Form 990

Return of Organia

Privacy Redaction

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

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

QUZU
Open to Public

Department of the Treasury Internal Revenue Service

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

A	or the	2020 calendar year, or tax year beginning and	ending					
В	heck if opticable	C Name of organization		D Employer identification number				
	Addre	CENTER FOR UNION FACTS						
F	Name			20-4036946				
F	tnitlal	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
\vdash	Final	1000 VERMONT AVE N W	800	202-463-				
٠	lermin termin ated		G Cross receipts \$	88,393.				
	Amon			H(a) is this a group re				
F	Applic		-	for subordinates? Yes X No				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No				
1 7	Tax-ox	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1)	or 527	(' '	list. See instructions			
		te:▶ SEE SCHEDULE O		H(c) Group exemption				
		organization; X Corporation Trust Association Other	L Year	of formation: 2006 N	A State of legal domicite: DC			
	art(I)	Summary						
	1	Briefly describe the organization's mission or most significant activities: ADVO	CATES	FOR TRANSPAR	RENCY AND			
Governance		ACCOUNTABILITY IN AMERICA'S LABOR MOVEMEN						
ē	2	Check this box if the organization discontinued its operations or dispo		than 25% of its net ass	ets.			
Ver	3	Number of voting members of the governing body (Part VI, line 1a)		3	6			
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5			
ජ ග		Total number of individuals employed in calendar year 2020 (Part V, line 2a)		1 1	1			
itie	ı	Total number of volunteers (estimate if necessary)			0			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ř	1	Net unrelated business taxable income from Form 990-T, Part I, line 11		I 1	0.			
Revenue				Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		80,000.	88,381.			
	9	Program service revenue (Part VIII, line 2g)		0.	0.			
	10	Investment Income (Part VIII, column (A), lines 3, 4, and 7d)		5.	12.			
ď	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		80,005.	88,393.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	17,000.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		162,817.	165,467.			
Expenses	168	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.			
Ď.	ь	Total fundraising expenses (Part IX, column (D), line 25) 13,0	<u>99</u>					
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)		105,873.	129,890.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	L	268,690.	312,357.			
	19	Revenue less expenses. Subtract line 18 from line 12		-188,685.	-223,964.			
5,6	1			ginning of Current Year	End of Year			
Sign	20	Total assets (Part X, line 16)		303,270.	147,687.			
Assets	21	Total liabilities (Part X, line 26)	1	33,414.	101,795.			
2	22	Net assets or fund balances. Subtract line 21 from line 20		269,856.	45,892.			
IP.	art III	1 Signature Block						
Und	er pena	lties of perjury, I declare that I have examined this return-including accompanying schedule	s and stateme	nts, and to the best of my	knowledge and belief, it is			
true	, corre	t, and complete. Declaration of prepare tother than officer is based on all information of w	hich preparer	has any knowledge.				
		10 // Internet						
Sig	n	Signature of officer Town The						
Her	·e	C. RONALD PETTY, SECRETARY/TREASURER/I	DIRECTO	<u>)R</u>				
Type or print name and title								
		Print/Type preparer's name Preparer's signature	- 1		Privacy Redaction			
Paid	1	AMANDA ADAMO	021.11.18	1:24				
Preparor Firm's name CHERRY BEKAERT LLP								
Uso	Only	Firm's address 6116 EXECUTIVE BLVD STE 600						
		ROCKVILLE, MD 20852		Phone no. 30	1-589-9000			
Mar	v the II	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Earm	990 (2020) CENTER FOR UNION FACTS Privacy Redaction	Page 2
	tillij Statement of Program Service Accomplishments	Page 2
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	EDUCATE THE PUBLIC ON US AND INTERNATIONAL LABOR UNIONS AND THEIR	
	LEADERSHIP.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	res X No
	If "Yes," describe these new services on Schedule O.	
3		res X No
•	If "Yes," describe these changes on Schedule O.	163 [11] 110
	-	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by explanation of the service accomplishments for each of its three largest program services, as measured by explanation of the services accomplishments for each of its three largest program services, as measured by explanation of the services accomplishments for each of its three largest program services, as measured by explanation of the services accomplishments for each of its three largest program services.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	s, and
	revenue, if any, for each program service reported.	·
4a	(Code:) (Expenses \$253,232. including grants of \$17,000.) (Revenue \$	<u> </u>
	MAINTAINED AND DEVELOPED MULTIPLE RESEARCH-BASED WEBSITES AND A BLOOM	
	EDUCATE THE PUBLIC ON LABOR UNION ISSUES, RECEIVING NEARLY 2 MILLE	ON
	WEBSITE VISITORS. RESEARCHED, WROTE BLOG POSTS, PRODUCED ADDITIONAL	<u>G</u>
	CONTENT ABOUT UNION ISSUES, AND ABOUT ACTIVIST GROUPS FUNDED BY LA	BOR
	INTERESTS. PROMOTED THE BLOG AND THE CENTER VIA SOCIAL MEDIA PLATE	
	AND ENGAGED IN ADVERTISING TO ENCOURAGE THE PUBLIC, MEDIA AND	·
	POLICYMAKERS TO VISIT THE WEBSITES AND LEARN MORE ABOUT UNION ISSU	ES.
	TOTICITEMENTS TO VIBIT THE WESSTIES THE SELECT TOTAL T	
4b	(Code:) (Expenses \$ 4 , 034 . including grants of \$) (Revenue \$	0.
	CONTINTUED PROMOTION OF THE WEBSITE, PUBLICUNIONFACTS.COM, AN ONLI	
	DATABASE OF PUBLIC-UNION POLITICAL SPENDING FOR THOUSANDS OF UNION	FOR
	THE PERIOD BEGINNING IN 1997 AND RUNNING THROUGH 2020.	<u> </u>
	·	<u> </u>
		1
		-
		
