nization.	
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political can	npaign activities in	Part IV (see instruction	is for definition of	
2	Political campaign activity expend	litures (see instructions)		<b>&gt;</b>	\$	
3	Volunteer hours for political camp	aign activities (see instructions)				
Par	rt I=B Complete if the organ	nization is exempt under sectio	n 501(c)(3).			
1	Enter the amount of any excise ta	ax incurred by the organization under se	ection 4955	<b>&gt;</b>	\$	
2	Enter the amount of any excise ta	ax incurred by organization managers ui	nder section 4955	<b>&gt;</b>	\$	
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	hıs year?		☐ Yes ☐	No
4a	Was a correction made?				☐ Yes ☐	No
Ь						
Par	rt I-C Complete if the organ	nization is exempt under sectio	n 501(c), exce	ept section 501(c)(	3).	
1	Enter the amount directly expend-	ed by the filing organization for section	527 exempt funct	ion activities	\$	
2	Enter the amount of the filing orginal function activities	anızatıon's funds contributed to other o	rganızatıons for se	ection 527 exempt	\$	
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	line 17b ►	\$	
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐	No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fun olitical organization, suc	ds Also enter the amou	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fron		
				filing organization's funds If none, enter -0-		nd
					separate politic organization If no enter -0-	al
1						
2						
3						
1						
5						
5						
or F	Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 500845 Schedule	C (Form 990 or 990-EZ)	2018

ь	Total lobbying expenditures to influence a legislative	body (direct lobbying)	
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	i 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns	n the following table in both	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f	)	
h	Subtract line 1g from line 1a If zero or less, enter -(	)-	

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

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

Grassroots lobbying expenditures

(b)

(a)

activity Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Nο Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Νo Media advertisements? Νo Mailings to members, legislators, or the public? Nο d Publications, or published or broadcast statements? Nο Grants to other organizations for lobbying purposes? Nο Direct contact with legislators, their staffs, government officials, or a legislative body? No Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Nο Other activities? Yes 922 Total Add lines 1c through 1i 922 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Nο If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 1 Were substantially all (90% or more) dues received nondeductible by members? 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

#### 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does

Carryover from last year

expenditure next year?

PART II-B - DESCRIPTION OF

LOBBYING ACTIVITY

Current year

b

c Total

5

Taxable amount of lobbying and political expenditures (see instructions)

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Explanation

THE COLLEGE IS A MEMBER OF NACUBO AND PAYS ANNUAL DUES TO RETAIN THAT MEMBERSHIP \$922 OF

the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

3 4

2a

2b

2c

5

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

## Part IV Supplemental Information

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

expenses for which the section 527(f) tax was paid).

ITS ANNUAL MEMBERSHIP DUES WAS DEEMED TO BE NON-DEDUCTIBLE AS LOBBYING EXPENDITURES AND HAS BEEN INCLUDED ON SCHEDULE C, PART II-B, LINE 1(I)

**SCHEDULE D** 

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Open to Public

DLN: 93493136037060 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information.

Inspection

	me of the organization		Employer identific	ation number
iius	stees of union college		14-1338580	
Pa	Organizations Maintaining Donor Adv Complete if the organization answered "Yo			
	,	(a) Donor advised funds	(b)Funds and o	ther accounts
	Total number at end of year			
2	Aggregate value of contributions to (during year)			
}	Aggregate value of grants from (during year)			
ļ	Aggregate value at end of year			
i	Did the organization inform all donors and donor advisorganization's property, subject to the organization's e		vised funds are the	☐ Yes ☐ No
;	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?			
Par	rt II Conservation Easements. Complete if t	he organization answered "Yes" on Forn	n 990, Part IV, line	7.
	Purpose(s) of conservation easements held by the orga	anızatıon (check all that apply)		
	Preservation of land for public use (e.g., recreation	on or education) $\Box$ Preservation of an	historically important	land area
	Protection of natural habitat	Preservation of a c	certified historic structi	ıre
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in the for		End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified histor	rıc structure ıncluded ın (a)	2c	
d	Number of conservation easements included in (c) acquistructure listed in the National Register	uired after 7/25/06, and not on a historic	2d	
3	Number of conservation easements modified, transferr tax year ▶	red, released, extinguished, or terminated by t	the organization during	g the
Ļ	Number of states where property subject to conservati	on easement is located <b>&gt;</b>		
;	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		of violations,	es 🗆 No
,	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing co		
,	Amount of expenses incurred in monitoring, inspecting  \$ \\$	, handling of violations, and enforcing conserv	vation easements duri	ng the year
3	Does each conservation easement reported on line 2(d and section $170(h)(4)(B)(II)$ ?	) above satisfy the requirements of section 17		es 🗆 No
)	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial state		
ar	t III Organizations Maintaining Collections Complete if the organization answered "You	s of Art, Historical Treasures, or Oth	er Similar Assets.	
.a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its fina	16 (ASC 958), not to report in its revenue star public exhibition, education, or research in f		
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for put following amounts relating to these items	16 (ASC 958), to report in its revenue statem		
(	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$	45,000
	ii)Assets included in Form 990, Part X			19,400,000
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS			
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$	
b	Assets included in Form 990, Part X		<b>▶</b> \$	

 ${f d}$  Equipment .

Par	t III	Organizations Maintaining Col	lections of Art, I	Histori	cal T	reası	ıres,	or Other	Similar As	sets (conti	nued)	
3		g the organization's acquisition, accession s (check all that apply)	n, and other records	, check	any of	the fo	llowin	g that are	a significant u	se of its coll	ection	
а	<b>✓</b>	Public exhibition		d		Loan	or ex	hange pro	grams			
b	✓	Scholarly research		е	<b>✓</b>	Othe	<sub>r</sub> EDU	ICATIONAL				
С	<b>✓</b>	Preservation for future generations										
4	Provi Part :	de a description of the organization's col XIII	lections and explain	how the	ey furtl	ner the	e orga	nızatıon's e	exempt purpos	se in		
5		ng the year, did the organization solicit on is to be sold to raise funds rather than to							nılar	☐ Yes	☑ N	lo
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	, Part	IV, lı	ne 9,	or report	ed an amou			
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other intermed	liary for	contri	bution	s or o	ther assets	not	☐ Yes	□ N	lo
b	If "Y€	es," explain the arrangement in Part XIII	and complete the fo	ollowing	table				Ar	mount		_
c		nning balance	•	_				1c				
d	Addıt	cions during the year						1d				_
е	Distri	ibutions during the year						1e				_
f	Endır	ng balance						1f				_
2a	Did tl	he organization include an amount on Fo	rm 990, Part X, line	21, for	escrov	or cu	ıstodıa	l account l	ability?	Yes	□ N	– lo
b	If "Y∈	es," explain the arrangement in Part XIII										
Pa	rt V	Endowment Funds. Complete If										
	D		(a)Current year		rıor yea 427,586	-	(c)Two	years back 389,226,05	+	rs back <b>(e)</b> F 009,071		rs back 844,050
	-	ning of year balance	456,527,586 8,554,451			,706		4,662,78	<u>'</u>	141,875		456,645
		butions	38,302,861		57,144			56,624,92		556,371		902,738
		vestment earnings, gains, and losses s or scholarships	5,677,347			,858		5,273,60	<u> </u>	776,487		356,901
		expenditures for facilities	3,077,317		3,130	,,030		3,273,00	','	70,107		
٠		rograms	16,798,435		18,167	7,268		10,727,60	3 14,1	.94,036	15,	852,461
f	Admın	istrative expenses	10,600,000		9,100	0,000		6,926,00	5,5	598,000	7,	985,000
g	End of	year balance	470,309,116		456,527	7,586		427,586,55	3 389,2	226,052	441,	009,071
2	Provi	de the estimated percentage of the curre	ent year end balance	(line 1	g, colu	mn (a	)) held	l as				
а	Board	d designated or quasi-endowment 🟲	29 000 %									
b	Perm	anent endowment ► 34 000 %										
c	Temp	porarily restricted endowment > 37 0	000 %									
3а	Are t	percentages on lines 2a, 2b, and 2c shou here endowment funds not in the posses	•	tion that	t are h	eld an	d adm	ınıstered f	or the			
	-	nization by nrelated organizations								3a(i)	<b>Yes</b> Yes	No
	• •	related organizations			•		•	•		3a(ii)	165	No
b		elated organizations		on Sche	dule R	· ·	• •			3b		
4		ribe in Part XIII the intended uses of the										
Pa	rt VI	Land, Buildings, and Equipmer Complete if the organization answ		-m 990	Part	TV !	ne 11	a See Fo	rm 990 Dar	+ X  ına 11	)	
	Descr	iption of property (a) Cost or oth (investme	er basis (b) Cost	or other					depreciation		ok valu	e
	Land	+				101						101
	Buildin				167,96	07,643			90,691,079		77	7,216,564
		nold improvements				33,965			47,319,761			9,364,204
		nent				30,976			88,532,643			3,548,333

