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Department of the

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

DLN: 93493321002170 OMB No. 1545-0047

> Open to Public Inspection

Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable: CENTER FOR UNION FACTS ☐ Address change 20-4036946 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1090 VERMONT AVE NW NO 800 ☐ Amended return □ Application pending (202) 463-7106 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC $\,$ 20005 G Gross receipts \$80,005 Name and address of principal officer: H(a) Is this a group return for RICHARD BERMAN □Yes ☑No subordinates? 1090 VERMONT AVE NW NO 800 H(b) Are all subordinates WASHINGTON, DC 20005 ☐ Yes ☐No included? **✓** 501(c)(3) ☐ 501(c) () **4** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► SEE SCHEDULE O M State of legal domicile: DC L Year of formation: 2006 **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other Summary 1 Briefly describe the organization's mission or most significant activities: ADVOCATES FOR TRANSPARENCY AND ACCOUNTABILITY IN AMERICA'S LABOR MOVEMENT Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 5 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 906,100 80,000 Ravenue 0 9 Program service revenue (Part VIII, line 2g) . 0 5 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 128 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 906,228 80.005 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 874,229 162,817 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶4,916 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,271,728 105,874 2,145,957 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 268,691 Revenue less expenses. Subtract line 18 from line 12 . -1,239,729 -188,686 Net Assets or Fund Balances Beginning of Current Year **End of Year** 303,269 20 Total assets (Part X, line 16) . 518,383 21 Total liabilities (Part X, line 26) . 59,842 33,414 458,541 269,855 Net assets or fund balances. Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here WILLIAM J TATTERSALL SECRETARY/TREASURER/DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check \square if P00748038 Paid self-employed Firm's EIN ► 56-0574444 Preparer Use Only Firm's address ▶ 6116 EXECUTIVE BLVD STE 600 Phone no. (301) 589-9000 ROCKVILLE, MD 20852 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions)

Cat. No. 11282Y

Form 990 (2019)

| Form | 990 (2019) | | | | | Page 2 | | | | |
|------|---|-------------------------|-----------------|---------------------------|--|---------------|--|--|--|--|
| Pa | Statement | of Program Servic | e Accomplis | hments | | | | | | |
| | Check if Sche | dule O contains a respo | nse or note to | any line in this Part III | | 🗆 | | | | |
| 1 | | organization's mission: | | , | | | | | | |
| EDU | CATE THE PUBLIC ON | US AND INTERNATIONA | L LABOR UNIO | NS AND THEIR LEADER | SHIP. | | | | | |
| | | | | | | | | | | |
| 2 | Did the organization | undertake any significa | nt program ser | vices during the year w | hich were not listed on | | | | | |
| | the prior Form 990 o | ☐ Yes ☑ No | | | | | | | | |
| | If "Yes," describe the | | | | | | | | | |
| 3 | Did the organization | | | | | | | | | |
| | services? | 🗌 Yes 🗹 No | | | | | | | | |
| | If "Yes," describe these changes on Schedule O. | | | | | | | | | |
| 4 | Section 501(c)(3) ar | | ns are required | to report the amount | e largest program services, as measu of grants and allocations to others, t | | | | | |
| 4a | (Code: |) (Expenses \$ | 145,101 | including grants of \$ |) (Revenue \$ |) | | | | |
| | See Additional Data | | | | | | | | | |
| 4b | (Code: |) (Expenses \$ | 49,146 | including grants of \$ |) (Revenue \$ |) | | | | |
| | See Additional Data | | | | | | | | | |
| 4c | (Code: |) (Expenses \$ | 13,289 | including grants of \$ |) (Revenue \$ |) | | | | |
| | See Additional Data | | | | | | | | | |
| 4d | Other program servi | ces (Describe in Schedu | le O.) | | | | | | | |
| | (Expenses \$ | inclu | uding grants of | \$ |) (Revenue \$ |) | | | | |
| 4e | Total program ser | vice expenses ► | 207,5 | 36 | | | | | | |
| 4e | | | | <u>'</u> |) (Revenue \$ |) Fo | | | | |

18

19

20a

20b

21

Nο

No

Nο

No

Form **990** (2019)

| tiv Checklist of Required Schedules | | Yes | No |
|---|--|--|--|
| Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 | 2 | Yes | |
| Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | Yes | |
| Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part 2 | 6 | | No |
| Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 | 7 | | No |
| Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 3 | 8 | | No |
| Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 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 | | No |
| If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | | | |
| Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥦 | 11b | | No |
| total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 | 11c | | No |
| in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥞 | 11d | | No |
| Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😼 📗 | 11e | | No |
| Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Yes | |
| Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No |
| If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 | 12b | | No |
| Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | 17 | | No |
| | Schedule A 3. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 II 3. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 3. Is the organization asection 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 3. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 3. 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 3. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 3. Did the organization report an amount in Part X, line 2: 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 3. 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 V. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," comp | Schedule A 3. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Is the organization engage in direct or indirect solitical campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part II' Section 50.1c()(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part III' Is the organization assection 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' Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II' 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' Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investments or provide consistent or preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II' Did the organization maintain and collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II' Did the organization and proof an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V V If | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Schedule A Schedule B, Schedule C Contributors (see instructions)? 2 2 Yes Did the organization required to complete Schedule B, Schedule C Contributors (see instructions)? 3 3 3 1 |

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

18

19

| Form | 990 (2019) | | | Page 4 |
|---------|--|-----|-----|---------------|
| Par | Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | 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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 a | 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | | | |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28a | | No |
| | A family member of any individual described in line 20a: If Tes, complete scriedule L, Fattiv | 28b | | No |
| C | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | Yes | |
| 29 | Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| Pa | t V Statements Regarding Other IRS Filings and Tax Compliance | · | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | П |

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

1b

0

1c

| Par | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|-----|--|------------|-----|------------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| ь | If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization | 6a | | No |
| | solicit any contributions that were not tax deductible as charitable contributions? | | | |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 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 | | |
| 10 | 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 | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | . | | . . |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess | 14b | | |
| | parachute payment(s) during the year? | 15 | | No |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | No |

| FOITH | 990 (2019) | | | Page |
|-------|---|-------------------|----------|------------|
| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI | " respo | onse to | lines ✓ |
| Se | ction A. Governing Body and Management | | | |
| _ | | \longrightarrow | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 6 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 5 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | Yes | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue | ∍ Cod€ | ∍.) | 1 |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | No |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Se | ction C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed AL , AR , FL , GA , IL , KS , KY , MA , MD , NH , NJ , NM , OH , OK , OR , PA , RI , SC | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | , 111, 1 | v , vv i | , ND |
| | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: RICHARD BERMAN 1090 VERMONT AVE NW 800 WASHINGTON, DC 20005 (202) 463-7106 | | | |

Form 990 (2019) Page 7 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (F) (A) (B) (C) (D) (E) Name and title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from related compensation from the any hours director/trustee) organization organizations from the (W-2/1099for related (W-2/1099organization and

| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099- MISC) | (W-2/1099- MISC) | organization and related organizations |
|--|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------|---------------------|--|
| (1) RICHARD BERMAN | 1.00 | | | | | | | | | |
| PRESIDENT, EXECUTIVE DIRECTOR | | X | | Х | | | | 300 | 0 | 0 |
| (2) WILLIAM J TATTERSALL SECRETARY/TREASURER, DIRECTOR | 0.15 | Х | | x | | | | 500 | 0 | 0 |
| (3) CRAIG BRIGHTUP DIRECTOR | 0.10 | Х | | | | | | 500 | 0 | 0 |
| (4) RICHARD KLEMP DIRECTOR | 0.10 | х | | | | | | 500 | 0 | 0 |
| (5) RONALD PETTY DIRECTOR | 0.12 | Х | | | | | | 500 | 0 | 0 |
| (6) JORDAN BRUNEAU DIRECTOR | 0.10 | Х | | | | | | 500 | 0 | 0 |
| | | | | | | | | | | |
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Part VII