		+
4c	(Code:) (Expenses \$ 2,664. including grants of \$ 0. (Revenue \$	0.
		EFA),
	LEGISLATION TO REFORM LABOR LAWS BY PROTECTING THE RIGHTS OF BOTH	UNION
	AND NON-UNION WORKERS. RELEASED AN ANALYSIS OF UNION POLITICAL	
	SPENDING.	
		_
		-
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ▶ 259,930.	
	For	m 990 (2020

Form 990 (2020) CENTER FOR UNION FACTS
Rantify Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Ì]	
	If "Yes," complete Schedule A	1_1_	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		l .	l
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	├─
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		i	l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	1		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ì		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		İ	
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			1
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9	<u> </u>	X.
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	OSTRA'S EST	X
11	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.			120
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	<u> </u>	X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	X_
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	X
f			۱	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			.
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			. v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	├	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		—
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			х
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ا		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		х
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4.7		х
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
	1c and 8a? If "Yes," complete Schedule G, Part II	18_	\vdash	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	1	x
	complete Schedule G, Part III	19 20a	 	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		 	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	121	43	Ь

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CENTER FOR UNION FACTS

Ear	THIVE 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		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ı
	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		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		<u>X</u>
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		<u>X</u>
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%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
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			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):	952	Man	13165
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	285		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28	x	
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	\Box		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		 	
MD-3	Note: All Form 990 filers are required to complete Schedule O	38	X	Щ_
150	Statements Regarding Other IRS Filings and Tax Compliance			$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 	
_	Situation with the Day 2 of Form 1000 Fator 0 Mark Weekle		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b		ŀ	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	(gambling) winnings to prize winners?	1c	X	। নল ই÷১১
03200	4 12-23-20		990	(2020)
22500	· 		H	,

Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes." enter the name of the foreign country 4:38 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 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 100 5.3 Organizations that may receive deductible contributions under section 170(c). Х a 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7a h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 707 do. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a 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: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 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 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b 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 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

If "Yes," complete Form 4720, Schedule O.

