Form 990-T	Exempt Orga	nization Bus	ines	ss Income Ta	ax Return	L	OMB No 15	545-0687
	. (a	nd proxy tax unde	er se	ction 6033(e))			00	40
•	For calendar year 2018 or other tax ye	ar beginning		, and ending		_	20	78
Department of the Treasury Internal Revenue Service	► Go to www ► Do not enter SSN numb	v irs.gov/Form990T for in ers on this form as it may				5	01(c)(3) Organ	Inspection for izations Only
A Check box if address changed								on number 38
B Exempt under section	Print UNIONS INTE	RNATIONAL,	INC.	·			5-1816	
X 501(c⅓)	Number, street, and room of suite no if a P.O. box, see instructions.							activity code
408(e) 220(e)	120 WEST /1	H ST, NO. 20				-		
408A530(a) 529(a)	City or town, state or pro BLOOMINGTON	ovince, country, and ZIP or IN 47404 -				6117	710	
C Book value of all assets at end of year	F Group exemption num		<u> </u>					
	35. G Check organization type		_		401(a)		(Other trust
	organization's unrelated trades or ► ADVERTISING IN		1 .TC2		the only (or first) un		than one	
	lank space at the end of the previo							
business, then complete	•	rus sentence, complete i a	ito i ain	a II, complete a ochedule	W TO CACH Education	ai tiado i	J1	
	the corporation a subsidiary in an	affiliated group or a paren	ıt-subsı	diary controlled group?	▶ [Yes	X 1	10
	nd identifying number of the pare							<u>-</u>
	► THE ORGANIZA			· · · · · · · · · · · · · · · · · · ·	ne number 🕨 8			
	d Trade or Business Inc	come		(A) Income	(B) Expenses	<u>; </u>	(C)	Net
1a Gross receipts or sale								
b Less returns and allow		」 c Balance ▶	10			+		
2 Cost of goods sold (S3 Gross profit Subtract	•		3					
3 Gross profit Subtract 4a Capital gain net incon			4a					
	4797, Part II, line 17) (attach Fori	m 4797)	4b		· · · · · · · · · · · · · · · · · · ·			
c Capital loss deduction		,	4c					
•	partnership or an S corporation (a	attach statement)	5					
6 Rent income (Schedu			6					
7 Unrelated debt-financ	ed income (Schedule E)		7					
· ·	alties, and rents from a controlled	-	8				·	
	a section 501(c)(7), (9), or (17) (organization (Schedule G)	9					
	vity income (Schedule I)		10	5,452.	17,0	<u>a a</u>	_11	L,647.
11 Advertising income (S	structions; attach schedule)		11	J,432.	17,0			.,04/•
12 Other income (See ins	· · · · · · · · · · · · · · · · · · ·		13	5,452.	17,0	99.	-11	1,647.
Part II Deductio	ns Not Taken Elsewhe	re (See instructions fo						
(Except for d	contributions, deductions mus	t be directly connected	with t	he unrelated business	income)			
14 Compensation of off	icers, directors, and trustees (Sch	edule K)				14		= =
15 Salaries and wages						15		
16 Repairs and mainten	ance					16		
17 Bad debts	d let (e.e. e.e. e.e.					17	-	
•	dule) (see instructions)	- OF 11 (17 %)	-			18 19		
19 Taxes and licenses20 Charitable contribution	ons (See instructions for limitation	RECEIVED	ol.			20		
21 Depreciation (attach		1.1 0103/-	S)	21				
	umed on Schedule A and elsewhe	nè@n/retulin9 2019	121	22a		22b		
23 Depletion	ာ '		18			23		
24 Contributions to defe	erred compensation plans	OGDEN, UT	二二			24		
25 Employée benefit pro	rgrains •	JOUCIN, UT				25	<u> </u>	
26 Excess exempt expe						26		
27 Excess readership co						27		
28 Other deductions (at						28		Ō.
	dd lines 14 through 28 ayabla income before net operatin	a loce deduction. Subtract	t line or) from line 12		30	_11	1,647.
	axable income before net operatin erating loss arising in tax years be					31		
1.0	axable income Subtract line 31 fr		, , 20	(add matricular)		32	-11	647.
	r Panerwork Reduction Act Notic				_	1		O-T (2018)