122,260,135

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) .

37,378,470

84,881,665

255,010,867

Schedule D (Form 990) 2018			Page 3
Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	ne organization ansv	vered "Yes" on Form 9	90, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		nod of valuation of-year market value
(1) Financial derivatives		Cost of end-	or-year market value
(2) Closely-held equity interests			
A) DISTRESSED DEBT	22,381,241		F
B) DOMESTIC EQUITY	59,377,190		F
C) REAL ASSETS	25,189,228		F
D) PRIVATE EQUITY	54,536,954		F
E) MULTI STRATEGY	27,096,072		F
F) HEDGED EQUITY	61,339,981		F
G) EMERGING MARKETS	35,939,352		F
H) INTERNATIONAL EQUITY	48,487,768		
I) MORTGAGES AND OTHER  [otal. (Column (b) must equal Form 990, Part X, col (B) line 12 )	1,631,442 335,979,228		F
Part VIII Investments—Program Related.			
Complete if the organization answered 'Yes' on F  (a) Description of investment	(b) Book value		nod of valuation
1)		Cost or end-	of-year market value
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. Complete if the organization answered	i 'Yes' on Form 990, Pa	rt IV, line 11d See Form	990, Part X, line 15
(a) Description	1		(b) Book value
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )			. •
<b>Other Liabilities.</b> Complete if the organization a See Form 990, Part X, line 25.	nswered 'Yes' on Fo	rm 990, Part IV, line	11e or 11f.
(a) Description of liability	<b>(b)</b> B	ook value	
1) Federal Income taxes		0	
ACCRUED POSTRETIREMENT BENEFITS ASSET RETIREMENT OBLIGATIONS		9,785,158 729,040	
EDERAL STUDENT LOAN FUNDS		1,965,151	
OOLED INCOME & CHAR GIFT PAYABLE		4,255,002	
5)			
6)			
7)			
8)			
9)			
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b> </b>	16,734,351	
2. Liability for uncertain tax positions In Part XIII, provide the text o	f the footnote to the or		tements that reports the

Part XI

2

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

а

Schedule D (Form 990) 2018

Page 4

-6,661,754

158,573,816

51,315,729

209,889,545

132,504,101

2,246,842

130,257,259

53,507,545

183.764.804

b e

3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

**Supplemental Information** 

Add lines 2a through 2d . . . . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b** . . . . . . Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part IX, line 25

b c 5 Part XII

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . . .

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

4a 4b

> 2a 2b

2c

2d

4a

4b

Explanation

2a

2b

2c

2d

48,325,729

2,246,842

2,990,000

50,517,545

-6.709.838

48.084

2.990,000

4c 5

2e

3

5

2e

3

4c

Schedule D (Form 990) 2018

Schedule D (Forn	n 990) 2018	Page <b>5</b>
Part XIII	Supplemental Info	rmation (continued)
Return Reference		Explanation

Schedule D (Form 990) 2018

### **Additional Data**

(D) MULTI STRATEGY

(E) HEDGED EQUITY

(F) EMERGING MARKETS

(G) INTERNATIONAL EQUITY

(H) MORTGAGES AND OTHER

# **Software Version:** 14-1338580 Trustees of union college

Software ID:

ETIN:
Name:

Form 990, Schedule D, Part VII - Investments Other Securities							
(b)Book value	(c) Method of valuation Cost or end-of-year market value						
22,381,241	F						
	(b)Book value						

(including name of security)		Cost or end-of-year market value	
(A) DISTRESSED DEBT	22,381,241	F	
(A) DOMESTIC EQUITY	59,377,190	F	
(B) REAL ASSETS	25,189,228	F	

27,096,072

61,339,981

35,939,352

48,487,768

1,631,442

F

F

(A) DISTRESSED DEBT	22,381,241	
(A) DOMESTIC EQUITY	59,377,190	
(B) REAL ASSETS	25,189,228	
(C) PRIVATE EQUITY	54,536,954	

Supplemental Information	
Return Reference	Explanation
FOOTNOTE FOR ART,	THE COLLEGE'S COLLECTIONS ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC AND CURATORIAL PU RPOSES EACH OF THE ITEMS IS CATALOGUED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYIN G THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED PERIODICALLY ALL PROCEEDS R ESULTING FROM THE DEACCESSION OF OBJECTS FROM THE PERMANENT COLLECTION ARE ALLOCATED FOR T

ERE DEACCESSIONED

HE BENEFIT OF THE COLLECTIONS DURING THE YEARS ENDED JUNE 30, 2019 AND 2018, NO OBJECTS W

Supplemental Information	
Return Reference	Explanation
OF ORGÁNIZATION	FURTHERS EXEMPT PURPOSE THE COLLEGE'S COLLECTIONS ARE MADE UP OF APPROXIMATELY 19,000 OBJE CTS AND THEIR ESTIMATED FAIR VALUE IS APPROXIMATELY \$19,400,000 THE COLLEGE'S POLICY IS N OT TO CAPITALIZE ITS COLLECTIONS THE COLLEGE'S COLLECTIONS COMPRISE OF PAINTINGS AND PORT RAITS, FURNITURE, WORKS ON PAPER, SCIENTIFIC INSTRUMENTATION AND OTHER OBJECTS

Supplemental Information

Supplemental Information	
Return Reference	Explanation
•	The college's endowment funds are intended TO BE USED FOR PROGRAMS AND OTHER EDUCATIONAL P URPOSES IN ACCORDANCE WITH DONOR INTENTIONS FOR THE USE OF THE FUNDS

-

Supplemental Imormation	
Return Reference	Explanation
PART X - FIN 48 FOOTNOTE	THE COLLEGE IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTE RNAL REVENUE CODE AND IS GENERALLY EXEMPT FROM INCOME TAX ON RELATED INCOME THE COLLEGE R ECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED BY THE RELEVANT TAX AUTHORITY CHANGES IN RECOGNITION OR MEASUREMEN T ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS THE COLLEGE BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS

Supplemental Information

Supplemental Information Return Reference Explanation OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990 ATHLETIC FUNDRAISING EXPENSES \$ PART XI, LINE 2d | 55,026 ATHLETIC SPONSORSHIP AGREEMENT \$ (6,942) ------ TOTAL \$ 48,084 PART XI, L

55,026 ATHLETIC SPONSORSHIP AGREEMENT \$ (6,942) ------- TOTAL \$ 48,084 PART XI, L
INE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT IN Audited F/S RE-CLASS OF SCHOLARSHIP E
XPENSES \$ 50,517,545 COSTS OF GOODS SOLD \$ (2,191,816) ------ TOTAL \$ 48,325,729