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 th.	rouah	7b below, and for a	"No"	resp	onse	<i>⊒=</i> }
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	. See ii	nstructions.		, 000	000	•
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management				,,,,,	•	
				1	T _v	es	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6			
14	If there are material differences in voting rights among members of the governing body, or if the governing	<u>"</u>		<u> </u>		- 11	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	İ		,		Ш	
h				5			
_	Enter the number of voting members included on line 1a, above, who are independent	1b		~			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any otner			m	v
	officer, director, trustee, or key employee?			2	+	\dashv	X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision		Ι,	,	
				3	13	4	
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4	┿	+	X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5	+-	_	<u>X</u>
6	Did the organization have members or stockholders?			6	\bot	\dashv	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or	1			
	more members of the governing body?			7a	↓_	_	<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or				
	persons other than the governing body?			<u></u> ₽b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:				
а	The governing body?			₿a	7	K	
b	Each committee with authority to act on behalf of the governing body?			ξb	Σ	K	
9	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 on Schedule O						X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
					Y	es	No
10a	Did the organization have local chapters, branches, or affiliates?			10:	\Box		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				1		-
	and branches to ensure their operations are consistent with the organization's exempt purposes?		,	10	,		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	, befor	e filing the form?	11	\neg	寸	Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 50.0.	e ming the form.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	. 3	ζ,	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12	_	K	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			"	+	-	
·		es, a	escribe	120]]	. l	
40	in Schedule O how this was done	•••••	•••••	13		K	
13	Did the organization have a written whistleblower policy?			14	 	x	
14	Did the organization have a written document retention and destruction policy?	 Llavia			Í		عناند
15	Did the process for determining compensation of the following persons include a review and approva	i by inc	aepenaent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	2	7	
	The organization's CEO, Executive Director, or top management official			158	# -	_	
b	Other officers or key employees of the organization			151	1 2		
	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 arrangen				4		<u> </u>
	taxable entity during the year?			166	1_		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's				
	exempt status with respect to such arrangements?			16t	1		
Sec	tion C. Disclosure	_			┺		
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE		-		_		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, are	nd 990	-T (Section 501(c)(3)s only	/) v	ailab	le
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy, a	nd fina	ncial		
	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 boo	ks and	d records 🕨				
	RICHARD BERMAN - (202) 463-7106						
	1090 VERMONT AVE. NW, #800, WASHINGTON, DC 20005						

Form 990 (2020)	CENTER FOR UNION FACTS	Privacy Redaction	Page
Part VII Comper	nsation of Officers, Directors, Trustees, Key Emp	loyees, Highest Compensated	
Employe	ees, and Independent Contractors		
Check if S	chedule O contains a response or note to any line in this Part VI		

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 year.
- 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See instructions for the order in which to list the persons above.