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

Page 8

| | (A) Name and title | (B) Average hours per week (list any hours | erage Position (do not check more than one box, unless person ek (list is both an officer and a | | | | | | | (D) ortable ensation m the nization | (E) Reportable compensation from related | | (F) Estimated amount of other compensation from the | | |
|---------------|--|---|---|-----------------------|----------|--------------|------------------------------|---------|--------------|---|--|-------|---|---------|--|
| | | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | <u> </u> | Key employee | Highest compensated employee | Former | (W-2 | 2/1099- ISC) | (W-2/1099- MISC) | | organization and related organizations | | |
| | | | | | | | | | | | | | | | |
| | | | | | | L | | | | | | | | | |
| | | | | <u> </u> | | | | | | | | | | | |
| ı | | | | <u> </u> | | L | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| | Sub-Total | art VII, Section | A . | . . | | | > | | | | | | | | |
| | , | | | <u></u> | | | > | | | 2,800 | | 0 | | 0 | |
| 2 | Total number of individuals (including of reportable compensation from the | | | e liste | ed a | bove | e) who | rece | eived mo | re than \$1 | 00,000 | | | | |
| | | | | | | | | | | | | | Yes | No | |
| 3 | Did the organization list any former of | | | | • | | oyee, | or hi | ghest cor | mpensated | employee on | | | | |
| | line 1a? If "Yes," complete Schedule 3 | | | | | | | • | | | | 3 | | No | |
| 4 | For any individual listed on line 1a, is organization and related organization | | | | | | | | | | n the | | | | |
| 1 | individual | | | • | • | • | • | | | | | 4 | | No | |
| 5 | Did any person listed on line 1a receive services rendered to the organization | | • | | | | | | _ | | ividual for | 5 | | No | |
| Se | ection B. Independent Contract | ors | | | | | | | | | | | | | |
| 1 | Complete this table for your five high from the organization. Report comper | est compensate | | | | | | | | | | mpens | sation | | |
| | · · · · · · · · · · · · · · · · · · · | (A) | | ycui | Circ | 11119 | WIGHT | 11 7710 | Jilli tile o | | (B) | | (C | | |
| RICH | ARD BERMAN AND COMPANY INC | and business addre | 355 | | | | | | | | ription of services ARCH, LOBBYING & | ACCT | Compen | 159,986 | |
| 1090 | VERMONT AVE SUITE 800 | | | | | | | | | | | | İ | | |

1090 VERMONT AVE SUITE 800 WASHINGTON, DC 20005

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1 Form **990** (2019)

| Part | | Statement | of Payani | | | | | | | Page 9 |
|--|----------|--|------------------|-----------|------------|-------------------------|--------------------------|--------------------------------|--------------------------------|---|
| rail | VIII | | | | rocno | once or note to an | y line in this Part VIII | | | П |
| | | Check ii Schec | dule O conta | 1113 a | respe | of flote to all | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | 1. | | | | | | | revenue | | 512 - 514 |
| হ হ | 16 | a Federated campa | | Ļ | 1a | | | | | |
| an. | | b Membership dues | | Ļ | 1 b | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | ' | c Fundraising even | its | Ļ | 1c | | | | | |
| ifts, ar A | ' | d Related organizat | tions | | 1 d | | | | | |
| n . G | ' | e Government grants | (contributions | s) | 1e | | | | | |
| Sir | 1 | f All other contributio and similar amounts | ons, gifts, gran | ts, | | | | | | |
| uti. | | above | | Ļ | 1f | 80,000 | | | | |
| 哥哥 | ! | g Noncash contributio lines 1a - 1f:\$ | ons included in | | 1g | | | | | |
| ng ng | | h Total. Add lines : | 15-1f | L | -9 | | | | | |
| <u> </u> | _ | | 1a-11 | • | • | | 80,000 | | T | |
| | 2a | | | | | Business Code | | | | - |
| | Za | | | | | | | | | |
| Ĭ | | | | | | | | | | |
| Program Service Revenue | b | | | | | | | | | |
| - es | c | | | | | | | | | |
| er vi | | | | | | | | | | |
| S | d | | | | | | | | | |
| grar | e e | | | | | | | | | |
| ě | ` | | | | | | | | | |
| | f | All other program | service reve | nue. | | | | | | |
| | g | Total. Add lines 2 | 2a-2f | | • | | - | | | • |
| | | Investment income similar amounts) | | | | | | 5 | | 5 |
| | ı | Income from invest | | | | | ▶] ▶ | | | |
| | l | Royalties | | | .p. 5. | | • | | | |
| | | | (i) |) Real | | (ii) Personal | | | | |
| | | Cuana mamba | | | | | | | | |
| | | Gross rents Less: rental | 6a | | | | \dashv | | | |
| | יי | expenses | 6b | | | | | | | |
| | c | Rental income | 6c | | | | | | | |
| | ۱ , | or (loss) Net rental income | | | | | | | | |
| | | - Net rental medine | | ecurit | | (ii) Other | | | | |
| | 7a | Gross amount | | | | (, | | | | |
| | | from sales of assets other | 7a | | | | | | | |
| | | than inventory | | | | | _ | | | |
| | b | Less: cost or other basis and | 7b | | | | | | | |
| | | sales expenses | | | | | _ | | | |
| | c | Gain or (loss) | 7c | | | | | | | |
| | l | Net gain or (loss) | | | | · · · • | | | | |
| <u>a</u> | 8a | Gross income from fu (not including \$ | ındraising ever | nts of | | | | | | |
| Other Revenue | | contributions reported | | | | | | | | |
| é | | See Part IV, line 18 | | | 8a | | | | | |
| <u>بر</u> | l | Less: direct expen | | | 8b | | | | | |
| ŧ | ` | : Net income or (los | ss) from func | araisir | ig ev | ents > | | | | |
| | 9a | Gross income from | gaming activi | ities. | | | | | | |
| | | See Part IV, line 19 | | | 9a | | | | | |
| | ı | Less: direct expen | | | 9b | | | | | |
| | ۹ ا | : Net income or (los | ss) from gam | ning a | ctivit | ies \blacktriangleright | _ | | | |
| | 10 | aGross sales of inve | entory, less | | | | | | | |
| | | returns and allowa | ances | | 10a | | | | | |
| | l b | Less: cost of good | s sold . | | 10b | | | | | |
| | ٥ | Net income or (los | | s of i | nvent | | _ | | | |
| | 11 | Miscellaneo | us Revenue | | | Business Code | \dashv | | | |
| | * 1 | .a | | | | | | | | |
| | ١. | | | | | | | | | 1 |
| | 6 | • | | | | | | | | |
| | | | | | | | | 1 | | 1 |
| | ٩ | | | | | | | | | |
| | | - | | | | | | | | |
| | | All other revenue | | • | | | | | | 1 |
| | | e Total. Add lines 1 | | | | • | | | | |
| | 12 | Total revenue. Se | ee instructio | ns . | | • • • • | 80,00 | 5 | 0 | 0 5 |
| | | | | | | | | | | |

