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EXTENDED TO NOVEMBER 15, 2016

Return of Organization Exempt From Income Tax

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

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

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

2015 Open to Public Inspection

A	or the	2015 calendar year, or tax year beginning and ending		
В	check if	C Name of organization	D Employer identifica	ation number
8	pplicable	ASSOCIATION OF COLLEGE		
	Addres change	UNIONS INTERNATIONAL, INC.	1	-
	Name change	Doing business as	35-18	16510
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final	120 WEST 7TH ST 200		45-8051
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	8,279,772.
	Amend			
	return Applica		H(a) Is this a group ret	Yes X No
	tion pendin	4 I	for subordinates?	
		SAME AS C ABOVE	H(b) Are all subordinates incl	
		mpt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		st (see instructions)
		e: ▶ WWW.ACUI.ORG	H(c) Group exemption	
			rear of formation: 1990 M	State of legal domicile: 1N
P	art I	Summary		
đ			NG MEMBERS IN	
Š		DEVELOPMENT OF COMMUNITY THROUGH EDUCATION, A	DVOCACY, AND I	HB
Governance	2 (Check this box if the organization discontinued its operations of disposed of n	nore than 25% of its net asse	
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b) -	_ ' 4	10
Activities &	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a):	(5	35
ıţ:	6	Total number of volunteers (estimate if necessary)	8 I 2015 ' 6	493
휷	l .	Total unrelated business revenue from Part VIII, column (C), line 12	7a	9,550.
ď	1	Net unrelated business taxable income from Form 990-T, line 34	7b	-11,864.
			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1,535,129.	1,831,210.
Revenue	9	Program service revenue (Part VIII, line 2g)	3,419,404.	2,563,258.
Ve	10		64,016.	-40,281.
å	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)	993,067.	584,434.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,011,616.	4,938,621.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	66,551.	1,006,092.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.
e S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,719,300.	1,944,445.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ğ	. b	Total fundraising expenses (Part IX, column (D), line 25) 79,540.	h	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,250,013.	2,409,692.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,035,864.	5,360,229.
		Revenue less expenses Subtract line 18 from line 12	-24,248.	-421,608.
5	g		Beginning of Current Year	End of Year
let Assets	20	Total assets (Part X, line 16)	3,515,237.	3,205,756.
A.S.	21	Total liabilities (Part X, line 26)	1,729,310.	2,011,974.
Set	22	Net assets or fund balances Subtract line 21 from line 20	1,785,927.	1,193,782.
P	art II	Signature Block		
Unc	ler pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and st	stements, and to the best of my	knowledge and belief, it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre		•
	,		11/15/201	6
Sig	n	Signature of officer	Date	
He		▶ JOHN TAYLOR, CHIEF EXECUTIVE OFFICER		
He		Type or print name and title		
			Date Check	PTIN
Da!	. !	Print/Type preparer's name KANDY L. WISCHMEIER, CPA KANDY L. WISCHMEIER	1.4	-00110000
Pai				
	parer	Firm's name BLUE & CO., LLC	Firm's EIN ▶	35-1178661
USE	Only	Firm's address 106 COMMUNITY DR.) FOO 0416
		SEYMOUR, IN 47274	Phone no. 81	2-522-8416
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

	990 (2015) UNIONS INTERNATIONAL, INC.	35-1816510	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
•	THE ASSOCIATION OF COLLEGE UNIONS INTERNATIONAL SUPPORTS	TTS MEMBERS	
			
	IN THE DEVELOPMENT OF COMMUNITY THROUGH EDUCATION, ADVOCA	CY, AND THE	
	DELIVERY OF SERVICES.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
•	If "Yes," describe these changes on Schedule O		
		songurad by synanos	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	i, the total expenses, ar	na
	revenue, if any, for each program service reported		4.4.
4a	(Code) (Expenses \$ 3,954,497. including grants of \$ 1,006,092.) (Revenue		
	ACUI OPERATES FOR THE STUDY AND IMPROVEMENT OF COLLEGE UN	IION SERVICE	<u>s</u>
	AND PROGRAMS AND TO ASSIST IN THE DEVELOPMENT OF NEW COLL	LEGE UNIONS.	
	THE OPERATIONS ARE REALIZED THROUGH CONFERENCES, PUBLICAT	TIONS, PROGR	AMS
	AND SURVEYS.		
	IN 2015, THE ASSOCIATION HAD 2278 PARTICIPANTS IN THEIR T	COURNAMENTS	ΔND
	_ 		
	ATTEND THEIR REGIONAL PROGRAMS, 462 PARTICPANTS ATTEND TH	IEIR SEMINAR	
	AND INSTITUTE PROGRAMS.		
	IN 2015 THE ASSOCIATION HAD 5755 INDIVIDUAL MEMBERS, 531	INSTITUTION	
	MEMBERS AND 117 CORPORATE MEMBERS.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	e \$	<u>)</u>
			
			
		··-	
			
4-	(O-th) (F		
4c	(Code) (Expenses \$) (Revenue)	ie a	<i>'</i>
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 3,954,497.		

Form 990 (2015) UNIONS INTERNATIONAL, INC.