Check this box if neither the organization n							sate			(E)
(A) . Name and title	(B) Average		(C) Position					(D) Reportable	(E) Reportable	(F) Estimated
Name and title	hours per	(do not check more than one box, unless person is both an			than is both	one n an	compensation	compensation	amount of	
	week					rector/trustee)		from	from related	other
	(list any	ector		•				the	organizations	compensation
	hours for	i di	 8	Ì		ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ಕ್ಷ	ubeus		(W-2/1099-MISC)	·	organization and related
	below	lag t	tiona		lg of	st co				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM J. TATTERSALL	0.10									
SEC/TREAS, DIRECTOR		X		X				500.	0.	0.
(2) CRAIG BRIGHTUP	0.08									
DIRECTOR		X						500.	0.	0.
(3) RICHARD KLEMP	0.10									
DIRECTOR		Х			L		L	500.	0.	0.
(4) C. RONALD PETTY	0.10								_	
DIRECTOR		X	L	<u> -</u>	<u> </u>	lacksquare	匚	500.	0.	0.
(5) JORDAN BRUNEAU	0.08									
DIRECTOR		X	<u> </u>	L		_		500.	0.	0.
(6) RICHARD BERMAN	0.50							450		_
PRESIDENT, EXECUTIVE DIREC		X	L	X	├	<u> </u>	<u> </u>	150.	0.	0.
				İ						
		-	-	├	├	├	\vdash			
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		1	\vdash	<u> </u>	\vdash					
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	 		-		_	\vdash				
		1	ŀ			L	L			
							_			E 990 (2020)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			1 than dis both	one n an	(D) (E) Reportable Reportable compensation				(F) stimated mount of	
,	week (list any hours for related organizations below line)	tee or director	er institutional trustee	Officer D		Highest compensated cylembloyee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	,	com fr org and	other opensation from the ganization d related anizations
	ine	발	SLI	JIO.	Ke	를 를	ē					
							_					
							_			-		
		_								-		
		-										
										1		
1b Subtotal c Total from continuation sheets to Part V	II, Section A						>	2,650. 0. 2,650.		0.	$\frac{1}{2}$	0. 0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r compensation from the organization							10 re	<u> </u>	,000 of reportable			0
3 Did the organization list any former officer												Yes No
line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportabl	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization	ļi		X
5 Did any person listed on line 1a receive or rendered to the organization? /f "Yes." con	accrue comper	nsati	on f	rom	any	unre	elate	ed organization or indivi	dual for services	14	2 1	X
Section B. Independent Contractors											\perp	
Complete this table for your five highest co the organization. Report compensation for								the organization's tax y		ensati		
Name and business RICHARD BERMAN AND COMPAI		1	09	0				Description of s		C		C) ensation
VERMONT AVE SUITE 800, W								LOBBYING & A			15	2,805.
											-	
											\dashv	
Total number of independent contractors (\$100,000 of compensation from the organ	_	ot lir	nite	d to	thos	se lis 1	ted	above) who received m	ore than			

Page 9

S. A.C.	-124	4 (3-3-4	Check if Schedule O contains a response or note to any li	ne in this Part VIII		,									
			Officer in outlied die O contains a response of flote to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514								
Gifts, Grants ilar Amounts	1	b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d	4											
Contributions, Gifts, Grants and Other Similar Amounts	,	,f g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	88,381.											
<u> </u>		<u>''</u>	Business Code	Andread the State of the State											
ø.	,	a a		EX COLUMN AND ADDRESS OF THE PARTY OF THE PA	Entitle and Declaration of Contract Con	E SHIPPET DESIGN WE INTERPRETATE OF THE SHIPPET									
Program Service Revenue	_	b													
Ser		c													
m Ve		d		:											
P. G.		 e													
Pro		· f	All other program service revenue	· .											
			Total. Add lines 2a-2f												
	3		Investment income (including dividends, interest, and			4	,								
	Ī		other similar amounts)	12.			12.								
٠.	4	ι	Income from investment of tax-exempt bond proceeds												
. "	5		Royalties	***************************************											
	٦		(i) Real (ii) Personal		STREET, FEW	TVXXXXXXXXX									
	ء	٠.٠													
	۰														
					100		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
			Rental income or (loss) 6c		CERTAL SHORT OF THE REAL PROPERTY.	BEET ACRIDATES TO THE	(Detection and the second								
. •	١,		Net rental income or (loss) Gross amount from sales of (i) Securities (ii) Other												
	′	а	17												
,			assets other than inventory 7a												
4		þ	Less: cost or other basis			4.0									
nue		•	and sales expenses 7b												
eve			Gain or (loss) 7c		ELLA ARE US OF AND THE	Dec Control of the Co	POLICIA DE L'ANGELIA	ά			Net gain or (loss)	BOTO CONTRACTOR		Pro-1120-120-120-120-120-120-120-120-120-12	
Other Revenue	8	l a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See												
			Part IV, line 18												
		·b	Less: direct expenses 8b		The Property of										
			Net income or (loss) from fundraising events		HALE SALE										
	g		Gross income from gaming activities. See												
			Part IV, line 19												
		·b	Less: direct expenses 9b												
			Net income or (loss) from gaming activities	, , , , , ,			,								
	10		Gross sales of inventory, less returns												
. ` `			and allowances 10a												
		ь	Less: cost of goods sold 10b		ELECTION OF THE PARTY OF										
			Net income or (loss) from sales of inventory												
			Business Code												
snc	11	a		,											
ne	4	b				· ·	·								
Miscellaneous Revenue		C	4												
Sc		. d	All other revenue		•		<u> </u>								
Σ			Total. Add lines 11a-11d	<u> </u>											
	12		Total revenue. See instructions	88,393.	0.	0.	12.								
03200					· · · · · · · · · · · · · · · · · · ·		Form 990 (2020)								