Form 999-T	(2018) UNIONS INTERNATION	AL, INC.			35-18	16510		Page 2
Part I	Total Unrelated Business Taxa	ble Income				-		
33	Total of unrelated business taxable income comput	ted from all unrelated trade	es or businesses	(see instructions)		33	-11,6	47.
34	Amounts paid for disallowed fringes			,		34		
35	Deduction for net operating loss arising in tax year	s beginning before Januar	v 1, 2018 (see ins	structions) S'	TMT 2	35		0.
36	Total of unrelated business taxable income before	• •	• • •	,				
30	lines 33 and 34	opcome academon coda a	01 1110 00 11 0111 411	0 00 01		36 -	-11,6	47.
27	Specific deduction (Generally \$1,000, but see line 3	27 instructions for excepti	one)			37	1,0	
37	Unrelated business taxable income Subtract line		-	no 26		3,		
38	enter the smaller of zero or line 36	; 37 ITUIN IING 30. IT IING 37	is greater than in	116 30,		38 -	-11,6	47
Part i				· -			11,0	<u> </u>
		line 20 by 219/ (0.21)				▶ 39		0.
39	Organizations Taxable as Corporations Multiply Trusts Taxable at Trust Rates. See instructions for		n tay on the amou	nt on line 29 from:	-	39		•
40			e lax on the amou	in on line 30 noin.		_		
	Tax rate schedule or Schedule D (Fo	irm 1041)				40		
41	Proxy tax See instructions				•	► 41		
42	Alternative minimum tax (trusts only)					42		
43	Tax on Noncompliant Facility Income See Instru-					43		0.
44 Dova 1	Total Add lines 41, 42, and 43 to line 39 or 40, what Tax and Payments	ilchever applies				44		0.
Part \			-	145	_	1 1		
_	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)		45a	-			
b	Other credits (see instructions)			45b		- 		
C	General business credit. Attach Form 3800			45c				
d	Credit for prior year minimum tax (attach Form 88)	01 or 8827)		45d				
е	Total credits. Add lines 45a through 45d					45e		
46	Subtract line 45e from line 44					46		0.
47		Form 8611 Form 8	8697 [Form	8866 Other	(attach schedule	· -		
48	Total tax. Add lines 46 and 47 (see instructions)					48		0.
49	2018 net 965 tax liability paid from Form 965-A or	Form 965-B, Part II, colur	mn (k), line 2	1 1		49		0.
50 a	Payments: A 2017 overpayment credited to 2018			50a				
b	2018 estimated tax payments			50b		_		
C	Tax deposited with Form 8868			50c		_		
d	Foreign organizations: Tax paid or withheld at sour	ce (see instructions)		50d				
е	Backup withholding (see instructions)			50e		⊣ i		
	Credit for small employer health insurance premiur	ms (attach Form 8941)		50f				
9	Other credits, adjustments, and payments: F	orm 2439						
	Form 4136 C	Other	Total	► 50g				
51	Total payments Add lines 50a through 50g					51		
52	Estimated tax penalty (see instructions). Check if F	orm 2220 is attached 🕨				52		
53	Tax due If line 51 is less than the total of lines 48,	, 49, and 52, enter amount	towed		•	► <u>53</u>		
54	Overpayment If line 51 is larger than the total of t		amount overpaid		•	► <u>54</u>		
55	Enter the amount of line 54 you want: Credited to				funded	<u> 55</u>		
Part \				-				
56	At any time during the 2018 calendar year, did the $$	•	•		-		Yes	No
	over a financial account (bank, securities, or other)							
	FinCEN Form 114, Report of Foreign Bank and Fina	incial Accounts. If "Yes," e	nter the name of t	the foreign country				<u> </u>
	here -						_	X
57	During the tax year, did the organization receive a	distribution from, or was i	t the grantor of, o	r transferor to, a fo	reign trust?			Х
	If "Yes," see instructions for other forms the organi	•						
58	Enter the amount of tax-exempt interest received o				 			L
Sign	Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer (other that		mation of which prep	arer has any knowledg	θ	wieage and belief, it is	; vue,	
Here	11 -	Luli. La		EXECUTIV	, _R	May the IRS discuss	this return w	vith
Here		11/14/19	OFFICE	<u>sk</u>		the preparer shown	-	٦
	Signature of officer	Date -	Title			instructions)?	Yes	No
	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Paid	KANDY L.	KANDY L.	-		self- employe			
Prepa	rer WISCHMEIER, CPA	WISCHMEIER,	CPA :	11/12/19	1	P0011		
Use C	Only Firm's name ► BLUE & CO.,	LLC			Firm's EIN	> 35-11	17866	T
		ECOND STREE	T			010 500	0446	
	Firm's address ► SEYMOUR, I	N 4/2/4			Phone no	812-522-	-04T0	

ASSOCIATION OF COLLEGE

Form 990-T (2018) UNIONS INTERNATIONAL, INC.