Part IV | Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ı
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ŀ		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
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		Х
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	İ		1
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	Х	
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	1	Х
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 167 If "Yes," complete Schedule D, Part VIII	11c	1	Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	1	Х
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	X	<u></u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	ļ		1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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_		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	}		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17_		X
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		X
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		x
			225	

Form 990 (2015) UNIONS INTERNATIONAL, INC.
Part IV | Checklist of Required Schedules (continued)

	•		Yes	No_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>_X</u> _
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	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current]	ļ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>x</u> _
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			7.5
	Schedule K. If "No", go to line 25a	24a		<u>_x</u> _
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-	1	х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	OEL		х
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		х
27	Complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	İ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	·	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	Г	,	
	contributions? If "Yes," complete Schedule M	_30	L	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		i	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ļ]	
	Schedule N, Part II	32	L	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	1	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	X	
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1	1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	}	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	!	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u></u>
		Form	990	(2015)

ASSOCIATION OF COLLEGE

Form 990 (2015) UNIONS INTERNATIONAL, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

rai	Check if Schedule O contains a response or note to any line in this Part V								
	Orlegk if Scriedule O contains a response of flote to any line in this Fact v			- 1	1	<u> </u>			
	Established was bed a Double Committee of the Committee o	ا دم ا	30		Yes	No			
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0						
	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and re	1b							
С	(gambling) winnings to prize winners?	portau	ne garning	10	x				
20.		1	-	1c		$\overline{}$			
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	35		- 1	ļ			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х				
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions					\neg			
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3)		3a	х				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	Х				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
ь	b If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	ts (FBAR)						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		, ,	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nization solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		<u>X</u>			
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions or	gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		<u>X</u>			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it we	as requ	ured						
	to file Form 8282?	1 1	ı	7с		<u> </u>			
d	If "Yes," indicate the number of Forms 8282 filed during the year								
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control to the organization during the year, pay premiums, directly or indirectly, on a personal benefit control to the organization for the organization of the organization for the organization for the organization of the organization for the organization of the organization of the organization for the organization of the or		00 aa raguurad?	7f 7g		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>9</u> 7h					
В	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711					
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining sponsoring organization have excess business holdings at any time during the year?	a by tile	5	8					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	_				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
0	Section 501(c)(7) organizations. Enter								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
1	Section 501(c)(12) organizations. Enter								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1							
	amounts due or received from them)	11b	L		<u> </u>				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? !	12a					
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L						
3	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
_	Note. See the instructions for additional information the organization must report on Schedule O.			1					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	نم ا	1						
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c	<u> </u>	44-		X			
	Did the organization receive any payments for indoor tanning services during the tax year?	·- ^		14a 14b					
D	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	eυ			990	(2015)			
				. 0111		(=0.0)			

Form 990 (2015) UNIONS INTERNATIONAL, INC.

35-1816510

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

Sec	tion A Coverning Body and Management								
Jec	tion A. Governing Body and Management				Van	N.c.			
15	Enter the number of voting members of the governing body at the end of the tax year	1a	10		Yes	No			
14	If there are material differences in voting rights among members of the governing body, or if the governing	l-ia		Ή					
-		-							
.	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	146	10	.	1 1				
р 2	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship	1b	· · · · · · · · · · · · · · · · · · ·	Ή					
2) WILI C	iny outer	2	\vdash	X			
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the	diroct	eupopueiop	1-2	\vdash				
3		e un ect	Supervision	3		x			
4	of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 9	00 wa	s filed?	4	\vdash	<u>X</u>			
5	Did the organization make any significant changes to its governing documents since the phor Form 9. Did the organization become aware during the year of a significant diversion of the organization's ass		s illeu '	5	-	X			
6									
7a	-								
, a	more members of the governing body?	рошк	5116 01	7a	x				
h		ockho	lders or	10					
U	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?								
8		r hv the	e following:	7b	$\vdash \vdash$	X			
a									
b									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the	8b	Х	_			
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	5,10 a a		9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)	Ť					
	(The cochan bi regulate information about bolloce not regulate by the information	· ·			Yes	No_			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b									
12a	Pa Did the organization have a written conflict of interest policy? If "No," go to line 13								
b									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	∕es," d	escnbe						
	in Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and approva	ıl by ın	dependent	1	}				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					ш			
а	The organization's CEO, Executive Director, or top management official			15a	X				
b	Other officers or key employees of the organization			15b	X	<u> </u>			
	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 arranger	nent w	ith a	-	<u> </u>	ـــِــا			
	taxable entity during the year?			16a	-	X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	ı's	<u> </u>]			
800	exempt status with respect to such arrangements?			16b	Ц	L			
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶IN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	/Scat.	on 501(a)(2)a anka						
18	for public inspection. Indicate how you made these available. Check all that apply	เวษย์แ	on so recjajs only) i	avandDl	C				
	Own website	un Cal	hadula (O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, coi		•	d financ	าลไ				
13	statements available to the public during the tax year	inot 0	i interest policy, and	- 1111 (ZIII)	, (CA)				
20	State the name, address, and telephone number of the person who possesses the organization's boo	nks and	d records						
	THE ORGANIZATION - 812-245-8051	uill							
	120 WEST 7TH ST. NO. 200. BLOOMINGTON, IN 47404-38	339							

Form 990 (2015) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (Ď), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