CENTER FOR UNION FACTS Page 10 Form 990 (2020) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses **(D)** Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations 17,000. 17,000 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 150. 2,500. trustees, and key employees 2,650. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 162,805. 139,291 23,514. persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 12. 12. Payroli taxes 10 Fees for services (nonemployees): Management 26,550. 19,610. 833. 6,107. b Legal 7,000. 7.000. Accounting d Lobbying _____ 12 mg - 1 Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 6,078. 62,345. 3,782. 2,296. column (A) amount, list line 11g expenses on Sch O.) 62,345. Advertising and promotion 12 1,496. 715. 283. 2,494. 13 Office expenses 12,379. 10.572. 1,562. 245. Information technology 14 15 Royalties 725 725. 16 Occupancy 3,932. 3,932. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 230 230. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 2,231 250. 981 23 Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 498. 5.926 2,908 TAXES LICENSES AND FEES b c d All other expenses

312,357.

259,930.

39,328.

1B,099.

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. Check here if following SOP 98-2 (ASC 958-720)

Page 11

Form 990 (2020)
Part X Balance Sheet

GA, S.		Check if Schedule O contains a response or r	note to any line in this Part)	< <u></u>			· · · · · · · · · · · · · · · · · · ·
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			188,073.	1_1_	14,828.
	2	Savings and temporary cash investments			40,197.	2	127,709.
	3	Pledges and grants receivable, net			75,000.	3	5,000.
	4				:	4	150.
	5	Loans and other receivables from any current	or former officer, director,			T.VT	
		trustee, key employee, creator or founder, sul		6		1	\$50
		controlled entity or family member of any of the	nese persons			5	
	6	Loans and other receivables from other disqu	alified persons (as defined			3 A.	
		under section 4958(f)(1)), and persons describ	ped in section 4958(c)(3)(B)			6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9		***************************************			9	
	10a	Land, buildings, and equipment: cost or other	.			4	
		basis. Complete Part VI of Schedule D	10a	0.			
	ь	Less: accumulated depreciation	10b		0.	10c	
	11	Investments - publicly traded securities	,			11	
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	4.45 605
	16	Total assets. Add lines 1 through 15 (must e			303,270.	16	147,687.
	17	Accounts payable and accrued expenses			33,414.	17	101,795.
	18	Grants payable				18	
	19	Deferred revenue			19		
	∙20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple			E NEW METHOD OF THE BOTH OF THE STATE OF THE	21	
S	22	Loans and other payables to any current or fo	ormer officer, director,				
Liabilities		trustee, key employee, creator or founder, su	bstantial contributor, or 35%	6.		-	
ap		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr	elated third parties			23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D			33,414.	25 26	101,795.
	26	Total liabilities. Add lines 17 through 25	\ \ \			26	
s		Organizations that follow FASB ASC 958, o	neck nere				
ည		and complete lines 27, 28, 32, and 33.			194,339.	27	24,700.
alai	27				75,517.	28	21,192.
Ö	28	Net assets with donor restrictions		_		7 5	
Š	1	Organizations that do not follow FASB ASC	956, check here	_			
ř		and complete lines 29 through 33.	de			29	/ <u></u>
sts	29	Capital stock or trust principal, or current fun Paid-in or capital surplus, or land, building, or				30	
1886	30	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	31			•••••	269,856.	32	45,892.
ž	32	Total net assets or fund balances Total liabilities and net assets/fund balances			303,270.	33	147,687.
	33	Total liabilities and fiet assets/fully balances				·	Form 990 (2020)