Supplemental Information Return Reference Explanation OTHER EXPENSES INCLUDED IN AUDITED F/S BUT NOT ON FORM 990 FUNDRAISING EXPENSE \$ 55,026 CO PART XII, LINE 2D ST OF GOOD SOLD \$ 2,191,816 ------ TOTAL \$ 2,246,842

Supplemental Information Return Reference Explanation OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT IN AUDITED F/S RE-CLASS OF SCHOLARSHIP EXPENSE \$ PART XII, LINE 4B 50.517.545

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493136037060 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & the organization **Employer identification number** Trustees of union college 14-1338580 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο 5c c Employment of faculty or administrative staff? Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2018)

Explanation

Return Reference

SCHEDULE E, LINE 3 - RACIALLY NONDISCRIMINATORY POLICY PUBLICIZED	RACIALLY NONDISCRIMINATORY POLICY IS PUBLICIZED THROUGH AREA NEWSPAPER IN STUDENT HANDBOOKS AND ON THE COLLEGE'S WEBSITE UNION COLLEGE DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, SEXUAL ORIENTATION, NATIONAL OR ETHNIC ORIGIN TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS THIS POLICY EXTENDS TO THE ADMINISTRATION OF THEIR EDUCATIONAL POLICIES, ADMISSIONS POLICIES, SCHOLARSHIP AND LOAN PROGRAMS AND ATHLETIC AND OTHER SCHOOL-ADMINISTERED PROGRAMS
SCHEDULE E, LINE 6 FINANCIAL AID OR ASSISTANCE FROM GOVERNMENTAL AGENCY	THE ORGANIZATION HAS RECEIVED THE FOLLOWING FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY 1 FEDERAL CAMPUS-BASED AID, WHICH INCLUDES FEDERAL WORK-STUDY AND SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS, FROM THE U S DEPARTMENT OF EDUCATION 2 NSF-STEM SCHOLARSHIPS WHICH ARE FUNDED BY THE FEDERAL GOVERNMENT 3 TAP AWARDS, NYS MERIT SCHOLARSHIPS, TUITION/MAINTENANCE GRANTS RECEIVED FROM NYS FOR THE HEOP PROGRAM, NYS AIM SCHOLARSHIP, NYS VETERAN'S SCHOLARSHIP, NYS FOSTER INITIATIVE, NYS STEM INCENTIVE PROGRAM, NYS WORLD TRADE SCHOLARSHIP AND BUNDY AID 4 ROTC-FEDERAL FUNDING WHICH COVERS A PORTION OF EDUCATIONAL EXPENSES FOR

THE RECIPIENTS

Schedule F (Form 990 or 990-FZ) (2018)

efile GRAPHIC prin	t - DO NOT I	PROCESS	As Filed Data -	a - DLN: 9349313603706					
SCHEDULE F (Form 990)	State	ement of	Activities (	Outside the United States OMB No 1545-0047					
	•	_	► Attach t	es" to Form 990, Part IV, l o Form 990. estructions and the latest ii	·		2018 Open to Public		
Department of the Treasury Internal Revenue Service							Inspection		
Name of the organization Trustees of union college							tification number		
	I <b>nformation</b> Part IV, line		s Outside the U	Inited States. Comple	te if the	14-1338580 organization a	nswered "Yes" to		
-	the grantees'	eligibility for t		substantiate the amount stance, and the selection	_		✓ Yes □ No		
•	<b>s.</b> Describe in		ganization's proce	dures for monitoring the	use of it	ts grants and oth			
<b>3</b> Activites per Regio	n (The followir	ng Part I, line 3	table can be dupli	cated if additional space is	needed	)			
(a) Region		<b>(b)</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)	program spe	vity listed in (d) is a i service, describe ecific type of ce(s) in region	(f) Total expenditures for and investments in region		
See Add'l Data									
<b>3a</b> Sub-total							187,823,58		
b Total from continua Part I c Totals (add lines 3:							1,949,07 189,772,65		
For Panerwork Reduction	Act Notice co	o the Instruction	ne for Form 900	Cat	No 5008	OW Schodu	le F (Form 990) 2018		

Page **3** 

Pait III Call De	e duplicateu ii adultic	mai space is i	ieeueu.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	East Asia and the Pacific	5	8,000	student acc			
scholarship	Europe (Including	17	25,450	student acc			

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

						appraisal, other)
scholarship	East Asia and the Pacific	5	8,000	student acc		
scholarship	Europe (Including Iceland and Greenland)	17	25,450	student acc		
scholarship	South America	4	7,500	student acc		
scholarship	South Asia	2	2,900	student acc		

scholarship	Europe (Including Iceland and Greenland)	17		student acc		
scholarship	South America	4		student acc		
scholarship	South Asia	2	2,900	student acc		


							_	
Schedule F (Form 990) 2018								

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>✓</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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, don't file with Form 990)	Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	<b>☑</b> Yes	□No
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)	<b>✓</b> Yes	□No
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)	<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	□Yes	<b>☑</b> No

Schedule F (Form 990) 2018	Page <b>5</b>				
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).  190 Schedule F, Supplemental Information					
Return Reference	Explanation				
PART I, LINE 2 - EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE U S	TERMS ABROAD SCHOLARSHIPS ARE AWARDED BY UNION'S TERMS ABROAD OFFICE TO STUDENTS SCHEDULED TO STUDY ABROAD BASED ON FINANCIAL NEED AND CRITERIA ESTABLISHED BY THE DONOR THE STUDENT RECEIVING THE AWARD UNDERSTANDS THAT THE FUNDS MUST BE RETURNED TO UNION IF THE STUDENT DOES NOT TRAVEL ABROAD THE AWARD IS GENERALLY USED FOR THE STUDENT'S TRAVEL EXPENSES, WHICH ARE NOT COVERED BY UNION COLLEGE UPON HIS/HER RETURN, THE STUDENT IS URGED TO WRITE A PERSONAL NOTE OF THANKS TO THE DONOR DESCRIBING THEIR TERMS ABROAD EXPERIENCE				

990 Schedule F, Supplemental Information

Return

Reference	·
PART IV,	THE COLLEGE INVESTS IN DOMESTIC AND FOREIGN INVESTMENT VEHICLES THAT MAY OWN AN INTEREST IN A
FOREIGN	FOREIGN CORPORATION, PASSIVE FOREIGN INVESTMENT COMPANY, OR FOREIGN PARTNERSHIP NEVERTHELESS,
FORMS	THE COLLECTS INVESTMENT ACTIVITIES MAY NOT DEACH THE THRESHOLDS REQUIRED FOR EILING THE FORMS

Explanation

FOREIGN FOREIGN CORPORATION, PASSIVE FOREIGN INVESTMENT COMPANY, OR FOREIGN PARTNERSHIP NEVERTHELESS, FORMS

THE COLLEGE'S INVESTMENT ACTIVITIES MAY NOT REACH THE THRESHOLDS REQUIRED FOR FILING THE FORMS 926, 5471, 8621 OR 8865 TO THE EXTENT SUCH A FORM WAS COMPLETED, IT HAS BEEN FILED WITH THE COLLEGE'S FORM 990-T

## **Additional Data**

Sub-Saharan Africa

## Software ID: Software Version:

**EIN:** 14-1338580

Name: Trustees of union college

STUDY ABROAD

114,663

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region				
Europe (Including Iceland and Greenland)			Program Services	STUDY ABROAD	1,607,351				

Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Fast Asia and the Pacific ISTUDY ABROAD 594,682 Program Services South America Program Services ISTUDY ABROAD 217,529

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South Asia ISTUDY ABROAD 126.541 Program Services North America Program Services ISTUDY ABROAD 28,327