						npen	sate	ted any current officer, director, or trustee			
(A) (B)			(C) Position					(D)	(E)	(F)	
Name and Title	Average		not c	heck r	more '	than c		Reportable	Reportable	Estimated	
	hours per	box.	, unle:	ss per	son is	s both r/trust	an ee)	compensation	compensation	amount of	
	week		T		100.0			from	from related	other	
	(list any	recto	(1 1	('	[]		the	organizations	compensation from the	
	hours for related	0.0	_ gg	, ,	•	sated		organization	(W-2/1099-MISC)	organization	
	organizations	ustee	trus	1	8	noeu		(W-2/1099-MISC)		and related	
	below	ual tr	tona	. 1	g g	yee yee	_			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0194.1124.101.10	
(1) SARAH AIKMAN	5.00		一	Ü	广				·		
PRESIDENT	{	X	l _	X	_			0.	0.	0.	
(2) J. SCOTT DERRICK	2.00										
PRESIDENT ELECT		X		X				0.	0.	0.	
(3) KIM HARRINGTON	2.00						1	-			
PAST PRESIDENT		X	L	X	L	L	L_	0.	0.	0.	
(4) MORGAN BELL	2.00]	1			1	1			•	
STUDENT BOARD MEMEBER		X	L		L	1_		0.	0.	0.	
(5) MIKE COLEMAN	2.00	1	ł		l	ł	ł				
BOARD MEMBER	<u> </u>	X	L	<u>L</u>	L	<u> </u>	<u> </u>	0.	0.	0.	
(6) JOE GUTOWSKI	2.00				1	}			'		
BOARD MEMBER	<u> </u>	X	<u> </u>	<u> </u>	L	↓_	_	0.	0.	0.	
(7) JEREMY SCHENK	2.00	1		1			1				
BOARD MEMBER		X	<u> </u>	<u> </u>	┺	↓ _		0.	0.	0.	
(8) KELLY SCHAEFER	2.00	1		}	1		l]	_	_	
BOARD MEMBER		X	<u> </u>	L.	<u> </u>	<u> </u>	_	0.	0.	0.	
(9) MOLLY WARD	2.00										
BOARD MEMBER	ļ	X	↓_	<u> </u>	<u> </u>	<u> </u>	_	0.	0.	0.	
(10) JENNIFER ZAMORA	2.00	1		l			l			}	
BOARD MEMBER	<u> </u>	X	L_	<u> </u>	↓_	↓_	<u> </u>	0.	0.	0.	
(11) MARSHA HERMAN-BETZEN (PART YEAR	45.00	ļ		1		1	1				
EXECUTIVE DIRECTOR	<u> </u>	L-	ļ	X	↓_	↓ _	<u> </u>	85,240.	0.	15,135.	
(12) JOHN TAYLOR (PART YEAR)	45.00	1	1		1	1	1	444		46	
CHIEF EXECUTIVE OFFICER	<u> </u>	L.	-	X	↓_	 	<u> </u>	104,587.	0.	16,552.	
	L	1	1	ł	1	1	1	}	}		
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	ــــ	↓_	<u> </u>				
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	<u> </u>							1			

Form 990 (2015) UNIONS INT

rai	Section A. Officers, Directors, Trus		ioy	ees,			ghes	st C	1	•				
	· (A)	(B)			-	C)			(D)	(E)	}		(F)	
	Name and title	Average	(do		Pos		1 than c	one	Reportable	Reportable	- }	Es	timate	d
		hours per	box	, unle	ss pe	rson	ıs botl	an	compensation	compensation	n }		ount o	of
		week		cer an	id a d	recto	or/trus	tee)	from	from related			other	
		(list any	ndividual trustee or director			1	1		the	organizations	1		oensa	
-		hours for	or dir	gg.		1	둁		organization	(W-2/1099-MIS	(C)		om the	
		related - organizations	ıstee	institutional trustee	l	ىھ	Highest compensated employee	İ	(W-2/1099-MISC)	-	- 1	_	anızatı	
		below	nal tru	onal	1	Key employee	le s	ł	}		ł		l relate	
		(ine)	divid	ster	Officer	yem	Plest	Former	ı.		- 1	orga	nızatı	ons
			트	트	5	3	= =	1 2	 					
		}	,			ļ		1)					
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		<u> </u>	_	 	 	✝	\top	\vdash	 					
		<u> </u>	1		1		1	1		1				
16	Sub-total	<u> </u>	1		Ь	Ь		_	189,827.		0.	3	1,6	87.
	Total from continuation sheets to Part VI	I Section A							0.		0.			0.
	Total (add lines 1b and 1c)	i, Section A							189,827.		0.	3	1,6	
				li natio						OOO of reportable			<u> </u>	<u> </u>
2	Total number of individuals (including but n	ot iimitea to tri	ose	uste	eu ai	DOVE	e) wi	10 16	eceived more than \$100.	000 of reportable	,			1
	compensation from the organization												Yes	No
_	5.14												163	140
3	Did the organization list any former officer,		uste	е, ке	ey er	mpio	oyee	, or	nignest compensated ei	npioyee on				77
	line 1a? If "Yes," complete Schedule J for s											3		<u> </u>
4	For any individual listed on line 1a, is the su									he organization				
	and related organizations greater than \$150	,				_						4		X
5	Did any person listed on line 1a receive or a	accrue comper	ısatı	on f	rom	any	unr unr	elate	ed organization or indivi	dual for services				
	rendered to the organization? If "Yes." con	plete Schedul	e <i>J f</i>	ors	uch.	<u>per</u>	son					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	lepe	ende	nt c	ontr	racto	rs tl	hat received more than S	3100,000 of comp	ensa	tion fro	m	
	the organization Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ıthır	the organization's tax y	ear				
	(A)								(B)			(0	;)	
	Name and business	address	N	ON	E				Description of s	services		ompe	nsatio	n
										_				
													_	
														
										ł				
		 _												
										ļ				
	Total number of males and a large of the state of the sta	and color of the C		4:		<u> </u>		t	Lebaya) where a service of the	ore then				
2	Total number of independent contractors (i	-	ot III	nıte	u 10	เทอ	se III	sted	above) who received m	ore triati				
	\$100,000 of compensation from the organi	zation				_	<u> </u>						000	

Form 990 (2015) UNIONS INTERNATIONAL, INC.