orm	990 (2020) CENTER FOR UNION FACTS Privacy Rec	laction		Pag	_{ae} 12
Pai	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2	31	2,3	57.
3	Revenue less expenses. Subtract line 2 from line 1	3	22	3,9	64.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26	9,8	56.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4	5,8	<u>92.</u>
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			1	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O.	سلما	تناعا	النشعا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. Pa	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a	1	} • . ``{	
	separate basis, consolidated basis, or both:			12	
	X Separate basis Consolidated basis Both consolidated and separate basis				لنيب
b	Were the organization's financial statements audited by an independent accountant?		4		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	ite basis,			
	consolidated basis, or both:			1 1 30	100
	Separate basis Consolidated basis Both consolidated and separate basis		-		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he audit,	1		١,,
	, , , ,		24	1 - 2 - 21	X
	If the organization changed either its oversight process or selection process during the tax year, explain on So			-	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			•
	Act and OMB Circular A-133?		3a	\vdash	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit	ایرا		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	990	(2020)
			rorr	220	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity ocacus and r abno support

CENTER FOR UNION FACTS

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public

Privacy Redaction

Inspection

Employer identification number

20-4036946

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

	functionally integrated, of	or Type III non-function	onally integrated supporti	ng organiza	ation.						
f	Enter the number of supported	organizations									
g	Provide the following information	n about the support				· · · · · · · · · · · · · · · · · · ·	(vi) Amount of other				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organization listed in your governing document?		(iv) Is the organization listed in your governing document?		(iv) is the organization listed in your governing document?		iv) Is the organization listed (v) Amount of monetary your governing document?	
	organization		above (see instructions))		No	support (see instructions)	support (see instructions)				
-											
	-				_						
	•										
					-						
			<u>.</u>								
- ·		A-3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	12	*	*** 37 37 T		I				

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

Schedule A (Form 990 or 990 EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 CENTER FOR UNION FACTS

Ŗа	Support Schedule for (Complete only if you checke	_						nization	
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the fails to qualify under the tests listed below, please complete Part III.)									
Section A. Public Support									
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020		(f) Total	_
	Gifts, grants, contributions, and	15725.5		101 = 0.10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	107-2			_
•	membership fees received. (Do not		·						
	include any "unusual grants.")	776,283.	282,316.	116,000.	80,000.	88,381.	1:	342980	
2	Tax revenues levied for the organ-								_
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								_
	furnished by a governmental unit to								
	the organization without charge		;						
4	Total. Add lines 1 through 3	776,283.	282,316.	116,000.	80,000.	88,381.	1	342980	•
	The portion of total contributions	30 61	143	.a. 04		1 July 1		•	_
	by each person (other than a	ه م څر کې د ه			98.7	, , , , , ,			
	governmental unit or publicly			्रीक हैं।	្រុ		ŀ		
	supported organization) included					ال الله الله	l		
	on line 1 that exceeds 2% of the								
	amount shown on line 11,						ı		
	column (f)	المالية أنفيا			1 in 14 1		8 8	<u>84,880</u>	•
6	Public support. Subtract line 5 from line 4.					, **	4	58,100	•
Sec	ction B. Total Support		·						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020		(f) Total	_
7	Amounts from line 4	776,283.	282,316.	116,000.	80,000.	88,381.	1	3 <u>42980</u>	<u>.</u>
8	Gross income from interest,				:				
	dividends, payments received on								
	securities loans, rents, royalties,				_ ·			4 40-	
	and income from similar sources	947.	403.	128.	5.	12.	_	1,495	<u>.</u>
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								_
10	Other income. Do not include gain								
	or loss from the sale of capital	1.0						10	
	assets (Explain in Part VI.)	10.	ay is continue or proper		aniako e e inga	go canada da la la la la la la la la la la la la la	1	10 344485	
	Total support. Add lines 7 through 10	<u> </u>	1			/	1	344405	÷
	Gross receipts from related activities					12		 	_
13	First 5 years. If the Form 990 is for the	-							٦
60.	organization, check this box and sto					<u></u>			┸
	ction C. Computation of Publ			L		14	3.	4.07	%
	Public support percentage for 2020 (15			<u>%</u>
	Public support percentage from 2019 33 1/3% support test - 2020. If the								<u> </u>
168									٦
	stop here. The organization qualifies 33 1/3% support test - 2019. If the				line 15 is 33 1/3%				_
E.	and stop here. The organization qua								٦
47-	and stop nere. The organization qua 1 10% -facts-and-circumstances test								_
1/2	and if the organization meets the fact								
	meets the facts-and-circumstances to								٦
	10% -facts-and-circumstances tes					17a and line 15 is		l l	
	more, and if the organization meets t						/ 0	~	
	organization meets the facts-and-circ							▶ □	٦
1Ω									j
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2020 CENTER FOR UNION FACTS Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						•
ale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				İ		
2	Gross receipts from admissions,					† · · · · · · · · · · · · · · · · · · ·	1
-	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513			•		<u> </u>	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						٠.
	or expended on its behalf						
_	The value of services or facilities		 			- 	
J					İ		
	furnished by a governmental unit to						
	the organization without charge		<u> </u>		<u> </u>	ļ <u>.</u>	
6	Total. Add lines 1 through 5		-	ļ	ļ	ļ	
7 <i>a</i>	Amounts included on lines 1, 2, and						1
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
		-					
	Add lines 7a and 7b				Table Table & Companies to		3
	Public support. (Subtract line 7c from line 6.) ction B. Total Support		ــــــــــــــــــــــــــــــــــــــ		Bergeres Areas	C WASHINGTON	
		T	T	1	1	1	·
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6		.				
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,	ł					Ì
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	1 - 1 - 6 - 1 00 4075						
							