35-1816510

Page 3

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	raluation > N/A					_
1 Inventory at beginning of year	1		6	Inventory at end of yea	ır		6		
2 Purchases	2			Cost of goods sold. St	ubtract l	ine 6			
3 Cost of labor	3			from line 5 Enter here	and in F	Part I,			
4a Additional section 263A costs		-		line 2			7		
(attach schedule)	4a		_ 8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		_]	property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	.ease	d With Real Prope	erty)		
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				2/ 12 / 1			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for	personal	sonal property (if the percenta I property exceeds 50% or if sed on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connected with t d 2(b) (attach sci	he income in nedule)	
(1)									
(2)									
(3)	-								
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	(0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstru	ictions)			_		
			2	2 Gross income from		Deductions directly conn to debt-finance		ocable	
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		er deductions ih schedule)	
(1)									_
(2)									_
(3)				•					
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to inced property h schedule)		Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column 6	able deductions x total of columi a) and 3(b))	
(1)				%					
(2)			T	%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		and on page 1, e 7, column (B)	
Totals				•		0.		(o .
Total dividends-received deductions in	ncluded in column	n 8		•		•			<u>).</u>

Form **990-T** (2018)

ASSOCIATION OF COLLEGE

Totals

orm 990-1 (2018) UNION Schedule F - Interest				ntrolle	d Organiza	tions (see ins						
Name of controlled organization			Exempt Controlled O	Exempt Controlled Organizations								
		2. Employer identification number			etal of specified ments made	5 Part of column 4 to included in the controrganization's gross to	olling	6. Deductions directly connected with income in column 5				
(1)												
(2)												
(3)					-							
(4)						<u> </u>		·				
onexempt Controlled Orga	anizations											
7. Taxable Income	7. Taxable Income 8. Net unrelated income (loss) (see instructions)		 Total of specified payre made 	nents	in the control	mn 9 that is included ing organization's s income		Deductions directly connected with income in column 10				
1)												
2)								<u> </u>				
3)												
4)								-				
					Enter here and	nns 5 and 10 I on page 1, Part I,		Add columns 6 and 11 or here and on page 1, Part I,				

(2)	 %	
(3)	%	
(4)	%	
Total Enter here and on page 1, Part II, line 14	 >	0.

Form 990-T (2018)

0.

ASSOCIATION OF COLLEGE

tals, Part II (lines 1-5)	O. Enter here and on page 1, Part I, line 11, col (A) 5 , 452. of Officers, E	0. Enter here and on page 1, Part I, line 11, col (B) 17,099. Directors, and	col 3) If a gain, compute cols 5 through ? -11,647.	income	costs	column 5, but not more than column 4) O • Enter here and on page 1,
otals, Part II (lines 1-5) Schedule K - Compensation	0 • Enter here and on page 1, Part I, line 11, col (A) 5 , 452 •	0. Enter here and on page 1, Part I, line 11, col (B) 17,099.				Enter here and on page 1,
2) 33) 44) btals from Part I btals, Part II (lines 1-5) Schedule K - Compensation	0 • Enter here and on page 1, Part I, line 11, col (A) 5 , 452 •	0. Enter here and on page 1, Part I, line 11, col (B) 17,099.				Enter here and on page 1,
atals, Part II (lines 1-5) chedule K - Compensation	Enter here and on page 1, Part I, line 11, col (A) 5,452.	Enter here and on page 1, Part I, line 11, col (B) 17,099.	Trustoco			Enter here and on page 1,
otals, Part II (lines 1-5) Schedule K - Compensation	Enter here and on page 1, Part I, line 11, col (A) 5,452.	Enter here and on page 1, Part I, line 11, col (B) 17,099.	Trustoca (Enter here and on page 1,
otals, Part II (lines 1-5) Schedule K - Compensation	Enter here and on page 1, Part I, line 11, col (A) 5,452.	Enter here and on page 1, Part I, line 11, col (B) 17,099.	Trustono			Enter here and on page 1,
otals, Part II (lines 1-5) schedule K - Compensation	page 1, Part I, line 11, cot (A) 5 , 452 .	page 1, Part I, line 11, col (B) 17,099.	Tructoes (on page 1,
Schedule K - Compensation	5,452. of Officers, D	17,099. Directors, and				Part II, line 27
Schedule K - Compensation	of Officers, D	Directors, and	Trustoss /			0.
1. Name		T	i i i ustees (see in:	structions)		
1. Name			_	3 Perce time devo	toda 4 Comp	ensation attributable
•		l	2 Title	hiizīue	to uni	related business -
		1		L. 9		
		-		1 1		
		 .				2
n in the second		Aces and a	a doses ou .		,	
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}						
<u></u>						
lac-						

FOOTNOTES STATEMENT 1

ELECTION TO FORGO THE TWO-YEAR NET OPERATING LOSS CARRYBACK PERIOD.

TAXPAYER INCURRED A NET OPERATING LOSS IN THE TAX YEAR ENDED 12/31/2018, AND IS ENTITLED TO A TWO-YEAR CARRYBACK OF THE LOSS UNDER IRC SEC 172(B)(1)(A), PURSUANT TO IRC SEC 172 (B)(3), TAXPAYER HEREBY ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO ANY REGULAR TAX AND AMT NET OPERATING LOSSES.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/15	11,864.	0.	11,864.	11,864.
12/31/16	673.	0.	673.	673.
12/31/17	12,897.	0.	12,897.	12,897.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	25,434.	25,434.