Part VIII | Statement of Revenue

		Check if Schedule O conta	ains a response o	or note to any line	ın thıs Part VIII			
	,- -	GROOK II GORIOGAJIC G GORIO	ans a response v	or note to any min	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts.	1 a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribute All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines	ts, and 1f	940,022.		-	-	
<u>0</u> 8	h	Total, Add lines 1a-1f		>	1,831,210.			
				Business Code				
g l	2 a	REGISTRATION		900099	2,441,713.	2,441,713.		
ال کے	b	CORPORATE PARTNERSHIPS		900099	111,995.	111,995.		
S a	c	ADVERTISING INCOME		900099	9,550.		9,550.	
e a	d		·	<u> </u>				
Program Service Revenue	е			[i				
ᇫ	f	All other program service reve	nue	L				
	. 9	Total. Add lines 2a-2f		•	2,563,258.			
1	3	Investment income (including	dıvıdends, ıntere	st, and		1		
- }		other similar amounts)		▶	161,149.			161,149.
Í	4	Income from investment of tax	k-exempt bond p	roceeds 🕨				ļ
1	5	Royalties		<u> </u>				
į			(i) Real	(II) Personal		l l		
- 1	6 a	Gross rents	<u> </u>			}		
1		•	ļ	 		ł		
		Rental income or (loss)	L	L		ļ		ļ
		Net rental income or (loss)		_ _		 		
	7 a	Gross amount from sales of	(i) Securities	(II) Other	1			
		assets other than inventory	2,144,384.	10,015.]		
	ь	Less cost or other basis	2 355 020	1	i			}
		and sales expenses	2,355,829.	10,015.		j		j
		Gain or (loss)	-211,445.	10,013.	-201,430.	 		-201,430.
		Net gain or (loss)			- 201,430.	 		201,430.
Other Revenue	ва	Gross income from fundraisin including \$	of	,				
Pe		contributions reported on line	1c) See	ł				
er		Part IV, line 18	a]		
₹		Less direct expenses	b			 		
		Net income or (loss) from fund	_			 		
	эа	Gross income from gaming ac Part IV, line 19		1		}		1
	.	Less direct expenses	a				!	
		Net income or (loss) from gan	b bana activities	•		<u> </u>		
		Gross sales of inventory, less	-			 		
	10 4	and allowances	а	1,558,484.				1
	h	Less. cost of goods sold	b			1		}
		Net income or (loss) from sale		D	573,162.	573,162.		†
		Miscellaneous Revenu		Business Code				
	11 a	MISCELLANEOUS INCOME		900099	11,272.	11,272.		
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d			11,272.			
	12	Total revenue. See instructions.			4,938,621.	3,138,142.	9,550.	-40,281.

Form 990 (2015) UNIONS INTERNATIONAL, INC.

Part IX | Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All other	r organizations must com	polete column (A)	
Occur	Check if Schedule O contains a response		his Part IX		
	oot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1_	Grants and other assistance to domestic organizations				Ì
	and domestic governments. See Part IV, line 21	928,625.	928,625.		
2	Grants and other assistance to domestic		55 465	\	
	individuals See Part IV, line 22	77,467.	77,467.		
3	Grants and other assistance to foreign	ł		\	ł
	organizations, foreign governments, and foreign			į.	
_	individuals See Part IV, lines 15 and 16	 			
4	Benefits paid to or for members			- 	
5	Compensation of current officers, directors,	221,514.	118,068.	101,231.	2,215.
6	trustees, and key employees	221, 314.	110,0001	101,231.	2,213.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and		ł		
	persons described in section 4958(c)(3)(B)		ļ		
7	Other salaries and wages	1,302,828.	694,408.	595,392.	13,028.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	121,600.	64,813.	55,571.	1,216.
9	Other employee benefits	184,597.	98,390.	84,361.	1,216. 1,846.
10	Payroll taxes	113,906.	60,712.	52,055.	1,139.
11	Fees for services (non-employees)				
а	Management				
b	Legal	2,979.		2,979.	
С	Accounting	19,250.		19,250.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,		40-404		
	column (A) amount, list line 11g expenses on Sch O.)	158,877.	127,101.	23,832.	7,944.
12	Advertising and promotion				407
13	Office expenses	9,937.	7,949.	1,491.	497. 618.
14	Information technology	12,359.	9,887.	1,854.	010.
15	Royalties	283,858.	156,122.	113,543.	14,193.
16	Occupancy	585,169.	497,395.	70,220.	17,554.
17	Travel	363,103.	437,333.	70,220.	17,334.
18	Payments of travel or entertainment expenses			;	
40	for any federal, state, or local public officials Conferences, conventions, and meetings	807,237.	807,237.		
19 20	Interest	301,2310	30,,20,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	76,597.	61,277.	11,490.	3,830.
23	Insurance	11,547.	6,351.	4,619.	577.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EQUIPMENT RENTAL	102,405.	81,924.	15,361.	5,120.
b	CREDIT CARD FEES	88,417.		88,417.	
c	PRINTING AND PUBLICATIO	75,330.	60,263.	11,300.	3,767.
d	MISCELLANEOUS EXPENSE	55,290.	44,233.	8,291.	2,766.
	All other expenses	120,440.	52,275.	64,935.	3,230.
25	Total functional expenses. Add lines 1 through 24e	5,360,229.	3,954,497.	1,326,192.	79,540.
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)			L	

Form 990 (2015)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 655,760. 226,751. Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 444,149. 553,831. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 171,689. 186,155. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 656,137. basis Complete Part VI of Schedule D 10a 164,540. 201,493. 454,644. 10c 10b b Less accumulated depreciation 1,608,517. 2,508,108. 11 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 3,515,237. 3,205,756. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 528,510. 618,563. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 1,110,747. 1,483,464. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D 2,011,974. 1,729,310. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,551,821. 840,174. 27 27 Unrestricted net assets 127,000. 164,220. 28 28 Temporarily restricted net assets 189,388. 107,106. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,785,927. 1,193,782. 33 33 Total net assets or fund balances 3,515,237. 3,205,756. Total liabilities and net assets/fund balances

ASSOCIATION OF COLLEGE UNIONS INTERNATIONAL, INC.

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	1990 (2015) UNIONS INTERNATIONAL, INC.	35-181	<u>5510</u>	Pag	_{1e} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	т			<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,938	3.62	21.		
2	Total expenses (must equal Part IX, column (A), line 25)		5,360				
3	Revenue less expenses Subtract line 2 from line 1	3	-42				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		1,78				
5	Net unrealized gains (losses) on investments	5		1,9:			
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8	-172,458				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	Column (B))	10	1,19	3,78	82.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990 X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			<u>.</u>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both		1 1				
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	Consolidated basis, or both		1		ŀ		
	Separate basis X Consolidated basis Both consolidated and separate basis		1 1				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,	1 1				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt	[L		
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audıt					

Form 990 (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Name of the organization

ASSOCIATION OF COLLEGE

UNIONS INTERNATIONAL, INC.