| Page 10 | | | Part IX Statement of Functional Expenses |
|--|------------------------------|-------------------------|--|
| s must complete column (A). | All other organization | complete all columns. | Section 501(c)(3) and 501(c)(4) organizations must of |
| 🗹 | <u>.</u> | ny line in this Part IX | Check if Schedule O contains a response or note to ar |
| (C) (D) Management and Fundraising eneral expenses expenses | (B) Program service expenses | (A) Total expenses | Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |
| | | | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 |
| | | | 2 Grants and other assistance to domestic individuals. See Part IV, line 22 |
| | | | 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. |
| | | | 4 Benefits paid to or for members |
| 2,500 300 | | 2,800 | 5 Compensation of current officers, directors, trustees, and key employees |
| 26,823 | 133,163 | 159,986 | 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) |
| | | | 7 Other salaries and wages |
| | | | 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) |
| | | | 9 Other employee benefits |
| 31 | | 31 | 10 Payroll taxes |
| | | | 11 Fees for services (non-employees): |
| | | | a Management |
| 927 | | 927 | b Legal |
| 19,825 | | 19,825 | c Accounting |
| | | | d Lobbying |
| | | | e Professional fundraising services. See Part IV, line 17 |
| | | | f Investment management fees |
| 535 | 48,011 | 48,546 | g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) |
| | 13,540 | 13,540 | 12 Advertising and promotion |
| 1,296 | 2,166 | 3,462 | 13 Office expenses |
| 800 | 6,952 | 7,752 | 14 Information technology |
| | | | 15 Royalties |
| 425 | | 425 | 16 Occupancy |
| | 958 | 958 | 17 Travel |
| | | | 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . |
| | | | 19 Conferences, conventions, and meetings |
| | | | 20 Interest |
| | | | 21 Payments to affiliates |
| | | | 22 Depreciation, depletion, and amortization |
| 3,150 | 424 | 3,574 | 23 Insurance |
| | | | 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |
| 493 4,050 | 2,322 | 6,865 | a TAXES LICENSES AND FEES |
| | | | b |
| | | | c |
| | | | d |
| | | | e All other expenses |
| 56,239 4,916 | 207,536 | 268,691 | 25 Total functional expenses. Add lines 1 through 24e |
| | | | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. |
| 493 | 2,322 | 6,865 | 21 Payments to affiliates |

Form 990 (2019)

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59.842

458,541

518,383

518,383

59,842

Page **11**

75.000

303,269

33,414

33.414

269,855

303.269

Form 990 (2019)

| Check if Schedule O contains a response or note to any line in this Part | t IX | |
|--|------|--|
| | | |

| | | Beginning of year | | End of year |
|---|--|-------------------|---|-------------|
| 1 | Cash-non-interest-bearing | 209,491 | 1 | 188,0 |
| 2 | Savings and temporary cash investments | 23,297 | 2 | 40,1 |

0 3 Pledges and grants receivable, net . 25 4 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net . . . Assets 8 Inventories for sale or use . . Prepaid expenses and deferred charges . 285,570 9 10a Land, buildings, and equipment: cost or other 10a 4,184 basis. Complete Part VI of Schedule D 10b 4,184 10c b Less: accumulated depreciation 11 11 Investments—publicly traded securities . 12 Investments—other securities. See Part IV, line 11 . 12 13

Liabilities

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33

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Total net assets or fund balances

Total liabilities and net assets/fund balances

Investments—program-related. See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17 - 24).

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Total liabilities. Add lines 17 through 25 . . Fund Balances Organizations that follow FASB ASC 958, check here <a> \square and complete lines 27, 28, 32, and 33. 27 384,169 27 194,338 Net assets without donor restrictions 28 74,372 28 75,517 Net assets with donor restrictions . Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*} complete lines 29 through 33. ō 29 29 Capital stock or trust principal, or current funds Assets 30 Paid-in or capital surplus, or land, building or equipment fund . . . 30

| Form | 990 (2019) | | | | Page 12 |
|------|---|---------|----|-----|----------------|
| Pa | Reconcilliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 80,005 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 268,691 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | -188,686 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 458,541 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 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 | | | 269,855 |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | Yes | No |
| 22 | Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | on a | 24 | 103 | |
| | | | _, | | ١ |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | No |
| | If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: | Dasis, | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| С | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133? | ngle | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | ired | 3b | | |

Additional Data

Software ID:

Software Version: **EIN:** 20-4036946

Name: CENTER FOR UNION FACTS

Form 990 (2019)

Form 990, Part III, Line 4a:

MAINTAINED AND DEVELOPED MULTIPLE RESEARCH-BASED WEBSITES AND A BLOG TO EDUCATE THE PUBLIC ON LABOR UNION ISSUES. RECEIVING MORE THAN 1.8 MILLION WEBSITE VISITORS. WROTE BLOG POSTS AND PRODUCED ADDITIONAL CONTENT ABOUT UNION ISSUES, AND ABOUT ACTIVIST GROUPS FUNDED BY LABOR INTERESTS, PROMOTED THE BLOG AND THE CENTER VIA SOCIAL MEDIA (FACEBOOK AND TWITTER) AND ENGAGED IN ADVERTISING TO ENCOURAGE THE PUBLIC, THE MEDIA AND POLICYMAKERS TO VISIT THE WEBSITES AND LEARN MORE ABOUT UNION ISSUES.

Form 990, Part III, Line 4b: LAUNCHED AND PROMOTED PUBLICUNIONFACTS.COM, AN ONLINE DATABASE OF PUBLIC-UNION POLITICAL SPENDING FOR THOUSANDS OF UNIONS FOR THE PERIOD BEGINNING IN 1997 AND RUNNING THROUGH 2019.

Form 990, Part III, Line 4c: RESEARCHED AND EDUCATED THE PUBLIC ABOUT THE EMPLOYEE RIGHTS ACT (ERA), LEGISLATION TO REFORM LABOR LAWS BY PROTECTING THE RIGHTS OF BOTH UNION AND NON-UNION WORKERS, RELEASED AN ANALYSIS OF UNION POLITICAL SPENDING.