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the 185.021.769 lInvestments Carıbbean Europe (Including Iceland and **IEDUCATIONAL ACTIVITY** 34.752 Program Services Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region services, grants to service(s) in region region recipients located in the region) Europe (Including Iceland and Program Services **IRESEARCH** 17.976 Greenland) North America RECRUITING/ATHLETICS 27,715 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) North America **IEDUCATIONAL ACTIVITY** 5.845 Program Services East Asia and the Pacific Program Services CONFERENCE 604

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Central America and the Program Services ADMISSIONS RECRUITING Carıbbean South Asia RESEARCH Program Services 123

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) North America CONFERENCE 9.714 Program Services South America Program Services IRESEARCH 1,399

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures ın region (by type) (i e , offices in the employees or is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) East Asia and the Pacific ADMISSIONS RECRUITING 14.519 Program Services Europe (Including Iceland and Program Services CONFERENCE 19,294 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South Asia EDUCATIONAL ACTIVITY 211 Program Services Europe (Including Iceland and Investments 1,767,746 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) North America IRESEARCH 295 Program Services East Asia and the Pacific Program Services EDUCATIONAL ACTIVITY 2,748

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Middle East and North Africa 91.429 Program Services ISTUDY ABROAD Europe (Including Iceland and Program Services ADMISSIONS RECRUITING 1,761 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and ATHLETIC PROGRAM 17.985 Program Services Greenland) Middle East and North Africa ADMISSIONS RECRUITING 1,133 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) North America ADMISSIONS RECRUITING 1.062 Program Services South Asia Program Services ADMISSIONS RECRUITING 1,562

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) East Asia and the Pacific 8.000 l Grantmakına Europe (Including Iceland and Grantmakıng 25,450 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South America 7,500 l Grantmakındı South Asia Grantmaking 2,900

**Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization Trustees of union college 14-1338580 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is

**Supplemental Information Regarding** 

(i) Name and address of individual or entity (fundraiser)	(ii) Activity (iii) Did fundraiser have custody or control of contributions?		ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			-			
otal			•			

licensing

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SCHEDULE G (Form 990 or 990-EZ) DLN: 93493136037060

OMB No 1545-0047

che	dule G (Form 990 or 990-EZ) 2018					F	age <b>3</b>			
.1	Does the organization conduct gaming	activities with nonmember	5?		☐ Yes	Пис				
.2	Is the organization a grantor, beneficial formed to administer charitable gaming		member of a partnership or other entity		□Yes					
3	Indicate the percentage of gaming activ	vity conducted in								
а	The organization's facility			13a			%			
b	An outside facility			13b			%			
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and re	ecords						
	Name ►									
	Address ►									
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No				
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$									
С	If "Yes," enter name and address of the	e third party								
	Name ►									
	Address ►									
6	Gaming manager information									
	Name ►									
	Gaming manager compensation ▶ \$									
	Description of services provided ▶									
	☐ Director/officer	☐ Employee	☐ Independent contractor							
7	Mandatory distributions									
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		Yes	□No				
b	Enter the amount of distributions requirent the organization's own exempt activity		ated to other exempt organizations or spent		53					
Pai	t IV Supplemental Informatio	n. Provide the explanat	rions required by Part I, line 2b, column licable. Also provide any additional info				 S.			
_	Return Reference		Explanation							

Schedule G (Form 990 or 990-EZ) 2018

efile GRAPHIC print - DO N	OT PROCESS	As Filed Data -					DL	N: 934931360	37060		
Note: To capture the full co	ntent of this d	ocument, please sel	ect landscape mode	: (11" x 8.5") whe	n printing.						
Schedule I	Cronto and O	thar Assistanc	har Assistance to Organizations				OMB No 1545-0047				
(Form 990)			Other Assistance to Organizations,				2018				
		Governments a	and Individuals	s in the Unite	n the United States				<b>ZU10</b>		
	Co	mplete if the organiza	tion answered "Yes," o		, line 21 or 22.			Open to Public			
Department of the		<b>N</b> C - 1	Attach to Form					Inspection			
Treasury Internal Revenue Service		Go to <u>www</u>	<u>v.irs.gov/Form990</u> for	the latest information	on.						
Name of the organization							Employer identific	ation number			
Trustees of union college							14-1338580				
Part I General Informa	tion on Cronts	and Assistance					11 1030000				
1 Does the organization maint						e, and		_	_		
the selection criteria used to	_							✓ Yes	☐ No		
2 Describe in Part IV the organ	nization's procedur	es for monitoring the use	of grant funds in the Un	ited States							
		estic Organizations ar can be duplicated if add		nts. Complete if the o	rganızatıon answered "Yes'	on Forn	n 990, Part IV, line	21, for any recipi	ent		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	( <b>d)</b> Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		Description of cash assistance				
(1) Alumni Council of Union College 807 Union Street Schenectady, NY 12308	14-6019466	501(C)(3)	53,010					To cover expens	ses		
2 Enter total number of section	n 501(c)(3) and go	overnment organizations	listed in the line 1 table .				▶		1		
3 Enter total number of other	. , . ,	-					•				
For Paperwork Reduction Act Notice				Cat No 50055				edule I (Form 990	2018		

ALL GRANTS AWARDED ARE BASED ON NEED AND CONFORM TO FEDERAL, STATE AND INSTITUTIONAL REGULATIONS ELIGIBILITY IS BASED ON A THOROUGH

SUBMITTED TO THE FEDERAL AND STATE GOVERNMENTS FOR REVIEW. THE FUND EXPENDITURES ARE REVIEWED FOR COMPLIANCE IN AN ANNUAL AUDIT CONDUCTED BY AN INDEPENDENT ACCOUNTING FIRM THE COLLEGE DOES NOT FURTHER MONITOR THE USAGE OF SCHOLARSHIP FUNDS AS THESE AMOUNTS ARE CREDITED DIRECTLY AGAINST STUDENTS TUITION ACCOUNT AND THERE IS NO OPPORTUNITY FOR THE STUDENT TO DIVERT THESE FUNDS TO NON-EDUCATIONAL

REVIEW AND VERIFICATION OF A FAMILY'S INCOME, ASSETS, SIZE AND NUMBER OF DEPENDENTS ENROLLED IN COLLEGE. ANNUAL EXPENDITURE REPORTS ARE

Schedule I (Form 990) 2018

PART I, LINE 2 - PROCEDURES

USES

FOR MONITORING USE OF

GRANTS FUNDS IN U.S.

#### **Additional Data**

(a) Type of grant or assistance

Higher Education Opportunity Program

Union College General Scholarships

Annual Restricted Scholarships

Endowed Scholarships

Work Study

### Software ID: Software Version:

76

1733

643

85

862

**EIN:** 14-1338580

(c)Amount of

477,034

40,614,580

5,662,885

1,542,784

1,278,289

Name: Trustees of union college

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

. ,	recipients	cash grant	non-cash assista

(b)Number of

(d)Amount of n-cash assistance (e)Method of valuation (book, FMV, appraisal, other)

(**f)**De

(f)Description of non-cash assistance

FMV, appraisal, other)

(a)Type of grant or assistance
(b)Number of recipients
(c)Amount of non-cash assistance
(d)Amount of non-cash assistance
(e)Method of valuation (book, FMV, appraisal, other)
(f)Description of non-cash assistance

Supplemental Educational Opp Grant	286	325,951		
Supporting Scholars in Sci & Eng	21	146,500		