Employer identification number

35-1816510

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (v) Amount of monetary (vi) Amount of (I) Name of supported (ii) EIN (III) Type of organization listed in your (described on lines 1-9 support (see other support (see organization governing document? above (see instructions)) instructions) instructions) Yes

Total

Schedule A (Form 990 or 990-EZ) 2015 UNIONS INTERNATIONAL, INC. 35-1816

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not	-	_		1	_	
	include any "unusual grants.")				<u> </u>		
2	Tax revenues levied for the organ-						1
	ization's benefit and either paid to		1		}	}	
	or expended on its behalf		<u></u>	<u> </u>			
3	The value of services or facilities		1			1	
	furnished by a governmental unit to]	1	
	the organization without charge		 				
4	Total. Add lines 1 through 3			<u> </u>	 	 	
5	The portion of total contributions		1			•	
	by each person (other than a]				
	governmental unit or publicly			}			}
	supported organization) included		ł				}
	on line 1 that exceeds 2% of the		1			1	1
	amount shown on line 11,		1				ļ
	column (f)			 	 	 	
	Public support. Subtract line 5 from line 4		<u> </u>	<u> </u>			<u> </u>
		() 0011	1,0010	(-) 0012	(4) 0014	(-) 2015	/S Total
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4		 	 	 	 	
8	Gross income from interest,		1	Ì	Ì		ł
	dividends, payments received on		Ì		(Í	1
	securities loans, rents, royalties and income from similar sources					ļ	
9	Net income from unrelated business		 	 	 	 	
9	activities, whether or not the	 		†	ì	1	
	business is regularly carried on		1	ļ	}]	ļ
10	Other income Do not include gain		 	 	 	 	1
	or loss from the sale of capital		1				l l
	assets (Explain in Part VI)				Ì	•	1
11	Total support. Add lines 7 through 10		<u> </u>		1		1
	Gross receipts from related activities,	etc (see instruct	ions)			12	-
	First five years. If the Form 990 is for	•	•	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					▶□
Se	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2015 (kg	ne 6, column (f) o	divided by line 11,	column (f))		14	%
15	Public support percentage from 2014	Schedule A, Pan	t II, line 14			15	<u>%</u>
16a	33 1/3% support test - 2015. If the o	organization did n	ot check the box	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2014. If the o	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check th	
	and stop here. The organization qual		• • •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					art VI how the orga	
	meets the "facts-and-circumstances"	=					
t	10% -facts-and-circumstances test		_				
	more, and if the organization meets the						e
	organization meets the "facts-and-circ		_				
18	Private foundation. If the organization	n did not check a	a box on line 13, 1	6a, 16b, 17a, or 17	b, check this box	and see instruction	s D

Schedule A (Form 990 or 990-EZ) 2015 UNIONS INTERNATIONAL, INC.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Sec	etion A. Public Support	siow, please compl	lete Part II.]			 	
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not			_			
	include any "unusual grants ")	1050078.	1447179.	3071914.	2463092.	1831210.	9863473.
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	3320866.	3464945.	3774498.	3839763.	4112192.	18512264.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513	 					
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	4370944.	4912124.	6846412.	6302855.	5943402.	28375737.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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						0.
c	: Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6)						28375737.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	4370944.	4912124.	6846412.	6302855.	5943402.	28375737.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	76,997.	125,123.	134.303.	143,247.	171,164.	650.834.
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	76,997.	125,123.	134,303.	143,247.	171,164.	650,834.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
	regularly carried on	31,430.	28,800.	21,650.	19,415.	9,550.	110,845.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	26,218.	35,141.	299,726.	460,045.	11,272.	832,402.
13	Total support (Add lines 9, 10c, 11, and 12)	4505589.	5101188.	7302091.	6925562.	6135388.	29969818.
14	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2015 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	94.68 %
16	Public support percentage from 2014					16	9 4. 56 %
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)15 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	2.17 %
18	Investment income percentage from					18	2.38 %
19a	33 1/3% support tests - 2015. If the						
ŧ	more than 33 1/3%, check this box aid 33 1/3% support tests - 2014. If the						▶ X
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	▶□

Schedule A (Form 990 or 990-EZ) 2015 UNIONS INTERNATIONAL, INC.

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
 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).
 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its 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
- 7 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)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** 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
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
<u> </u>		
2		
3a	-	
3b		
3c		
4a		
-		
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35-1816510 Page 5 Schedule A (Form 990 or 990 EZ) 2015 UNIONS INTERNATIONAL, INC. Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI, 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported 1 organizations and what conditions or restrictions, if any, applied to such powers during the tax year Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated. 2 supervised, or controlled the supporting organization Section C. Type II Supporting Organizations No Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s). Section D. All Type III Supporting Organizations Yes No 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? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s) By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) С Activities Test Answer (a) and (b) below. Ye<u>s</u> 2 No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these 2b activities but for the organization's involvement 3 Parent of Supported Organizations Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI За 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 Part VI, the role played by the organization in this regard

Sche	dule A (Form 990 or 990 EZ) 2015 UNIONS INTERNATIONAL, I	NC.		35-1816510 Pag
Pai				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov 20, 1970 See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	_		
ect	on 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		<u> </u>
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		<u> </u>
8_	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ect	on 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)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		1
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2_	Acquisition indebtedness applicable to non-exempt-use assets	2		
3_	Subtract line 2 from line 1d	3		<u></u>
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		
<u>7_</u>	Recoveries of prior-year distributions	7		
<u>8</u>	Minimum Asset Amount (add line 7 to line 6)	8		
ect	on 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		
<u>5_</u>	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1 1		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions)

