

				(AMENDED-1	र स्पा	IRNZ	10100	ψ				
	990-T Exempt Organization Business Income Tax Return						n	OMR No. 154	5-0087			
Form	(and proxy tax under section 6033(e))							••				
	For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 20:									18		
		ļ		w.irs.gov/Form990T for in								
	ment of the Trensury Revenue Servico	>	•	ers on this form as it may).	Opiai to Publis in 501(c)(3) Organiza	spection for alions Only		
A X	Check box if		oloyor identification ployaes' trust, see									
	Check box if name changed and see instructions Name of organization (Check box if name changed and see instructions)								instructions)			
	mpt under section Print UNIQUESOURCE PRODUCTS & SERVICES							23-1523064				
ĮX.	001(C)(3) Or Number, street, and room or suite no. If a P.O. box, see instructions.								E Unrelated business activity code (See instructions.)			
		8(e) 2220(e) 500 BENT CREEK BLVD										
	408A 530(a) 529 (a)	City or town, state or province, country, and ZIP or foreign postal code MECHANICSBURG, PA 17050-1876										
اسسات Bool	k value of all assets F Group eyemption number (See instructions.)											
uter	G Check or ganization type X 501(c) corporation 501(c) trust 401(a) trust 0th											
H Enti	H Enter the number of the organization's unrelated trades or businesses.											
trad	trade or business here If only one, complete Parts I-V. If more than one,											
desc	describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or											
bus	business, then complete Parts III-V.											
	I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?											
			ifying number of the pare									
J The Par			P OF FINANC			,	one number					
L			ie or business in	Come	1	(A) Income	(B) Expens	es	(C) N	<u> </u>		
	Gross receipts or sale: Less returns and allow			c Balance	4.							
			Λ line 7)		1c 2				₹			
	Capital gain net income (attach Schedule D) Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b											
	Capital loss deduction for trusts 4c											
	ncome (loss) from a partnership or an S corporation (attach statement) 5						,	***************************************				
	Rent income (Schedul			1	6							
7 l	Unrelated debt-financed income (Schedule E)				7							
8 I	nterest, annuities, royalties and rents from a controlled organization (Schodule F)											
9 1	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)											
	xploited exempt activity income (Schedule I)				10							
11 A	Advertising income (S	chedule	J)		11							
	Other income (See instructions; attach schedule)											
Pari	otal. Combine lines	3 throug	th 12	10.00	13	0.		<u></u>		,		
1, 41				re (See instructions for t be directly connected			income)					
14	Compensation of office	cers dir	ectors and trustees (Sch	edule K)		PECEIVED	181	14				
15	Salaries and wanes	JOI 5, UII	2010/0, 1110 11 101000 (0011	oone (c)	• • • •		/ &/	15				
16	Repairs and maintena	nce	. ** * - *** *** ** ** *** *	.,	1_1	2. 5451	p4854	16				
17	Bad debts				15.I.	LEFOLO.		17				
18	Interest (attach sched	lule) (se	e instructions)	edule K)	181		T	18				
19	Taxes and licenses					- GOEN,		19	-			
20	Charitable contributio	ns (See	instructions for limitation	rules) .,			*** *** * * * * *	20				
21	Depreciation (attach F	orm 45	b2)			21		_				
22	Less depreciation clai	med on	Schedule A and elsewhe	re on return		22a		22b				
23	Depletion	174) ****	****** * * **** * ***** ******					23				
24	Contributions to defer	rea con	npensation plans	. , , ,,,,,,, , , , , , , , , , , , , ,				24		·		
25	Employee benefit pro	grams	*****	** ***** ******** * * * ***		> + + - + -		25 26				
26	Excess exempt expenses (Schedule I) Excess readership costs (Schedule J)								ļ			
27	Excess readership co:	sts (Sch	edule J)	**** ** *** ** *** * ** ** **				27				
28	* ************************************											
29	40 14 14 14 14 14 14 14 14 14 14 14 14 14									0.		
								30		<u> </u>		
	, , , , , , , , , , , , , , , , , , , ,									0.		
32 Unrelated business taxable income Subtract line 31 from tine 30 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions								32	Form 990 -			
323701	IUI	. upoir		-,						(~0:0)		



UNIQUESOURCE PRODUCTS & SERVICES 23-1523064 Page 2 Part III | Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 33 0. 34 Amounts paid for disallowed fringes 34 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 35 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of 36 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) ,000. 37 Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36. 0. enter the smaller of zero or line 36 38 Part IV Tax Computation 0. Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21) 39 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from Tax rate schedule or Schedule D (Form 1041) Proxy tax See instructions 41 42 Alternative minimum tax (trusts only) 42 43 Tax on Noncompliant Facility Income. See Instructions 43 0. Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies 44 Part V Tax and Payments 45a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) b Other credits (see instructions) 45b c General business credit. Attach Form 3800 45c Credit for prior year minimum tax (attach Form 8801 or 8827) 45d Total credits Add lines 45a through 45d 0. Subtract line 45e from line 44

Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 46 47 47 0. Total tax. Add lines 46 and 47 (see instructions) 48 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 0. 49 49 50 a Payments A 2017 overpayment credited to 2018 50a 50b 50c **6** Foreign organizations, Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) 50e f Credit for small employer health insurance premiums (attach Form 8941) 50f g Other credits, adjustments, and payments. Form 2439 X Other 51 Total payments Add lines 50a through 50g SEE STATEMENT 140. 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached 52 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 53 140. 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 54 140. Enter the amount of line 54 you want. Credited to 2019 estimated tax Part VI: Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here > During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 57 If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year >S 58 Under penaltios of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and ballef, it is true correct, and complete. Decraration of preparer (other than texpayer) is based on all information of which proprier has any knowledge. Sign May the IRS discuss this return with Here 5 PRESIDENT/CEO the proparar shown below (see Signature of officer (Title Instructions)? X Yes No PTIN Print/Type preparer's name Preparer's signature Date Check DOUGLAS L. BERMAN, DOUGLASTL BERMAN. self- employed Paid CPA01/15/20 P01269555 CPA Preparer Firm's EIN ▶ Firm's name ▶ RKL LLP 23-2108173 **Use Only** 3501 CONCORD ROAD, PO BOX 21439

Phone no 717-843-3804

Form 990-T (2018)

Firm's address ► YORK, PA 17402

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FOOTNOTES

STATEMENT 1

THE 990-T IS BEING AMENDED TO COMPLY WITH THE REPEAL OF SECTION 512(A)(7) OF THE TAX CUTS AND JOBS ACT AS REFLECTED IN SECTION 302 OF THE TAXPAYER CERTAINTY AND DISASTER TAX RELIEF ACT OF 2019.

FORM 990-T, PART III, LINE 34: THIS LINE NOW REFLECTS \$0 DISALLOWED FRINGE BENEFITS.

THERE ARE NO OTHER TAXABLE ACTIVITIES TO BE REPORTED, TOTAL UNRELATED BUSINESS TAXABLE INCOME IS \$0.

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 2	
DESCRIPTION	AMOUNT		
AMOUNT PAID WITH ORI	140.		
TOTAL INCLUDED ON FO	RM 990-T, PAGE 2, PART V, LINE 50G	140.	