444.522

25,000

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

ROTC Scholarship

TERM ABROAD

efil	e GRAPHIC pr	int - DO NOT PROCESS As	Filed Dat	a -	DLN: 934	9313	36037	060
Sch	edule J	Com	pensati	ion Information	OM	IB No	1545-0	0047
(For	n 990)	For certain Officers,	Directors, T	rustees, Key Employees, and Hig	hest			
		Complete if the organic	Compensa zation answ	ated Employees vered "Yes" on Form 990, Part IV,	line 23.	20	18	₹ .
			▶ Attach	to Form 990.				
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/F</u>	<u>огт990</u> тог	instructions and the latest inform	nation.		to Pul ectio	
	ne of the organiza				Employer identificat	ion nu	ımber	
irus	stees of union colleg	3			14-1338580			
Pa	rt I Questi	ons Regarding Compensation	1	•				
							Yes	No
1a				the following to or for a person lister y relevant information regarding thes				
		or charter travel	$\overline{\mathbf{v}}$	Housing allowance or residence for	•			
	_	companions		Payments for business use of persoi				
		ification and gross-up payments	<b>∀</b>	Health or social club dues or initiation Personal services (e.g., maid, chauf				
	L Discretion	ary spending account	•	Personal services (e g , maid, chaur	reur, cher)			
b		kes in line 1a are checked, did the o Il of the expenses described above?		ollow a written policy regarding paym iplete Part III to explain	ent or reimbursement	1b		No
2				or allowing expenses incurred by all r, regarding the items checked in line	. 152	2	Yes	
	directors, truste	es, officers, including the CEO/Execu	utive Directo	r, regarding the items checked in line	: La'			
3		if any, of the following the filing org EO/Executive Director Check all tha		ed to establish the compensation of th	ne			
	_	•		CEO/Executive Director, but explain i	n Part III			
	<b>✓</b> Compensa	ation committee		Written employment contract				
	_ '	ent compensation consultant	<b>✓</b>	Compensation survey or study				
		of other organizations	$\checkmark$	Approval by the board or compensa	tion committee			
4	During the year related organiza		Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a			
_	_	ance payment or change-of-control	navmont?			4a		No
a b		receive payment from, a suppleme		ified retirement plan?		4a 4b	Yes	INO
c	•	receive payment from, an equity-b	•	'		4c	1.00	No
				olicable amounts for each item in Part	: III			
	- 1/ \/-							
5		<b>), 501(c)(4), and 501(c)(29) org</b> ed on Form 990, Part VII, Section A,	-	-				
•		ontingent on the revenues of	iiile 1a, aia	the organization pay or accrue any				
а	The organization	1?				5a		No
b	Any related orga					5b		No
	-	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A, ontingent on the net earnings of	line 1a, did	the organization pay or accrue any				
а	The organization					6a		No
b	Any related orga					6b		No
_	•	6a or 6b, describe in Part III	loo e de la Cal	hli	<b>.</b>			
7	payments not d	escribed in lines 5 and 6? If "Yes," d	escribe in Pa		1	7		No
8		nts reported on Form 990, Part VII, Itial contract exception described in		red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		No
9	If "Yes" on line 5 53 4958-6(c)?	3, did the organization also follow th	e rebuttable	presumption procedure described in	Regulations section	9		
For I	Danarwark Badu	ction Act Notice, see the Instruc	tions for Ec	orm 990 Cat No. 5	0053T Schedule 1	/Eorn	- 000)	2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Part II Officers, Directors, Trustees, Rey Employees, and Ting							
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual
(A) Name and Title	(B) Breal	kdown of W-2 and/o compensation	or 1099-MISC	and other	( <b>D)</b> Nontaxable benefits	columns	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table						•	
	1	1	1		1	I	1
							!
				+			
	+			+			
				+			
1-		-		+			
1							
			1				

Part III Supplemental Inforn	nation							
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information								
Return Reference	Explanation							
INFORMATION REGARDING	LINE 1-HOUSING ALLOWANCE Only the President, David Harris, Former President, Stephen Ainlay, and the Vice President for College Relations, Terri Cerveny, are required to be disclosed on Schedule J. We have estimated the value of housing to be approximately \$2,000 per month for each individual. The value of the employer provided housing provided to these individuals is deemed to be NON-TAXABLE AND NOT INCLUDED IN THEIR FORM W-2 AS RESIDENCE ON CAMPUS IS A							

Page 3

Schedule J (Form 990) 2018

employer provided housing provided to these individuals is deemed to be NON-TAXABLE AND NOT INCLUDED IN THEIR FORM W-2 AS RESIDENCE ON CAMPUS IS A NECESSARY CONDITION OF THEIR EMPLOYMENT LINE 1-HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES AS PART OF PRESIDENT DAVID HARRIS'S and former president stephen ainlay's EMPLOYMENT CONTRACT, THE COLLEGE PAYS FOR TWO CLUB MEMBERSHIPS, THE FIRST IS TO THE MOHAWK GOLF CLUB IN SCHENECTADY AND THE OTHER MEMBERSHIP IS TO THE UNIVERSITY CLUB IN NEW YORK CITY Both the President and the Former President utilize the social clubs for business purposes, to the extent THERE MAY BE ANY PERSONAL USE, THE COLLEGE WILL REVIEW THAT USAGE AND TAX THE PRESIDENT ACCORDINGLY LINE I-PERSONAL SERVICES THERE ARE CERTAIN SERVICES THE COLLEGE PROVIDES TO MAINTAIN THE PRESIDENT'S and former president's RESIDENCE INCLUDING GARDENING AND HOUSEKEEPING AS PART OF PRESIDENT DAVID HARRIS'S and former president stephen Ainlay's EMPLOYMENT CONTRACTS. THE EXPENSES HAVE

BEEN INCLUDED IN THE ABOVE-MENTIONED HOUSING ALLOWANCE

Return Reference	Explanation
RETIREMENT	current President, DAVID HARRIS, participateS in the Colleges Section 457(f) Nonqualified supplemental retirement plan which is subject to a substantial risk of forfeiture. Former President, Stephen Ainlay, received a payout of his vested Section 457(f) plan in the amount of \$65,942. This amount is reported both in column (b)(iii) and column (f) to reflect that the \$65,942 was reported on previous forms 990 as deferred compensation in column (c)

Software ID:

Software Version:

**EIN:** 14-1338580

Name: Trustees of union college Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) (i) Base Compensation (ii) (iii) compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation David R Harris 347,954 38,775 468,656 35,762 46,165 President (as of 07/2018) STEPHEN AINLAY 361,679 300,000 72,087 59,634 30,405 823,805 65,942 past president/faculty DIANE BLAKE ret 0719 147,421 858 16,363 4,167 168,809 VP ADMINISTRATION & FINANCE DARCY CZAJKA (1) 136,400 102 15,554 271 152,327 CHIEF OF STAFF STROM THACKER (1)239,104 538 27,197 18,815 285,654 VP ACADEMIC AFFAIRS/DEAN FACUL Rebecca Cortez (i)113,793 174 12,600 71,350 197,917 faculty trustee TERRI CERVENY 234,739 6,760 26,776 95,754 364,029 VP FOR COLLEGE RELATIONS MATTHEW MALATESTA 201,553 (1)6,526 23,157 18,740 249,976 VP FOR ADMISSIONS, FA & **ENROLL ELLEN YU** 184,601 385 21,021 10,287 216,294 CHIEF INFORMATIONAL OFFICER ERIC BENNETT 210,820 450 24,090 54,099 289,459 MEN'S HOCKEY COACH SCOTT RAVA 173,465 135 18,063 47,645 239,308 SR PHIL ADV & Campaign DIR James Mclaughin (i)180,874 1,138 21,043 18,694 221,749 DIRECTOR OF ATHLET (11) THERESE MCCARTY 163,923 889 18,084 14,068 196,964 FORMER OFFICER marybeth kabalian (1) 182,317 160 21,316 32,315 236,108 Interim VP Admin (7/18-1/19)(II)Ashraf Ghaly 184,000 503 16,395 18,361 219,259 Prof Philosophy