| efile GRAPHIC print - DO NOT PROC | | | <u> 1t - DO NOT PROCES</u> | S As Filed Data - | | | DLN: 9 | 3493321002170 |
|-----------------------------------|----------|-----------------------------------|---|--|--|-------------------------------------|---|---|
| SCI | HED | ULE A | Dublic | Charity Statu | e and Dul | hlic Sunn | ort | OMB No. 1545-0047 |
| (Form 990 or 990EZ) | | | Complete if the | organization is a sect 4947(a)(1) nonexe Attach to Form | ion 501(c)(3) e empt charitable 990 or Form 99 | organization or trust. 10-EZ. | r a section | 2019 |
| | | f the Treasury | ► Go to <u>www.</u> | i <u>rs.gov/Form990</u> for i | nstructions and | I the latest info | ormation. | Open to Public Inspection |
| Nam | e of th | he organiza UNION FACTS | tion | | | | Employer identific | ation number |
| | | | | | | | 20-4036946 | |
| | rt I | | for Public Charity Sta a private foundation becau | | | | See instructions. | |
| 1 | | | onvention of churches, or | • | • | | (Δ)(i). | |
| 2 | | · | scribed in section 170(b | | | | | |
| 3 | | | or a cooperative hospital s | | , | , , | | |
| 4 | | · | esearch organization oper | - | | | • | nter the hospital's |
| • | Ш | name, city, | | ated in conjunction with | a nospital descri | ibed iii sectioii : | 170(D)(1)(A)(III). L | inter the hospital s |
| 5 | | | ation operated for the ben (iv). (Complete Part II.) | efit of a college or unive | rsity owned or op | perated by a gov | ernmental unit descri | bed in section 170 |
| 6 | | A federal, s | tate, or local government | or governmental unit de | scribed in sectio | on 170(b)(1)(A | \)(v). | |
| 7 | ✓ | | ation that normally received $(0(\mathbf{b})(1)(\mathbf{A})(\mathbf{vi})$. | | s support from a | governmental ι | ınit or from the gener | al public described in |
| 8 | | | ty trust described in secti | · | (Complete Part I | I.) | | |
| 9 | | | ural research organization rant college of agriculture. | | | | | ege or university or a |
| 10 | | from activit investment | ation that normally receive dies related to its exempt f income and unrelated bus See section 509(a)(2). | unctions—subject to cer siness taxable income (le | tain exceptions, | and (2) no more | than 331/3% of its su | ipport from gross |
| 11 | | An organiza | ation organized and opera | ted exclusively to test fo | r public safety. S | See section 509 | (a)(4). | |
| 12 | | more public | ation organized and opera Cly supported organization through 12d that describ | s described in section 5 | 09(a)(1) or se | ction 509(a)(2 |). See section 509(a | |
| a | | organizatio | supporting organization op n(s) the power to regularl Part IV, Sections A and | y appoint or elect a majo | | | | |
| b | | Type II. A manageme | supporting organization s nt of the supporting organ plete Part IV, Sections | upervised or controlled i iization vested in the sar | | | ` ',' ' | _ |
| c | | Type III f | unctionally integrated. | A supporting organizatio | | | | ited with, its |
| d | | Type III n | organization(s) (see instru on-functionally integra integrated. The organizat | ted. A supporting organicion generally must satis | ization operated fy a distribution | in connection wi | th its supported organ | |
| e | | Check this | You must complete F box if the organization red or Type III non-functiona | eived a written determir | nation from the I | | pe I, Type II, Type II | I functionally |
| f | Enter | | of supported organization | | - | | <u> </u> | |
| g | Provi | de the follow | ing information about the | supported organization(| | | | |
| | (i) N | Name of supp organization | | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | | anization listed ing document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | Yes | No | | |
| | | | | | | | | |
| | | | | | | | | |
| Tota | | | tion Act Notice, see the | | Cat. No. 11285 | | Schedule A (Form 9 | <u> </u> |

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2019

| Р | art III Support Schedule for | | | | | | |
|---|--|--|--|-----------------------|--------------------|---|----------------|
| | (Complete only if you c | | | | | | er Part II. If |
| | the organization fails to | qualify under | the tests listed i | pelow, please co | omplete Part II. |) | |
| | ection A. Public Support Calendar year | | 1 | Ī | | | |
| | (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| _ | include any "unusual grants.") . | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services | | | | | | |
| | performed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are | | | | | | |
| | not an unrelated trade or business | | | | | | |
| | under section 513 Tax revenues levied for the | | | | | | |
| 4 | organization'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 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | | | | | | | |
| _ | received from other than disqualified | | | | | | |
| | persons that exceed the greater of | | | | | | |
| | \$5,000 or 1% of the amount on line | | | | | | |
| | 13 for the year. | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Se | ection B. Total Support | | 1 | | | | |
| | Calendar year | () 2015 | (1) 2016 | () 2047 | (1) 2010 | () 2010 | (C) T |
| | (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar sources. | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| _ | (less section 511 taxes) from | | | | | | |
| | businesses acquired after June 30, | | | | | | |
| | 1975. | | | | | | |
| С | | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| | regularly carried on. | | | | | | |
| 12 | | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| 4.2 | (Explain in Part VI.) Total support. (Add lines 9, 10c, | | | | | | |
| 13 | 11, and 12.) | | | | | | |
| | | 11 1 11 | n's first second th | nird, fourth, or fift | h tax year as a se | ction 501(c)(3) or | ganization, |
| 14 | First five years. If the Form 990 is fo | r tne organizatioi | i o ili oc, occoria, ci | | | | |
| 14 | First five years. If the Form 990 is fo | - | | | | | ▶ ⊔ |
| | First five years. If the Form 990 is fo check this box and stop here | | | | | | ▶ ⊔ |
| Se | First five years. If the Form 990 is fo | Support Perce | entage | | | | ▶ ⊔ |
| Se 15 | First five years. If the Form 990 is fo check this box and stop here | Support Perce e 8, column (f) d | entage livided by line 13, | column (f)) | | 15 | ▶ ⊔ |
| Se 15 16 | First five years. If the Form 990 is fo check this box and stop here. ection C. Computation of Public S Public support percentage for 2019 (lin Public support percentage from 2018 S | Support Perce e 8, column (f) d chedule A, Part I | entage livided by line 13, | column (f)) | | | ▶ ⊔ |
| Se 15 16 Se | First five years. If the Form 990 is fo check this box and stop here. Ection C. Computation of Public S Public support percentage for 2019 (lin Public support percentage from 2018 S Ection D. Computation of Investi | Support Perce e 8, column (f) d chedule A, Part I ment Income | entage livided by line 13, II, line 15 Percentage | column (f)) | | 15 16 | ▶ ⊔ |
| Se 15 16 Se 17 | First five years. If the Form 990 is fo check this box and stop here. Ection C. Computation of Public Section C. Computation of Public Section Public Support percentage for 2019 (lin Public support percentage from 2018 Section D. Computation of Investment income percentage for 2019) | Support Perce e 8, column (f) d chedule A, Part I ment Income 19 (line 10c, colu | entage livided by line 13, II, line 15 Percentage mn (f) divided by | column (f)) |)) | 15 16 | ▶⊔ |
| Se 15 16 Se 17 18 | First five years. If the Form 990 is for check this box and stop here. Ection C. Computation of Public Section C. Computation of Public Section Public Support percentage for 2019 (line Public Support percentage from 2018 Section D. Computation of Investment income percentage from 2013 Investment Investm | Support Perce e 8, column (f) d chedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, | entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . | column (f)) |)) | 15 16 17 18 | |
| Se 15 16 Se 17 18 19a | First five years. If the Form 990 is fo check this box and stop here. Ection C. Computation of Public Section C. Computation of Public Section Public Support percentage for 2019 (lin Public support percentage from 2018 Section D. Computation of Investment income percentage for 2019) | Support Perce e 8, column (f) d ichedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did i | entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box | column (f)) |)) | 15 16 17 18 33 1/3%, and line | ≥ 17 is not |

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization \blacktriangleright **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □ Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5с Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 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) . 7

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

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

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

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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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.
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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,"

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

| | edule A (101111 330 01 330 E2) 2013 | | | age 3 |
|----|--|--------|---------|-------|
| Pa | rt IV Supporting Organizations (continued) | | | |
| _ | | | Yes | No |
| | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | | |
| | | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| | 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 | | |
| S | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that | - | | |
| 2 | operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting | | | |
| | organization. | 2 | | |
| S | ection C. Type II Supporting Organizations | | | |
| _ | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of | | | |
| | each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the | 1 | | |
| | supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | | |
| S | ection D. All Type III Supporting Organizations | | v | |
| _ | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing | | | |
| | documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | | |
| _ | | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax | | | |
| | year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| S | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct | ions): | | |
| | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| | b | | | |
| • | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instru | ctions) | |
| 2 | Activities Test. Answer (a) and (b) below. | ſ | Yes | No |
| • | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| ı | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's | | | |
| | involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| • | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 3a | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. | 3h | | |