Par	t V Type III Non-Functionally Integrated 509(5-1816510 Page 7
	on D - Distributions	aj(o) oupporting orga	inzations (continuea)	Current Year
	Amounts paid to supported organizations to accomplish exer	mot nurnoege		Current rear
	Amounts paid to supported organizations to accomplish exemp			
_	organizations, in excess of income from activity	t purposes or supported		i
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
	Amounts paid to acquire exempt-use assets	<u>'</u>		
	Qualified set aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions			
	Total annual distributions, Add lines 1 through 6.			
	Distributions to attentive supported organizations to which the	ne organization is responsive		
_	(provide details in Part VI) See instructions	g		
9	Distributable amount for 2015 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
а				
_ <u>b</u>				
С				
d	From 2013			
ее	From 2014	<u>-</u>		
f_	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
<u>i</u>	Carryover from 2010 not applied (see instructions)	· · · · · · · · · · · · · · · · · · ·		
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			i
	line 7 \$			
<u>a</u>	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).	<u> </u>		
6	Remaining underdistributions for 2015 Subtract lines 3h			İ
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
	Breakdown of line 7		<u> </u>	
<u>a</u>				<u> </u>
_ <u>b</u> _	Evene from 2012		_ 	
-	Excess from 2013			
	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule /	ule A (Form 990 or 990 EZ) 2015 UNIONS INTERNATION	NAL, INC. 35-1816510 Page 8
Part VI	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 3h 3c 4h 4c 5a 6 9a 9h 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, line	es 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, a	and 6. Also complete this part for any additional information
	(See instructions)	and o Also complete this part for any additional information.
	(occ mandenona)	
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

ASSOCIATION OF COLLEGE

Emplo

OMB No 1545-0047 Inspection

Name of the organization

INTONS INTERNATIONAL

Employer identification number 35-1816510

Pai	t I Organizations Maintaining Donor Advised Fo		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6		`
-		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		· · · · · · · · · · · · · · · · · · ·
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	ng that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's exclu	-	Yes No
6	Did the organization inform all grantees, donors, and donor advise		used only
	for charitable purposes and not for the benefit of the donor or dor	= =	
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the organize	zation answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization (c	heck all that apply)	
	Preservation of land for public use (e.g., recreation or education)	ation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a ce	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	re included in (a)	2c
d	Number of conservation easements included in (c) acquired after	8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation easeme	ent is located >	
5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it hold		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	dling of violations, and enforcing con	servation easements during the year
_	<u></u>		
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conserva	ation easements during the year
_	> \$		# VANDV
8	Does each conservation easement reported on line 2(d) above sat	tisty the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation ea	•	
	include, if applicable, the text of the footnote to the organization's conservation easements	s illanciai statements that describes	the organization's accounting for
Par		t. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990		
1a	If the organization elected, as permitted under SFAS 116 (ASC 95		ment and balance sheet works of art
	historical treasures, or other similar assets held for public exhibition	•	
	the text of the footnote to its financial statements that describes t	•	area or public correct, provides, in a crain,
b	If the organization elected, as permitted under SFAS 116 (ASC 95		t and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, educar	<i>,</i> ,	·
	relating to these items:	non, or recognomination or pe	a wearing
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treasure	es, or other similar assets for financia	
_	the following amounts required to be reported under SFAS 116 (A		- g, provide
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990. Part X		\$

Sche		<u>INTERNATION</u>					16510	
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	er Simila	ar Assets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that are a s	significant	use of its c	ollection it	ems
	(check all that apply):							
а	Public exhibition	d		hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4 -	Provide a description of the organization's co	•	-			ose in Part	XIII	
5	During the year, did the organization solicit or		•		ar assets		٦	г
The s	to be sold to raise funds rather than to be ma						Yes	No_
Par			ete if the organization	n answered "Yes" o	n Form 99	90, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par							
1a	is the organization an agent, trustee, custodia	an or other intermed	ary for contributions	s or other assets no	t included	_	٦.,	г .
	on Form 990, Part X?					<u></u>	」Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table				<u> </u>	
						 	Amount	
С	Beginning balance				1c			
d	Additions during the year				1d	 		
е	Distributions during the year				<u>1e</u>	+		
f	Ending balance	200 5 4 4 4	0.4.6		<u>_1f</u> _	· 	ī.,	
	Did the organization include an amount on Fo				-	Ĺ	Yes	- No
Par	If "Yes," explain the arrangement in Part XIII							
LFai	t V Endowment Funds. Complete n				T	- voore book	(-) Caur v	oose book
	Danis and a same and a same	(a) Current year	(b) Prior year	(c) Two years back	(a) inter	years back 108,504.	(e) Four y	05,338.
	Beginning of year balance	160,341.	148,413.	122,938.	\	100,304.	 	03,338.
ь	Contributions	48,333.	11 028	25 475	 	14 434	-	3 166
С.	Net investment earnings, gains, and losses	428.	11,928.	25,475.	╁	14,434.	<u> </u>	3,166.
	Grants or scholarships			<u> </u>	┼		<u> </u>	
е	Other expenditures for facilities	0 210		1	ĺ		İ	
	and programs	9,219.			┼──			
Ť	Administrative expenses	100 003	160,341.	148 413		122,938.	 	08,504.
9	End of year balance	199,883.		148,413	:L	122,330.	<u> </u>	08,504.
2	Provide the estimated percentage of the curr	ent year end balance		i) neid as				
a	Board designated or quasi-endowment		%					
	Permanent endowment ► 95.00	% %						
С	· · ·	5.00 %						
_	The percentages on lines 2a, 2b, and 2c show					-4 .		
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are neid ar	na administered for	tne organi	ization	[/ N-
	by							/es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations		und am Cabadula DO				3a(ii)	- -
ď	If "Yes" on line 3a(ii), are the related organiza	•					3b	
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment tunas					
<u> </u>) Doct IV line 11a S	oo Form 000 Bort	V line 10			
	Complete if the organization answere	(a) Cost or o				atod T	(d) Pools	value
	Description of property	basis (investr	' '		Accumula lepreciation		(d) Book	value
	Land	Dasis (illyesti	Dasis	(02.101)	.oprooiatic	"·		
	Land							
	Buildings		- 					
	Leasehold improvements		- FR	7,611.	386,	990.	200	,621.
	Equipment	 		8,526.		654.		872.
	Other	<u> </u>			<u> </u>		201	493.