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	hedule K	Sur	nniemental i	nformation o	n Tay-F	vem	nt F	Ronds					1545-		
(F	orm 990)			wered "Yes" to Form					criptions,			2.6	018	R	
		•		and any additional		ı İn Parl	t VI.		•						
	artment of the Treasury rnal Revenue Service			Attach to Form 990 rs.gov/Form990 for		informa	tion.						to Pub		
Nam	ne of the organization		7 00 10 1711111	ioigory, orminate	tire ideast					Emplo	yer ident	tification r			
Trus	stees of union college									14-13	38580				
Pā	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price		(f) Descripti	on of purpose	(g) De	efeased	(h) C		(i) F	
												behalf ıssue		fınan	cing
										Yes	No			Yes	No
Α	SCHENECTADY COUNTY CAP RE	27-3478847	806418AT6	04-26-2012	24,2	263,434	refina	ance portion	series 2001	X			Х		Х
В	Schenectady County Cap Re	27-3478847	806418BC2	04-20-2017	74,7	702,514	refina	ance, S&E Co	onstruction		Х		X		X
Pa	art II Proceeds														
						A			3	C	;		Г	D	
1	Amount of bonds retired					3,661	.,735		1,991,729						
2	Amount of bonds legally defease					24,287	7,175		0						
3	Total proceeds of issue					24,263	,434		74,702,514						
4	Gross proceeds in reserve funds						0		0						
5	Capitalized interest from proceed						0		0						
6	Proceeds in refunding escrows.						0		0						
7	Issuance costs from proceeds .					534	,426		1,027,950						
8	Credit enhancement from procee						0		0						
9	Working capital expenditures fro						0		0						
10	Capital expenditures from proceed					23,729	,008		0						
11	Other spent proceeds						0		15,482,889						
12	Other unspent proceeds						0		0						
13	Year of substantial completion .				20	005		20	20						
					Yes	No	,	Yes	No	Yes	No	`	es es	1	lo
14	Were the bonds issued as part o	f a current refunding	ıssue?		Х			X							
15	Were the bonds issued as part o	f an advance refundı	ng issue?			Х			Х						
16	Has the final allocation of procee	eds been made?				Х			Х						
17					X			X							
Вa	proceeds?														
	Titude Business es	<u> </u>				Α	Т		3		:			D	
					Yes	No	,	Yes	No	Yes	No	,	es .	<del>-</del>	lo
1	Was the organization a partner in financed by tax-exempt bonds?					×			×						
2	Are there any lease arrangemen property?	ts that may result in	private business use			Х			х				_		
F	Panarwork Poduction Act Notic	a and the Instruct	ione for Earm 000		C-3	t No 50	11025	:			· ·	-bedule l	/ (Earn	- 000	2010

6

Part IV

b

C

Arbitrage

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

organization, or a state or local government

Rebate not due yet? . . . . . . .

Exception to rebate? . . . . . . . .

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

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

Page 2

D

Schedule K (Form 990) 2018

No

Yes

Ь	counsel to review any management or service contracts relating to the financed property?				
С	Are there any research agreements that may result in private business use of bond-financed property?	×	X		
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?				

0 %

1 820 %

1 820 %

Х

Χ

Х

Yes

Χ

В

Χ

No

Χ

Χ

Χ

Х

Χ

Х

No

Χ

Χ

Χ

Χ

Χ

Α

Yes

Χ

0 %

Χ

Х

Χ

Yes

C

No

5a	(GIC)?		X		X		
b	Name of provider	0		0			
С	Term of GIC						

Page 3

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?		X	X		
7	Has the organization established written procedures to monitor the	V		v		ſ

Schedule K (Form 990) 2018

Return Reference

SCHEDULE K, PART VI, SUPPLEMENTAL

INFORMATION

Were gross proceeds invested in a guaranteed investment contract

				A	В	С	D
Pa	rt V Procedures To Undertake Corrective Action						
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X			
6	period?		Х	X			

requirements of section 148?		X						
Part V Procedures To Undertake Corrective Action								
		Α		В	Ī	С	1	)
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax								

Part V Procedures To Undertake Corrective Action								
	/	4	ı	3	(	C		)
	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 self-remediation is not available under applicable regulations?	×		×					

		4	ı	В	•	С		<u> </u>
	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 self-remediation is not available under applicable regulations?	X		X					

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

> Explanation BOND ISSUE 2012 UNION COLLEGE RECEIVED \$24.263.434 IN PROCEEDS FROM THE SCHENECTADY COUNTY CAPITAL RESOURCE CORPORATION CIVIC TAX-EXEMPT REVENUE BONDS (UNION COLLEGE REFUNDING PROJECT), SERIES 2012A THESE PROCEEDS WERE USED TO REFINANCE THE 2003 ISSUE AND THE REMAINING OUTSTANDING PORTION OF THE 2001 ISSUE INITIALLY, PROCEEDS FROM THE 2003 PORTION OF THE REFUNDING WERE PLACED INTO AN ESCROW

ACCOUNT PROCEEDS WOULD REMAIN IN THE ESCROW ACCOUNT UNTIL THE BONDS COULD BE CALLED IN 2013 AS OF JUNE 30, 2019, THE 2003 DEBT HAD

BEEN PAID OFF THE CALL DATE WAS JULY 1, 2013 IN APRIL 2017, THE COLLEGE BORROWED \$74,702,514 THROUGH THE SCHENECTADY COUNTY CAPITAL RESOURCE CORPORATION, UTILIZING A TAX-EXEMPT REVENUE BOND A PORTION OF THE PROCEEDS WERE USED TO REFUND THE SERIES 2010 BONDS AND THE REMAINING AMOUNT OF THE DEBT PROCEEDS WILL BE USED TOWARDS THE RENOVATION/CONSTRUCTION OF THE SCIENCE AND ENGINEERING CENTER

Return Reference	Explanation
HEDULE K, PART III, LINE	BOND ISSUE 2012 TO CALCULATE THE PERCENTAGE ON LINES 4, 5 AND 6, THE TOTAL PROCEEDS WAS USED
5,6	(INCLUDES THE 2003 AND A PORTION OF THE 2001 REFUNDED BONDS)

SCH 4.5

Return Reference	Explanation
Schedule K, Part IV, Line 2(c)	The College commissioned an arbitrage rebate calculation on its Series 2012A Refunding Revenue Bond in May of 2018 The report concluded that no rebate was due

efile GRAPHI	C print - DC	NOT PROCE	SS /	As File	d Data -					DL	N: 93	4931	.360	37060
Schedule L (Form 990 or 990	)-EZ) ► Con	plete if the org	ganizati	ion ans	wered "Yes	on Form 99		nes 2	:5a, 2	5b, 26		МВ No	1545	5-0047
			▶ /	Attach	to Form 99	0 or Form 99			·	·		20	1	8
Department of the Tre Internal Revenue Serv	<b>I</b>	▶Go	to <u>www</u>	v.irs.go	v/Form990	of for the lates	st informatior	۱.			(		to P	ublic
Name of the org	anization							Er	nploy	er ide	ntifica			
Trustees of union o	college							14	l-1338	3580				
		Transactions anization answer									ne 40h			
		qualified person	cu ics				lified person an			escript		(d	) Cor	rected?
						organization	-		tra	insactio	on	Y	es	No
								_						
Cor	mplete if the or orted an amou (b) Relation	unt on Form 990, ship (c) Purpose	rered "Ye . Part X, e (d) L	es" on F line 5, oan to organiz	orm 990-EZ, 6, or 22 or from the ation?	(e)Original principal amount	8a, or Form 99 <b>(f)</b> Balance due	(g) defa	Part IV, line 26,  (g) In (h default? board commit		ved by	d by agreement? or		
				0	From			Yes	No	Yes	No	Yes		No
			+	-										
			+											
Total		<b>.</b>		I	•	<b>\$</b>								
Part III Gra	nts or Assi	stance Benefi	iting I	nteres	ted Perso	ns.								
		organization a	nswere	d "Yes'	on Form 9	990, Part IV,								
(a) Name of Inter	rested person	(b) Relationsh interested personganization	on and		(c) Amount	of assistance	( <b>d)</b> Type o	of assi	stance	•   (	<b>(e)</b> Pu	rpose (	of ass	istance
(1) 2					88,004 scholarship				tuiti			on discount		
						88,004	scholarship			tu	ıtıon d	scount	t	
						88,004	scholarship			tu	ition d	iscount	t	
						88,004	scholarship			tu	ition d	iscount	t	
						88,004	scholarship			tu	ition d	iscount	t	

	person and the organization			rever	
				Yes	No
(1) Scott Montgomery	SEE PART V	58,081	Employee		No
(2) MARGARET AMODEO	SEE PART V	43,741	EMPLOYEE		No
(3) HANS FRIEDRICH MUELLER	SEE PART V	195,919	FORMER FACULTY TRUSTEE		No
(4) John Spinelli	SEE PART V	162,854	FORMER FACULTY TRUSTEE		No