3b

| 1 | Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true. | | | . Part VIV See |
|---|--|------------|----------------|-------------------------------|
| | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization | | | |
| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Yea (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Yea (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1 b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |

| | Amounts paid to supported organizations to accomplish exempt purposes | |
|---|---|--|
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 | Amounts paid to acquire exempt-use assets | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | |
| 6 | Other distributions (describe in Part VI). See instructions | |
| 7 | Total annual distributions. Add lines 1 through 6. | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 | Distributable amount for 2019 from Section C, line 6 | |

| 7 Total annual distributions. Add lines 1 through 6. | | | |
|---|-----------------------------|--|---|
| 8 Distributions to attentive supported organizations to who details in Part VI). See instructions | | | |
| 9 Distributable amount for 2019 from Section C, line 6 | | | |
| 10 Line 8 amount divided by Line 9 amount | | | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions if any for years prior to 2019 | | | |

| | *** | | |
|---|-----------------------------|--|---|
| 7 Total annual distributions. Add lines 1 through 6. | | | |
| Distributions to attentive supported organizations to who details in Part VI). See instructions | | | |
| 9 Distributable amount for 2019 from Section C, line 6 | | | |
| 10 Line 8 amount divided by Line 9 amount | | | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|---|--|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| e From 2018 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| | The state of the s | · | |

| c From 2016 | | |
|--|--|--|
| d From 2017 | | |
| e From 2018 | | |
| Total of lines 3a through e | | |
| g Applied to underdistributions of prior years | | |
| n Applied to 2019 distributable amount | | |
| Carryover from 2014 not applied (see instructions) | | |
| Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | |
| Distributions for 2019 from Section D, line 7: | | |
| \$ | | |
| Applied to underdistributions of prior years | | |
| Applied to 2019 distributable amount | | |
| Remainder. Subtract lines 4a and 4b from 4. | | |

| instructions) | | |
|--|--|--|
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | |
| 4 Distributions for 2019 from Section D, line 7: | | |
| \$ | | |
| Applied to underdistributions of prior years | | |
| b Applied to 2019 distributable amount | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions. | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions | | |

| C Remainder, Subtract lines 4a and 4b from 4. | | |
|--|--|--|
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | |
| 8 Breakdown of line 7: | | |
| a Excess from 2015 | | |
| b Excess from 2016 | | |
| c Excess from 2017 | | |

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018.

e Excess from 2019.

| Schedule A (Form 990 or 990-E2 |) 2019 Page 8 | | | | |
|---|--|--|--|--|--|
| Section A, lines 1, Part IV, Section D, | ormation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V 5, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See | | | | |
| | | | | | |
| | Facts And Circumstances Test | | | | |
| | | | | | |
| 990 Schedule A, Supplem | ental Information | | | | |
| Return Reference | Explanation | | | | |
| SCHEDULE A, PART II, LINE 10 EXPLANATION OF OTHER INCOME: | PUBLIC DISCLOSURE COPY FEE - 2016 AMOUNT: \$ 10. | | | | |

Political Campaign and Lobbying Activities

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

DLN: 93493321002170 OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** CENTER FOR UNION FACTS 20-4036946 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... Did the filing organization file Form 1120-POL for this year? ☐ Yes 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (d) Amount paid from (e) Amount of political (c) EIN filing organization's contributions received

| | | | funds. If none, enter -0 | and promptly and directly delivered to a separate political organization. If none, enter -0 |
|---|---|------|-----------------------------|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| For Paperwork Reduction Act Notice, see t | he instructions for Form 990 or 990-EZ. | Cat. | No. 500845 Schedule C (| Form 990 or 990-EZ) 2019 |

15,019

50,734

102,721

51,876

234,650

64,325

1,127

13,435

Schedule C (Form 990 or 990-EZ) 2019

353,517

180,370

270,555

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Return Reference

| or each "Ye | es" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying | (| a) | (| b) |
|--|---|---|---------|------------------|------|
| ctivity. | | Yes | No | Am | ount |
| | g the year, did the filing organization attempt to influence foreign, national, state or local legislation, ling any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | |
| a Volun | teers? | | | | |
| b Paid s | taff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| c Media | advertisements? | | | | |
| d Mailin | gs to members, legislators, or the public? | | | | |
| e Public | ations, or published or broadcast statements? | | | | |
| f Grant | s to other organizations for lobbying purposes? | | | | |
| g Direct | contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h Rallie | s, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i Other | activities? | | | | |
| j Total. | Add lines 1c through 1i | | | | |
| a Did th | ne activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| b If "Ye | s," enter the amount of any tax incurred under section 4912 | | | | |
| c If "Ye | s," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d If the | filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| | | | | | |
| Part III- | | (5), o | r secti | on | |
| | 501(c)(6). | | r secti | Y | es N |
| . Were | 501(c)(6). substantially all (90% or more) dues received nondeductible by members? | | r secti | 1 Ye | es N |
| . Were | 501(c)(6). substantially all (90% or more) dues received nondeductible by members? | | E | 1 2 | es N |
| L Were Did th | 501(c)(6). substantially all (90% or more) dues received nondeductible by members? | | [| 1 2 3 | |
| . Were 2 Did th 3 Did th | substantially all (90% or more) dues received nondeductible by members? | (5), o | | You 1 2 3 on 501 | |
| Were Did the property of the p | substantially all (90% or more) dues received nondeductible by members? be organization make only in-house lobbying expenditures of \$2,000 or less? be organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." assessments and similar amounts from members | (5), o | | You 1 2 3 on 501 | |
| . Were Did the Did the Part III- | substantially all (90% or more) dues received nondeductible by members? | (5), o | | You 1 2 3 on 501 | |
| Were Did the D | 501(c)(6). substantially all (90% or more) dues received nondeductible by members? see organization make only in-house lobbying expenditures of \$2,000 or less? see organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | (5), o | | You 1 2 3 on 501 | |
| Were Did th Did th art III- Dues, Sectic expe a Curre b Carry | substantially all (90% or more) dues received nondeductible by members? see organization make only in-house lobbying expenditures of \$2,000 or less? see organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political makes for which the section 527(f) tax was paid). | (5), o III-A | | You 1 2 3 on 501 | |
| Were Did th Did th Dues, Section expe Curre Carry Carry | substantially all (90% or more) dues received nondeductible by members? see organization make only in-house lobbying expenditures of \$2,000 or less? see organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid). In tyear over from last year | (5), o III-A 1 2a 2b | | You 1 2 3 on 501 | |
| . Were 2 Did th 3 Did th 4 Part III Dues, 2 Section expe a Curre b Carry c Total 3 Aggre 4 If not the oi | substantially all (90% or more) dues received nondeductible by members? see organization make only in-house lobbying expenditures of \$2,000 or less? see organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid). In tyear over from last year signate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are seen and the amount on line 2c exceeds the amount on line 3, what portion of the excess does reganization agree to carryover to the reasonable estimate of nondeductible lobbying and political | (5), o IIII-A 2a 2b 2c 3 | | You 1 2 3 on 501 | |
| Dues, Carry Cartal Aggre I foot Experiments I not the or experiments | substantially all (90% or more) dues received nondeductible by members? see organization make only in-house lobbying expenditures of \$2,000 or less? see organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid). In tyear over from last year organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure are severed in section of the excess does organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | (5), o IIII-A 2a 2b 2c 3 | | You 1 2 3 on 501 | |
| L Were Did th Did th Dues, Section Expense Carry Carry Total Aggre If not the on expense | substantially all (90% or more) dues received nondeductible by members? see organization make only in-house lobbying expenditures of \$2,000 or less? see organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid). In tyear over from last year gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are seen that the amount on line 2c exceeds the amount on line 3, what portion of the excess does reganization agree to carryover to the reasonable estimate of nondeductible lobbying and political diditure next year? | (5), o IIII-A 2a 2b 2c 3 | | You 1 2 3 on 501 | |

Explanation

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493321002170

OMB No. 1545-0047

2019

Open to Public

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

(Form 990)

▶ 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.