Sch	edule	D (For	m 990'	2015
<u> </u>	<u>ouuio</u>	<u> </u>	<u> </u>	

Schedule D (Form 990) 2015 UNIONS INTERNATIONAL, INC.

Part VII Investments - Other Securities.

(a) Descrin	Complete if the organization answered "Yes" tion of security or category (including name of security)	(b) Book value		uation. Cost or end-of-year market value
		(b) Book value	(c) Welliou of Val	dation. Cost of end-or-year market value
	al derivatives			
	held equity interests			
3) Other		 	 	
(A)	·		 	-
(B)		 	 	
(C)			 	
(D)		<u> </u>	 	
(E)		<u> </u>	<u> </u>	
(F)				
(G)		<u> </u>		
(H)		<u> </u>	<u> </u>	
otal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c See Form 990, P	art X, line 13
	(a) Description of investment	(b) Book value	(c) Method of va	luation Cost or end-of-year market value
(1)		T	1	
(2)		<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
(3)		<u> </u>	 	
(4)		 	†	
		 	 	
(5)			 	
<u>(6)</u>		 	 	
(7)		 	}	
(8)		 	 	
(9)	 			
Total. (Col. (I	b) must equal Form 990, Part X, col. (B) line 13.)			
otal. (Col. (I	Other Assets.			
otal. (Col. (I	Other Assets. Complete if the organization answered "Yes"		11d See Form 990, P	
otal. (Col. (I	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990, P	art X, line 15 (b) Book value
otal. (Col. (I	Other Assets. Complete if the organization answered "Yes"		11d See Form 990, P	
otal. (Col. (I	Other Assets. Complete if the organization answered "Yes"		11d See Form 990, P	
otal. (Col. (I Part IX	Other Assets. Complete if the organization answered "Yes"		11d See Form 990, P	
(1)	Other Assets. Complete if the organization answered "Yes"		11d See Form 990, P	
(1) (2) (3)	Other Assets. Complete if the organization answered "Yes"		11d See Form 990, P	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		11d See Form 990, P	
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"		11d See Form 990, P	
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"		11d See Form 990, P	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes"		11d See Form 990, P	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a)	Description	11d See Form 990, P	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes"	Description	11d See Form 990, P	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) Jim Other Liabilities.	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Columber X)	Other Assets. Complete if the organization answered "Yes" (a) Imparize the complete if the organization answered "Yes" Other Liabilities. Complete if the organization answered "Yes"	Description	e 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Col.)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) lin. Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (A) (Columbia) (Columbia) (1) Fee	Other Assets. Complete if the organization answered "Yes" (a) Imparize the complete if the organization answered "Yes" Other Liabilities. Complete if the organization answered "Yes"	Description	e 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) lin. Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Feed (2) (3)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) lin. Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (A) (Columbia) (2) (2)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) lin. Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (A) (A) (Columbia) (Columb	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) lin. Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X I. (1) Fed (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) lin. Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columna of the columna Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) lin. Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See Form	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col.) (1) Fed (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) lin. Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col.) Part X 1. (1) Fed (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) lin. Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See Form	(b) Book value

35-1816510 Page 4 Schedule D (Form 990) 2015 UNIONS INTERNATIONAL, INC. Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII) e Add lines 2a through 2d <u>2e</u> 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4h 4c c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2a a Donated services and use of facilities **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII) 2d 2e e Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII) Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART V, LINE 4: SUPPORT FOR SCHOLARSHIPS PART X, LINE 2: THE ASSOCIATION IS EXEMPT FROM TAXATION AS A NOT-FOR-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ASSOCIATION AND RECOGNIZE A TAX LIABILITY IF THE ASSOCIATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION

BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED

ASSOCIATION OF COLLEGE 35-1816510 Page 5 UNIONS INTERNATIONAL, INC. Schedule D (Form 990) 2015 Part XIII | Supplemental Information (continued) THE TAX POSITIONS TAKEN BY THE ASSOCIATION, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2015 AND 2014, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY ORDISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ASSOCIATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. AS SUCH, THE ASSOCIATION IS GENERALLY EXEMPT FROM INCOME TAXES. HOWEVER, THE ASSOCIATION IS REQUIRED TO FILE FEDERAL FORM 990 RETURN OF ASSOCIATION EXEMPT FROM INCOME TAX WHICH IS AN INFORMATIONAL RETURN ONLY.

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Part

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

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

▶ Attach to Form 990.

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

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_		

OMB No 1545-0047

Open to Public Inspection

Employer identification number 35-1816510 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection UNIONS INTERNATIONAL, INC. ASSOCIATION OF COLLEGE General Information on Grants and Assistance Name of the organization

8 X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States criteria used to award the grants or assistance?

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Jomestic Organiz	ations and Domestic	Governments. Co	omplete if the orga	nization answered "Yo	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government I (b) EIN I (c) IRC se II (c) IRC se II (c) IRC se III (c) IRC se	55,000 Part II can (b) EIN	be duplicated if additio (c) IRC section if applicable	rf additional space is needed ction (d) Amount of able cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDWAY USA FOUNDATION 6001 WEST VAN HORN TAVERN RD SUITE COLUMBIA, MO 65203-9274	26-1573088	501(C)(3)	928,625.	0			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
							-
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				

532101 10-28-15

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

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

Schedule I (Form 990) (2015)

UNIONS INTERNATIONAL, Schedule | (Form 990) (2015)

Page 2

35-1816510

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

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) THE FUNDS. AT YEAR-END A TEMPORARILY RESTRICTED ACCOUNT HOLDS THE CARRYOVER WE UTILIZE SPREADSHEETS WITH ARE RECONCILED TO ENSURE ACCURATE TRACKING OF Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance ٠. 77,467. (c) Amount of cash grant 137 (b) Number of recipients (a) Type of grant or assistance LINE SCHOLARSHIPS PART I, FUNDS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