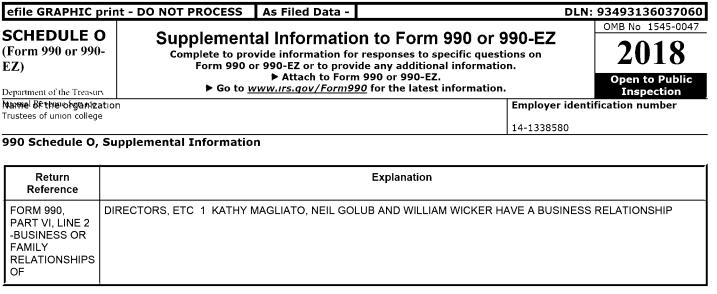
**Supplemental Information** Provide additional information for responses to questions on Schedule L (see instructions) Return Reference Explanation

Part V SCHEDULE L, PART IV - INTERESTED former VICE PRESIDENT OF FINANCE AND ADMINISTRATION DIANE BLAKE'S BROTHER-IN-LAW. SCOTT PERSONS MONTGOMERY, IS AN EMPLOYEE OF THE COLLEGE AMOUNTS REPORTED ON SCHEDULE L REPRESENT COMPENSATION AND BENEFITS RECEIVED BY MR MONTGOMERY ON A FISCAL YEAR BASIS CHAIR OF the BOARD OF TRUSTEES JOHN KELLY'S SISTER, MARGARET AMODEO IS AN EMPLOYEE OF THE COLLEGE AMOUNTS REPORTED ON SCHEDULE L REPRESENT COMPENSATION AND BENEFITS RECEIVED BY MS

AMODEO ON A FISCAL YEAR BASIS Former Board of Trustees Members, Hans Friedrich Mueller and John Spinelli are current faculty members at Union College, the amounts reported on Schedule L represent the compensation and benefits received by virtue of their employment relationship Schedule L (Form 990 or 990-EZ) 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493136037060 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Trustees of union college 14-1338580 **Types of Property** (b) (c) (d) (a) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . 45,000 Expert Opinion Art-Historical treasures Art—Fractional interests Books and publications Clothing and household . . . . . Cars and other vehicles Boats and planes . . . Intellectual property . . Χ 3,808,319 Market Value Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . 21 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . Other ▶ ( 30,657 cost Χ 38 25 Miscellaneous 26 Other ▶ (\_ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)	Page <b>2</b>
I, column (b), the n	tion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part umber of contributions, the number of items received, or a combination of both. Also complete
this part for any add	I
Return Reference	Explanation
,	TO THE EXTENT THAT THE COLLEGE RECEIVES NON-CASH CONTRIBUTIONS OF SECURITIES, ITS INVESTMENT MANAGER/BROKER IS TASKED WITH SELLING THOSE SECURITIES ON THE COLLEGE'S BEHALF
	Schedule M (Form 990) (2018)



# 990 Schedule O, Supplemental Information

Doturn

Reference	Explanation
FORM 990,	THE ORGANIZATION'S FORM 990 IS PREPARED IN CONJUNCTION WITH A NATIONALLY RECOGNIZED ACCOUN
PART VI, LINE 11B -	TING FIRM UPON COMPLETION, THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD O F DIRECTORS AND A DETAILED WALKTHROUGH OF ITS CONTENTS IS PROVIDED AT THE AUDIT COMMITTEE'
FORM 990	S MEETING PRIOR TO ELECTRONIC SUBMISSION OF THE 990 TO THE INTERNAL REVENUE SERVICE. THE
REVIEW	AUDIT COMMITTEE CHAIR PROVIDES AN OVERVIEW OF THE REVIEW TO THE FULL BOARD OF TRUSTEES IN
PROCESS	ADDITION, A COPY OF THIS FORM 990 IS AVAILABLE FOR REVIEW IN THE COLLEGE'S FINANCE OFFICE

Evolunation

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND	ENFORCEMENT OF CONFLICTS THE TRUSTEES OF UNION COLLEGE HAVE A WRITTEN CONFLICT OF INTEREST POLICY, WHICH REQUIRES OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES TO ANNUALLY DISCL OSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS QUESTIONNAIRES ARE SENT ANNUALLY TO MONIT OR AND ENFORCE COMPLIANCE WITH THE POLICY THE RESPONSES TO THE QUESTIONNAIRES ARE REVIEWE D BY BOTH THE PRESIDENT'S OFFICE AND FINANCE FOR POTENTIAL CONFLICTS OF INTEREST THAT REQUIRE DISCLOSURE IF A CONFLICT OF INTEREST IS NOTED, A BOARD MEMBER WOULD HAVE TO RECUSE HIMSELF FROM VOTING, IF SO REQUIRED

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS -	PRESIDENT THE COLLEGE UNDERTAKES A THOROUGH AND RIGOROUS PROCESS TO DETERMINE THE PRESIDEN T'S COMPENSATION THE COLLEGE HAS ESTABLISHED AN EXECUTIVE COMPENSATION COMMITTEE THAT ACT S AS A COMMITTEE OF THE BOARD THE EXECUTIVE COMPENSATION COMMITTEE IS COMPRISED OF THE CH AIRMAN, VICE CHAIRMAN, SECRETARY, AND GENERAL COUNSEL OF THE BOARD OF TRUSTEES THE CHAIR OF THE BOARD SERVES AS THE CHAIR OF THE COMMITTEE THE COMMITTEE ACTS AS THE AUTHORIZED BO DY UNDER TREASURY REG 53 4958-6, RESPONSIBLE FOR APPROVING THE COMPENSATION ARRANGEMENTS OF THE PRESIDENT THE COMMITTEE WILL A REVIEW GOALS FOR THE UPCOMING YEAR AND ACCOMPLISHM ENTS FOR THE YEAR JUST ENDED B OBTAIN APPROPRIATE ANALYSIS AND STUDIES FOR USE IN EVALUAT ING THE PRESIDENT'S COMPENSATION OF THE PRESIDENT C DOCUMENT ITS DELIBERATIONS AND DECISION ESTABLISH ING THE PRESIDENT'S COMPENSATION D REPORT TO THE EXECUTIVE COMMITTEE OF THE BOARD ANNUALL Y ITS FINDINGS AND ACTIONS FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL P ROCESS - OFFICERS & KEY EMPLOYEES THE COLLEGE UNDERTAKES A SIMILARLY DETAILED PROCESS TO D ETERMINE THE COMPENSATION OF THE COLLEGE'S OFFICERS AND KEY EMPLOYEES (AS REPORTED ON PART VII OF THE FORM 990) A THE COMPENSATION COMMITTEE OBTAINS APPROPRIATE ANALYSIS AND STUDI ES FROM THE ADMINISTRATION TO USE AS AN AID IN EVALUATING THE COMPENSATION RECOMMENDATIONS OF THE PRESIDENT FOR THESE EMPLOYEES B THE COMPENSATION COMMITTEE DELIBERATES ON, AND AP PROVES, ALL COMPENSATION AT A MEETING AND THE DECISIONS ARE DOCUMENTED IN COMMITTEE MINUTE S The College reviews all officer and key employee compensation on an annual basis, a for mal compensation study was last conducted in 2018 upon the hiring of the new President