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

Inspection

| | | ne organization UNION FACTS | | Employer identification number |
|-----------|-----------------|--|--|--|
| | | | | 20-4036946 |
| Par | rt I | Organizations Maintaining Donor Advi | | or Accounts. |
| | | Complete if the organization answered "Ye | (a) Donor advised funds | (b) Funds and other accounts |
| | Total ni | umber at end of year | (a) Bollot davised fallas | (b) Faires and other accounts |
| | | ate value of contributions to (during year) | | |
| | - | ate value of grants from (during year) | | |
| | | ate value at end of year | | |
| 5 | Did the | e organization inform all donors and donor advisc zation's property, subject to the organization's ex | | |
| i | Did the | e organization inform all grantees, donors, and donors and not for the benefit of the donors benefit? | onor advisors in writing that grant funds can or donor advisor, or for any other purpose o | be used only for |
| Par | t II | Conservation Easements. | | |
| | | Complete if the organization answered "Ye | es" on Form 990, Part IV, line 7. | |
| . | Purpos | se(s) of conservation easements held by the orga | nization (check all that apply). | |
| | □ P | reservation of land for public use (e.g., recreatio | n or education) \qed Preservation of an | historically important land area |
| | □ P | Protection of natural habitat | Preservation of a d | certified historic structure |
| | □ Р | Preservation of open space | | |
| 2 | Compleasem | ete lines 2a through 2d if the organization held a ent on the last day of the tax year. | qualified conservation contribution in the for | m of a conservation Held at the End of the Year |
| а | | umber of conservation easements | | 2a |
| b | Total a | creage restricted by conservation easements | | 2b |
| С | Numbe | er of conservation easements on a certified histor | ic structure included in (a) | 2c |
| | | er of conservation easements included in (c) acquire listed in the National Register | ired after 7/25/06, and not on a historic | 2d |
| 3 | Numbe tax ye | er of conservation easements modified, transferre ar > | ed, released, extinguished, or terminated by | the organization during the |
| ı | Numbe | er of states where property subject to conservation | on easement is located > | |
| 5 | | he organization have a written policy regarding t nforcement of the conservation easements it hold | | of violations, Yes No |
| 5 | Staff a | and volunteer hours devoted to monitoring, insper | cting, handling of violations, and enforcing co | onservation easements during the year |
| , | Amour ▶ \$ | nt of expenses incurred in monitoring, inspecting, | handling of violations, and enforcing conser | vation easements during the year |
| 3 | Does e | each conservation easement reported on line 2(d) | above satisfy the requirements of section 1 | 70(h)(4)(B)(i) |
| | | ection 170(h)(4)(B)(ii)? | | ☐ Yes ☐ No |
|) | balanc | t XIII, describe how the organization reports cons te sheet, and include, if applicable, the text of the ganization's accounting for conservation easemer | footnote to the organization's financial state | |
| art | 1111 | Organizations Maintaining Collections Complete if the organization answered "Ye | of Art, Historical Treasures, or Oth | er Similar Assets. |
| .a | art, his | organization elected, as permitted under SFAS 1: storical treasures, or other similar assets held for e, in Part XIII, the text of the footnote to its finar | l6 (ASC 958), not to report in its revenue sta public exhibition, education, or research in f | |
| b | If the historic | organization elected, as permitted under SFAS 1: cal treasures, or other similar assets held for pub ng amounts relating to these items: | L6 (ASC 958), to report in its revenue statem | |
| (i |) Rever | nue included on Form 990, Part VIII, line 1 | | ▶\$ |
| | | s included in Form 990, Part X | | |
| ! | If the | organization received or held works of art, histori ng amounts required to be reported under SFAS | cal treasures, or other similar assets for fina | |
| а | | ue included on Form 990, Part VIII, line 1 | | > \$ |
| | | included in Form 990, Part X | | |
| <u> D</u> | , ,,,,,,,,, | ork Peduction Act Notice see the Instruction | no for Form 000 | F3202D |

| Part | *** | Organizations Ma | aintaining Col | lections of A | irt, Histo | rical T | reas | ures, o | r Other | Similar As | ssets (co | ontinued) | |
|------------|----------------|--|---|-------------------|---------------|---------------|---------|------------|-------------|---------------|------------|-------------------|----------|
| 3 | | g the organization's acqu s (check all that apply): | uisition, accessio | n, and other red | ords, chec | k any of | the f | ollowing | that are a | significant ા | use of its | collection | |
| а | | Public exhibition | | | d | | Loa | n or exch | ange prog | grams | | | |
| b | | Scholarly research | | | е | | Oth | er | | | | | |
| С | | Preservation for future | generations | | | | | | | | | | |
| 4 | Provide Part > | de a description of the o | organization's co | llections and ex | plain how t | hey furt | her tl | he organi | zation's e | xempt purpo | se in | | |
| 5 | Durin | ng the year, did the orga is to be sold to raise fun | | | | | | | | | ☐ Yes | . 🗆 r | No |
| Part | : IV | Escrow and Custon Complete if the organic X, line 21. | | | n Form 99 | 0, Part | IV, | line 9, c | or reporte | ed an amou | unt on Fo | orm 990, | , Part |
| 1 a | | e organization an agent, ded on Form 990, Part) | | | | | | | | | ☐ Yes | ; 🗆 r | No |
| b | If "Y∈ | es," explain the arrange | ment in Part XIII | and complete t | the followin | ıa table: | : | | | Α | mount | | _ |
| c | | nning balance | | | | - | | | 1c | | | | _ |
| d | _ | ions during the year . | | | | | | | 1d | | | | _ |
| e | | ibutions during the year | | | | | | | 1e | | | | |
| f | | ng balance | | | | | | | 1f | | | | _ |
| | | - | | | | | | | | 1.111. 2 | | | _ |
| 2a | | he organization include | | | | | | | | • | | ; ∐ r | No |
| | | es," explain the arrange | | . Check here if | the explana | ation ha | s bee | n provide | ed in Part | XIII | | | |
| Par | t V | Endowment Fund | | word "Voc" o | a Farm OC | N Dort | - T\/ | lino 10 | | | | | |
| | | Complete if the org | janization ansv | (a) Current ye | ear (b) | Prior year | ar IV, | | vears back | (d) Three ye | ars back (| e) Four ve | ars back |
| La E | Beginn | ning of year balance . | | (u) ourroine /s | (2) | , , , , , , , | | (0) | , | (4) | | (-) , , | |
| | - | outions | | | | | | | | | | | |
| | | vestment earnings, gain | e and losses | | | | | | | | | | |
| | | or scholarships | · | | | | | | | | | | |
| e (| ther e | expenditures for facilitie | | | | | | | | | | | |
| | | istrative expenses . | | | | | | | | | | | |
| | | year balance | | | | | | | | | | | |
| 2 | | , de the estimated percer | atage of the curr | ent vear end ha | lance (line | 1a colu | ımn (| a)) held a | ac' | <u> </u> | | | |
| - а | | d designated or quasi-e | | ene year ena ba | iarree (iirre | 19, 0010 | | a)) neia e | | | | | |
| _ | | anent endowment ► | | | | | | | | | | | |
| b | | ******* | | | | | | | | | | | |
| С | | oorarily restricted endov | *************************************** | | | | | | | | | | |
| 3a | Are th | percentages on lines 2a, here endowment funds nization by: | • | • | | at are h | neld a | nd admin | nistered fo | r the | | Yes | No |
| | - | nrelated organizations | | | | | | | | | 3a | | <u> </u> |
| | (ii) re | elated organizations . | | | | | | | | | 3a(| (ii) | <u> </u> |
| b | If "Ye | es" on 3a(ii), are the rel | ated organization | ns listed as requ | iired on Scl | nedule F | ₹? . | | | | 3 | b | |
| ŀ | Descr | ribe in Part XIII the inte | nded uses of the | organization's | endowmen | t funds. | | | | | | • | |
| Part | :VI | | | | | | | | | | | | |
| | | Complete if the org | | | | | | | | | | | |
| | Descri | iption of property | (a) Cost or ot (investme | |) Cost or oth | er basis (| (other) | (c) Acc | cumulated (| depreciation | (0 | I) Book valı | ue |
| 1a L | and. | | | | | | | | | | | | |
| b B | Buildin | ngs | | | | | | | | | | | |
| c L | .easeh | nold improvements | | | | | | | | | | | |
| | | · . | | | | | | | | | | | |
| | quipn | nent I | | | | | 4,18 | 4 | | 4,184 | | | |
| d E | | nent | | | | | 4,18 | 4 | | 4,184 | | | |