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,				1.		
	whether or not the business is	•					
	regularly carried on						
12	Other income. Do not include gain			1			
	or loss from the sale of capital assets (Explain in Part VI.)		<u> </u>	<u> </u>	<u></u>	<u> </u>	<u> </u>
13	Total support. (Add lines 9, 10c, 11, and 12.)				1		
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	vear as a section :	501(c)(3) organizati	on,
• •	check this box and stop here						▶□
ie (ction C. Computation of Publi						
	Public support percentage for 2020 (column (fl)		15	%
			-			16	%
	Public support percentage from 2019					1 10	
_	ction D. Computation of Inves			40 1 (0)		14-1	0/
	Investment income percentage for 20	•	• • • • • • • • • • • • • • • • • • • •			17	%
	Investment income percentage from						%
19a	33 1/3% support tests - 2020. If the						7 is not
	more than 33 1/3%, check this box as						▶∟
b	33 1/3% support tests - 2019. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2020 CENTER FOR UNION FACTS

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes." describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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5a 5b 5c 6 7 8 9a 9b		
5a 5b 5c 6 7 8 9a 9b	7	

įРа	rt V _i Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	المحدا العدالة
	11c below, the governing body of a supported organization?	11a
	A family member of a person described in line 11a above?	11b
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	5 15 18 W
~	detail in Part VI.	11c
Sec	tion B. Type I Supporting Organizations	
		Yes No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 7-35, 2007 (\$500) (\$5.55)
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1.25 13 12 1 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2
-	tion of type it capporting organizations	Yes No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	L. T. and C. T. L. T.
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or-management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Sec	tion D. All Type III Supporting Organizations	
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	CONTRACTOR AS TO
	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 line 2, above, did the organization's supported organizations have a	me 1 6 6 3
	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	التنا الماسما
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations] 3]
		,
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.	<i>,</i> .
a b	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	estructions)
2	Activities Test. Answer lines 2a and 2b below.	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	1 2 1 2
	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
b	Did the activities described in line 2a, above, 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 lines 3a and 3b below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	المنابعة المنابعة
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a (
b		3b
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	 -