# 990 Schedule O, Supplemental Information Return Explanation

FORM 990,	PUBLIC THE TRUSTEES OF UNION COLLEGE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
PART VI,	FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS AR
LINE 19 -	E ALSO AVAILABLE ON THE COLLEGE'S WEBSITE WWW UNION EDU
AVAILABILITY	
OF	
DOCUMENTS	

TO THE

990 Schedule O, Supplemental Information

Return Explanation

Deference

Reference	
FORM 990,	OTHER CHANGES IN NET ASSETS OR FUND BALANCES ACTUARIAL ADJUSTMENT \$ 83,174 ATHLETIC SPONSO
PART XI,	RSHIP AGREEMENT \$ (6,942) Below-the-line Adjustments \$ (876,612) TOTAL \$ (8
LINE 9	00.380)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493136037060 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2018 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Trustees of union college 14-1338580 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (a)
Name, address, and EIN (if applicable) of disregarded entity (b) (c) (d) (e) Legal domicile (state Direct controlling Primary activity Total income End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	<b>s</b> Comple	te if the orgai	nızatıon	answered '	'Yes" on F	orm 990,	Part I\	/, line 34 be	cause	ıt had one or	more	
(a) Name, address, and EIN of related organization	Prima	(b) ary activity	Legal dor or foreig	(c) nicile (state in country)	(d) Exempt Cod	) de section	Public o	(e) harity status on 501(c)(3))	Di	(f) rect controlling entity	Section (13) co	512(b) ntrolled
(1)ALUMNI COUNCIL OF UNION COLLEGE INC 807 UNION ST ABBE HALL	Fundraising	]		NY	501(C)(3)		12C		NA		Yes	No
SCHENECTADY, NY 12308 14-6019466												
			1		1		1		1			1

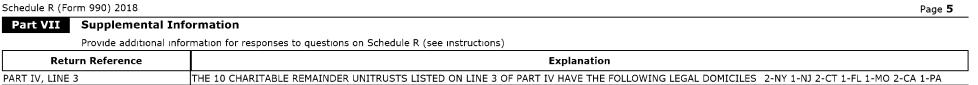
(a) Name, address, and related organizati	EIN of on	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomir income(re unrelate excluded tax und sections	ated, total ii ed, from er 512-	e of	(g) Share of end-of-year assets	<b>(†</b> Dispropi allocal	rtionate	Code amour 2 Sched	(i) e V-UBI nt in box t0 of dule K-1 m 1065)	<b>(</b> j Gene mana part	ral or aging	(k) Percent owners	age
					514)				Yes	No			Yes	No		
														$\vdash$		
Part IV Identification of Related Or because it had one or more re	ganizations Taxable as a ( lated organizations treated a:	Corporation s a corporation	or Trus	<b>t</b> Complet st during t	e if the org	anızatıon r.	answ	ered "Yes'	' on Fo	orm 9!	90, P	art IV,	lıne	34		_
Part IV Identification of Related Or because it had one or more re  (a)  Name, address, and EIN of related organization	ganizations Taxable as a (lated organizations treated as (b) Primary activity	s a corporation	or Trus on or tru (c) .egal omicule or foreign untry)	st during t	e if the org he tax yea (d) et controlling entity	(e) Type of ent (C corp, S cc or trust)	ty S	ered "Yes'  (f)  Share of total Income	Share	(g) of end- year assets		(h Percer owner	) ntage	S-(1	(I) section 51 13) contr entity	olled?
because it had one or more re  (a)  Name, address, and EIN of related organization	ated organizations treated as (b)	s a corporation	(c) Legal omicile or foreign	st during t	he tax yea (d) ct controlling	r.  (e)  Type of ent (C corp, S coor trust)	ty S	(f) Share of total	Share	(g) of end- year		(h Percer	) ntage	S-(1	ection 51 13) contr entity Yes	olled-
because it had one or more re  (a)  Name, address, and EIN of related organization  (1)CHARITABLE REMAIN UNITRUST (10)	ated organizations treated a:  (b)  Primary activity	s a corporation	(c) Legal omicile or foreign	Dire	he tax yea (d) ct controlling entity	r.  (e)  Type of ent (C corp, S coor trust)  crut	ty S	(f) Share of total Income	Share	(g) of end- year	-of-	( <b>h</b> Percer owner	) ntage	S-(1	ection 51 13) contrentity Yes	olled? No
because it had one or more re  (a)  Name, address, and EIN of related organization  (1)CHARITABLE REMAIN UNITRUST (10)	Ated organizations treated as (b) Primary activity  INVESTING	s a corporation	(c) Legal omicile or foreign	Dire	he tax year (d) ct controlling entity  ON COLLEGE	r.  (e)  Type of ent (C corp, S coor trust)  crut	ty S	<b>(f)</b> Share of total Income	Share	(g) of end- year	-of- 0	(h Percer owner	) ntage	S-(1	ection 51 13) contrentity Yes	rolled ? <b>No</b> No
because it had one or more re  (a)  Name, address, and EIN of related organization  (1)CHARITABLE REMAIN UNITRUST (10)	Ated organizations treated as (b) Primary activity  INVESTING	s a corporation	(c) Legal omicile or foreign	Dire	he tax year (d) ct controlling entity  ON COLLEGE	r.  (e)  Type of ent (C corp, S coor trust)  crut	ty S	<b>(f)</b> Share of total Income	Share	(g) of end- year	-of- 0	(h Percer owner	) ntage	S-(1	ection 51 13) contrentity Yes	rolled ? <b>No</b> No
because it had one or more re  (a)  Name, address, and EIN of related organization  (1)CHARITABLE REMAIN UNITRUST (10)	Ated organizations treated as (b) Primary activity  INVESTING	s a corporation	(c) Legal omicile or foreign	Dire	he tax year (d) ct controlling entity  ON COLLEGE	r.  (e)  Type of ent (C corp, S coor trust)  crut	ty S	<b>(f)</b> Share of total Income	Share	(g) of end- year	-of- 0	(h Percer owner	) ntage	S-(1	ection 51 13) contrentity Yes	rolled ? <b>No</b> No
because it had one or more re  (a)  Name, address, and EIN of	Ated organizations treated as (b) Primary activity  INVESTING	s a corporation	(c) Legal omicile or foreign	Dire	he tax year (d) ct controlling entity  ON COLLEGE	r.  (e)  Type of ent (C corp, S coor trust)  crut	ty S	<b>(f)</b> Share of total Income	Share	(g) of end- year	-of- 0	(h Percer owner	) ntage	S-(1	ection 51 13) contrentity Yes	rolled ? <b>No</b> No

Schedule R (Form 990) 2018		Pa	ge <b>3</b>
Part V 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		Yes	No
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	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	Primary activity   Legal   Predominant   Are all partners   Share of domicile   income   501(c)(3)   income   country)   excluded from tax under   sections 512-		(g) Share of end-of-year assets	end-of-year allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership			
			514)	Yes	No			Yes	No		Yes	No	
													_
									•	Schedul	e R (Form	1 99	0) 2018



Return Reference	Explanation
PART IV, LINE 4	THE 3 INCOME BENEFICIARY TRUSTS LISTED ON LINE 4 PART IV HAVE THE FOLLOWING LEGAL DOMICILES 2-NY 1-NJ

Schedule R (Form 990) 2018