| Part VII Investments—Other Securities. |) + T) / : | 11h C F 000 | Doub V. Bing 4.2 |
|--|----------------|---------------------------------------|---|
| Complete if the organization answered "Yes" on Form 990, P (a) Description of security or category (including name of security) | (b) Book value | (c) Metho | d of valuation: -year market value |
| (1) Financial derivatives | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, P (a) Description of investment | art IV, li | ne 11c. See Form 990, (b) Book value | Part X, line 13. (c) Method of valuation: Cost or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | | • | |
| Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa | art IV, lin | ne 11d. See Form 990, Pai | |
| (a) Description | | | (b) Book value |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | | | • |
| Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa | art IV, lin | ne 11e or 11f.See Form | 990, Part X, line 25. |
| (a) Description of liability (1) Federal income taxes | | | (b) Book value |
| | | | |
| (2) | | | |
| (3) | | | |
| (4) (5) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) Total (Column (h) must equal Form 990, Part Y, col (R) line 25.) | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote | e to the or | ganization's financial state | |
| organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check h | ere if the | | een provided in Part XIII Schedule D (Form 990) 2019 |

Schedule D (Form 990) 2019

Page 4

| | Complete if the organi | ization answered 'Yes' on Form 990, Part | : IV, I | ine 12a. | | <u></u> |
|-------|--|--|---------|-----------|-----------|---------------------------|
| 1 | Total revenue, gains, and other s | upport per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but no | ot on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on i | nvestments | 2a | | | |
| b | Donated services and use of facili | ties | 2b | | | |
| С | Recoveries of prior year grants | | 2c | | | |
| d | Other (Describe in Part XIII.) . | | 2d | | | |
| е | Add lines 2a through 2d | | | | 2e | |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | 3 | |
| 4 | Amounts included on Form 990, F | Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included | d on Form 990, Part VIII, line 7b . | 4a | | | |
| b | Other (Describe in Part XIII.) . | | 4b | | | |
| c | Add lines 4a and 4b | | | | 4c | |
| 5 | Total revenue. Add lines 3 and 40 | c. (This must equal Form 990, Part I, line 12.) | | | 5 | |
| Par | | penses per Audited Financial Statem ization answered 'Yes' on Form 990, Part | | | Retur | n. |
| 1 | • | dited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but no | ot on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facili | ties | 2a | | | |
| b | Prior year adjustments | | 2b | | | |
| С | Other losses | | 2c | | | |
| d | Other (Describe in Part XIII.) . | | 2d | | | |
| е | Add lines 2a through 2d | | | | 2e | |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | 3 | |
| 4 | Amounts included on Form 990, F | Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included | d on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) . | | 4b | | | |
| c | Add lines 4a and 4b | | | | 4c | |
| 5 | Total expenses. Add lines 3 and 4 | 4c. (This must equal Form 990, Part I, line 18. |) . | | 5 | |
| Pai | t XIIII Supplemental Info | ormation | | | | |
| | | art II, lines 3, 5, and 9; Part III, lines 1a and 4s 2d and 4b. Also complete this part to provide | | | t V, line | e 4; Part X, line 2; Part |
| | Return Reference | | Ex | planation | | |
| See A | Additional Data Table | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| chedule D (Form 990) 2019 | Page 5 |
|-----------------------------|----------------------|
| Part XIII Supplemental Info | ormation (continued) |
| Return Reference | Explanation |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 20-4036946

Name: CENTER FOR UNION FACTS

Supplemental Information

Return Reference

Explanation MANAGEMENT HAS EVALUATED THE EFFECT OF GUIDANCE PROVIDED BY U.S. GAAP ON ACCOUNTING FOR UN

ENTS AND DETERMINED THE CENTER HAD NO UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2019.

PART X, LINE 2: CERTAINTY IN INCOME TAXES. MANAGEMENT BELIEVES THAT THE CENTER CONTINUES TO SATISFY THE RE QUIREMENTS OF A TAX-EXEMPT ORGANIZATION AT DECEMBER 31, 2019 AND 2018. MANAGEMENT HAS EVAL UATED ALL OTHER TAX POSITIONS THAT COULD HAVE A SIGNIFICANT EFFECT ON THE FINANCIAL STATEM

| efile GRAPHIC | print - DO N | OT PROCES | S As | Filed Data - | | | | | DL | .N: 93 | 4933 | 2100 | 2170 |
|--|------------------------------------|---------------------|-------------|------------------------------|-------------------------------|--------------------|---------|------------|--------------------|---------------------|----------------|-------------------------|--------|
| Schedule L Transactions with Interest | | | | | | d Persor | าร | | | 01 | MB No. | 1545- | -0047 |
| Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. | | | | | | | 5, | 20 | 11 | 9 | | | |
| | | | ► Atta | ach to Form 99 | 0 or Form 99 | 0-EZ. | | | | | | | |
| Department of the Trea Internal Revenue Servi | | Go to <u>www.ii</u> | rs.gov/Fo | <u>0rm990</u> for inst | ructions and | the latest in | forma | tion. | | 9 | Open t Insp | o Pu ectio | |
| Name of the orga | | | | | | | Er | nplo | er ide | ntifica | ation n | | |
| CENTER FOR UNION | I FACTS | | | | | | 20 | -403 | 6946 | | | | |
| Part I Exce | ss Benefit Tra | nsactions (| section 50 | 1(c)(3), section | 501(c)(4), and | d section 501(c | | | | s only |). | | |
| | ete if the organiz | | | | | | | | | | | _ | |
| 1 (a) | Name of disqua | lified person | (b |) Relationship be | etween disqua organization | lified person ar | nd | | escript ansacti | | (d) | | ected? |
| | | | | | , ga <u>za</u> | | + | | | | 16 | 25 | No |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | - | | | | | | |
| 2 Enter the av | nount of tax incu | wood by the au | | managera er die | avalified neve | ana during tha | | | aaatia | | | | |
| 4958 | | | · | | · | _ | year t | inder | _ | \$ —— | | | |
| 3 Enter the ar | nount of tax, if ar | ny, on line 2, a | above, reir | nbursed by the c | rganization . | | | | | \$ | | | |
| Part II Loa | ns to and/or | From Inter | ested P | ersons | | | | | | | | | |
| Com | plete if the organ | nization answe | red "Yes" | on Form 990-EZ | , Part V, line 3 | 38a, or Form 99 | 90, Pa | rt IV, | line 26 | ; or if | the org | anizat | ion |
| | orted an amount | | | | (-) Onininal | (6) Delever | (-) | T | | L. N | <u> </u> | > > > > | L |
| (a) Name of interested person | (b) Relationship with organization | | | n to or from the janization? | (e) Original principal | (f) Balance due | | In ult? | | h) ved by | |) Writi reeme | |
| | - | | | | amount | | | | ı | rd or | | | |
| | | | То | From | - | | Yes | No | Yes | No | Yes | | No. |
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| Total . | | | | | <u> </u> ▶ \$ | | | | | | | | |
| | nts or Assista | nce Benefit | ing Inte | | | | | | | | | | |
| | plete if the org | anization an | swered " | Yes" on Form 9 | 990. Part IV. | , line 27. | | | | | | | |
| (a) Name of inter | |) Relationship | | _ | | (d) Type | of assi | stanc | e | (e) Pu | rpose o | f assis | stance |
| | in | terested perso | | | | | | | | | | | |
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| | | | Yes | No |
| SEE PART V | 159,986 | SEE PART V | | No |
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| | | organization | organization | organization reven |