15 Open to Public Inspection

Name of the organization

ASSOCIATION OF COLLEGE UNIONS INTERNATIONAL, INC. **Employer identification number** 35-1816510

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DELIVERY OF SERVICES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
IN 2015 THEIR WERE 75 PUBLICATION ORDERS BY MEMBERS FOR A TOTAL OF 135
ITEMS.
FORM 990, PART VI, SECTION A, LINE 6:
THERE ARE FOUR MEMBERSHIP CLASSES. INSTITUTIONAL AND INDIVIDUAL MEMBERS
HAVE SPECIFIC VOTING RIGHTS. THE OTHER TWO MEMBERSHIP CLASSES ARE
AFFILIATE AND SUBSCRIBER.
FORM 990, PART VI, SECTION A, LINE 7A:
INDIVIDUAL MEMBERS ELECTE MEMBERS OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11:
FROM 990 DRAFT WILL BE DISTRIBUTED TO THE BOARD FOR THEIR REVIEW, ASKING
QUESTIONS, AND/OR PROVIDING FEEDBACK BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
DIRECTORS HAVE AN AFFIRMATIVE DUTY TO DISCLOSE THE EXISTENCE OF HIS OR HER
FINANCIAL INTEREST AS STATED IN THE POLICY ON CONFLICTS OF INTEREST AND THE
EXECUTIVE COMMITTEE WILL CONDUCT PERIODIC REVIEWS.
DALLOOTIVE COMPUTE WITH COMPOCE PRINCE MATERIAL

Schedule O (Form 990 or 990 EZ) (2015)	Page 2
Name of the organization ASSOCIATION OF COLLEGE UNIONS INTERNATIONAL, INC.	Employer identification number 35–1816510
COMPENSATION IS SET AFTER REFERENCE TO COMPENSATION STUDIE	
INDEPENDENT ORGANIZATION. BOARD OF DIRECTORS GIVES FINAL A	PPROVAL TO
SALARIES OF SENIOR STAFF.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, POLICES, AUDITED FINANCIAL STATEMENTS	AND TAX RETURNS
ARE AVAILABLE UPON REQUEST AT THE OFFICE OF THE ASSOCIATION	N. FINANCIAL
STATEMENTS ARE ALSO DISTRIBUTED TO MEMBERS AT THE ANNUAL M	EETING.
FORM 990, PART XII, LINE 2C	
THE PROCESS THE ORGANIZATION TAKES IN THE OVERSIGHT OF THE	AUDIT AND
SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED IN	
YEAR.	
1 day.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No 1545-0047 2015

Employer identification number 35-1816510 ASSOCIATION OF COLLEGE JNIONS INTERNATIONAL, Direct controlling entity $\boldsymbol{\varepsilon}$ O. INC End-of-year assets e 。 Total income ਉ Legal domicile (state or Identification of Disregarded Entitues Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) INDIANA Primary activity MANAGEMENT SERVICES INC. ASSOCIATION OF COLLEGE UNIONS INTERNATIONAL, ACUI MANAGEMENT SERVICES, LLC - 47-5523213 Name, address, and EIN (if applicable) of disregarded entity 120 W 7TH STREET STE. 200 SLOOMINGTON, IN 47404 Name of the organization Partl

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

(b)(13)	%					
(g) Section 512(b)(13) controlled entity?	Yes					
(f) Direct controlling entity						-
(e) Public charity status (if section	501(c)(3))					
(d) Exempt Code section						
(c) Legal domicile (state or foreign country)	•			!		
(b) Primary activity			:			
(a) Name, address, and EIN of related organization						

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

Schedule R (Form 990) 2015

532161 09-08-15 LHA

INC. UNIONS INTERNATIONAL, Schedule R (Form 990) 2015

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

Page 2

35-1816510

Seneral or Percentage ownership Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year 3 Percentage ownership managing partner? Yes Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets Ô Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling Predominant income (related, unrelated, excluded from tax under sections 512-514) entity Legal domicile (state or foreign country) ত্র Direct controlling entity ਉ Primary activity 3 (c)
Legal
domicile
(state or
foreign Primary activity <u>a</u> Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV

Schedule R (Form 990) 2015 UNIONS INTERNATIONAL, INC.

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

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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?	s with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annurties, (iii) royalties, or (iv) rent from a controlled entity	>-			19		
b Gift, grant, or capital contribution to related organization(s)				1 b		
c Gift, grant, or capital contribution from related organization(s)				10		
d Loans or loan guarantees to or for related organization(s)			-	14		
e Loans or loan quarantees by related organization(s)			-	9		
f Dividends from related organization(s)				\		
g Sale of assets to related organization(s)				10		
			-	ŧ		
i Exchange of assets with related organization(s)				÷		
j Lease of facilities, equipment, or other assets to related organization(s)				-		
k Lease of facilities, equipment, or other assets from related organization(s)				¥		
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)		_	=		
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)		_	13		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			다		
 Sharing of paid employees with related organization(s) 			-	10		
p Rembursement paid to related organization(s) for expenses				đ		
q Reimbursement paid by related organization(s) for expenses				19		
r Other transfer of cash or property to related organization(s)				+		
s Other transfer of cash or property from related organization(s)				15		
2 If the answer to any of the above is "Yes," see the instructions for information on when	ho must complete th	is line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds			}
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(63)						
(4)						
(5)						
(9)						Ì
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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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

Disproportonate
amount in box 20 managing ownership
allocations? of Schedule K-1 partner?

Yes| No | (Form 1065) yes| No 3 Ξ end-of-year Share of assets Share of income total (e)
Are all
partners sec
501(c)(3)
orgs ? Yes No Predominant income par (related, 15 excluded from tax under 254) ਰ Legal domicile (state or foreign country) છ Primary activity Name, address, and EIN of entity

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ASSOCIATION OF COLLEGE