| Part V Supplemental Information | | | | | |
|---------------------------------|---|--|--|--|--|
| Provide additional informa | Provide additional information for responses to questions on Schedule L (see instructions). | | | | |
| Return Reference | Explanation | | | | |
| DART IV (R) DESCRIPTION OF | TITY MODE THAN 350% OWNED BY DICHARD REDMAN DRECIDENT | | | | |

PART IV (B) - DESCRIPTION OF JENTITY MORE THAN 35% OWNED BY RICHARD BERMAN, PRESIDENT. RELATIONSHIP: PART IV (D) - DESCRIPTION OF SERVICES PROVIDED INCLUDE RESEARCH AND MONITORING/ANALYSIS ON ISSUES IMPORTANT TO THE TRANSACTIONS: ORGANIZATION, ADVERTISING, PUBLIC AND MEDIA RELATIONS, PROGRAM MANAGEMENT AND

PROMOTION OF INFORMATION TO THE PUBLIC. ACCOUNTING AND FINANCIAL OPERATIONS. LOBBYING. MANAGEMENT, GENERAL AND ADMINISTRATIVE, MEETING PLANNING, AND ADDITIONAL SERVICES AS

NEEDED IN MEETING THE OBJECTIVE OF CENTER FOR UNION FACTS IN THE FULFILLMENT OF ITS MISSION AND EXEMPT PURPOSES. Schedule L (Form 990 or 990-EZ) 2019

| efile GRAPH | IC print - DO NOT PROCESS As Filed Data - | DLN: 9349332 | 21002170 | | | | |
|---|---|---|----------|--|--|--|--|
| SCHEDUL (Form 990 or EZ) | 990- Complete to provide information for responses to s Form 990 or 990-EZ or to provide any addition Attach to Form 990 or 990-EZ | n to Form 990 or 990-EZ responses to specific questions on e any additional information. 990 or 990-EZ. Open to Pul | | | | | |
| ฟลกาย ใ ช้คะหลางกิศ CENTER FOR UNIO | | Employer identification no 20-4036946 | umber | | | | |
| Return Reference | Explanation Explanation | | | | | | |
| FORM 990, PAGE 1, ITEM J: WEBSITES INCLUDE THE FOLLOWING: | UNIONFACTS.COM; LABORPAINS.ORG; TEACHERSUNIONEXPOSED.COM, WORKERCENTERS.COM, PUBLICUNIONFACTS.COM, ABOUTJAITY.COM, UAWINVESTIGATION.COM, SEIUEXPOSED.COM, METOOSE | NUS.COM, EYESON11.COM, UAWACCOL | | | | | |

Return Explanation
Reference

O THE PREPARER AND SIGNING OFFICER.

| FORM 990, | RICHARD BERMAN AND COMPANY INC. IS THE MANAGEMENT COMPANY FOR THE CENTER FOR UNION FACTS. |
|------------|--|
| PART VI, | RICHARD BERMAN, PRESIDENT AND EXECUTIVE DIRECTOR OF THE CENTER FOR UNION FACTS, WAS COMPEN |
| SECTION A, | SATED AS PRESIDENT OF RICHARD BERMAN AND COMPANY, INC. DURING 2019. DUE TO THE CENTER'S ES |
| LINE 3 | TABLISHED ACCOUNTING AND FINANCIAL INTERNAL CONTROL PROCESSES, WHICH HAVE BEEN APPROVED BY |
| | THE INDEPENDENT AUDITING FIRM, THE CONFIDENTIAL COMPENSATION INFORMATION IS UNAVAILABLE T |

Return Explanation
Reference

| FORM 990, | CENTER FOR UNION FACTS' FORM 990 WAS REVIEWED BY MANAGEMENT. MEMBERS OF THE GOVERNING BODY |
|------------|--|
| PART VI, | AND OUTSIDE LEGAL COUNSEL BOTH RECEIVED AND REVIEWED COPIES OF THIS FORM 990, REDACTED FO |
| SECTION B, | R DONOR INFORMATION, PRIOR TO ITS FILING. COMMENTS WERE ADDRESSED BEFORE THE RETURN WAS FI |
| LINF 11B | I FD |

Return Explanation

FORM 990, CENTER FOR UNION FACTS REQUIRES THE OFFICERS AND DIRECTORS TO READ AND SIGN THE POLICY AND PART VI, TO DISCLOSE ANY CONFLICT OF INTEREST THEY MAY HAVE TO THE ENTIRE BOARD. THE BOARD THEN DE SECTION B, CIDES WHETHER OR NOT THERE EXISTS A CONFLICT. ANY OFFICERS OR BOARD MEMBERS WITH CONFLICTS ARE RECUSED FROM VOTING UPON ISSUES INVOLVING THEIR PARTICULAR CONFLICT.

Return Explanation
Reference

| FORM 990, | CENTER FOR UNION FACTS REQUIRES THAT COMPENSATION FOR THE DIRECTORS AND EMPLOYEES BE REVIE |
|------------|--|
| PART VI, | WED AND APPROVED BY THE BOARD OF DIRECTORS; PERSONS WITH CONFLICTS OF INTEREST REGARDING T |
| SECTION B, | HE COMPENSATION ARRANGEMENT AT ISSUE ARE RECUSED. CONTEMPORANEOUS DOCUMENTATION AND RECORD |
| LINE 15 | KEEPING ARE DONE WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION AR |
| | RANGEMENT. COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARA |
| | BLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS WAS REVIEWED. |

990 Schedule O, Supplemental Information

Return Explanation

Reference

| FORM 990, | CENTER FOR UNION FACTS DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY |
|------------|--|
| PART VI, | AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION EXCEPT THROUGH THOSE DOCUMENTS FI |
| SECTION C, | LED WITH ITS FORM 1023 EXEMPTION APPLICATION (COPY AVAILABLE UPON REQUEST AT THE ORGANIZAT |
| LINE 19 | ION'S HEADQUARTERS IN WASHINGTON, DC) AS REQUIRED BY LAW. |

Return Explanation
Reference

FORM 990, PROGRAM SERVICE CONSULTANT (CONTRACT): PROGRAM SERVICE EXPENSES 31,679. MANAGEMENT AND GEN ERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 31,679. OTHER: PROGRAM SERVICE EXP ENSES 16,332. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 535. TOTAL EXPENSES 16,867.