Sche	dule A (Form 990 or 990-EZ) 2020 CENTER FOR UNION FACTS		Privacy Redaction	1	Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	į.	,
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explain in Pa	art VI). S	e instructions.
	All other Type III non-functionally integrated supporting organizations must		·	,	
Sect	ion A - Adjusted Net Income		(A) Prior Year	` ' 1	Current Year optional)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			-
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
-	collection of gross income or for management, conservation, or	İ			
	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			
	Adjusted Net Income (Subtract lines 5, 6, and 7 from line 4)	1 0		/B) C	urrent Year
Sect	ion B - Minimum Asset Amount		(A) Prior Year		optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1	TO THE THE THE TOTAL THE T		TO THE WAR
•	instructions for short tax year or assets held for part of year):	, ,		***	3. 3.
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			-
		1c			
	Fair market value of other non-exempt-use assets	_			
	Total (add lines 1a, 1b, and 1c)	1d	The same of the sa	<u> </u>	7.00
е	Discount claimed for blockage or other factors	1	· · · · · · · · · · · · · · · · · · ·	¥ و الاتني و	18 07 74 8
_	(explain in detail in Part VI):	1 0	والمناهل والتاريخات فالمناهد	ينور يو	
2	Acquisition indebtedness applicable to non-exempt-use assets	3		•	
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	5			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	6		<u>:</u>	
<u>6</u>	Multiply line 5 by 0.035.	7			
7	Recoveries of prior-year distributions	8			.
8	Minimum Asset Amount (add line 7 to line 6)	1 0			
Sect	ion C - Distributable Amount	_		Cu	rrer t Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 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		- i		
	emergency temporary reduction (see instructions).	6	<u> </u>		
7	Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting organi	zation (se	e [
	instructions).				ŀ

Schedule A (Form 990 or 990-EZ) 2020

	Type III Non-Functionally Integrated 509	(2)(3) Supporting Orga	mizatione /		
La. 1.48	· · · · · · · · · · · · · · · · · · ·	nantal Supporting Orga	inizations (continu	ied)	Commant Vaca
	ion D - Distributions			1	Current Year
1	Amounts paid to supported organizations to accomplish exc			-	-x
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	S	3	
4_	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		5	
	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)			
<u>6</u>	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.	N	· · · · · · · · · · · · · · · · · · ·	7	
8	Distributions to attentive supported organizations to which t	the organization is responsive	!		
	(provide details in Part VI). See instructions.			8	<u> </u>
9	Distributable amount for 2020 from Section C, line 6			9	
<u>10</u>	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020		OLIMFIAM BI		
а	From 2015				
b	From 2016			1 2 2 4 2 2 2 4 3 2 4 4	
	From 2017	1. 基础 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		1 0 1 0 1 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0	
d	From 2018			1	
e	From 2019				
f	Total of lines 3a through 3e		The second of the second	,,,,,,	E TENNER TO THE TENER TO THE
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount		100	(6)	
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$		Carlotte Control of the Control of t		
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount		V 4. 3-34		
С	Remainder. Subtract lines 4a and 4b from line 4.	•	Control of the state of the sta		
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				فلدلعه مستشمقات المسيري الدارا
6	Remaining underdistributions for 2020. Subtract lines 3h		And the second s		
	and 4b from line 1. For result greater than zero, explain in			130	
	Part VI. See instructions.	Personal of the Course	Land Sandy Will Enter	100	
7	Excess distributions carryover to 2021. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016			7 7.0	
	Excess from 2017			ST THE	الراجع التي المستقد المستقد المستقد المستقد المستقد المستقد المستقد المستقد المستقد المستقد المستقد المستقد ا
	Excess from 2018			ده د اللوات الأو الأو	
	Excess from 2019		Line of the same of the same of		
	Excess from 2020	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 CENTER FOR UNION FACTS Privacy Redaction	Page 8
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, Ine 12 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section B, lines 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions.)	2; tion C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
PUBLIC DISCLOSURE COPY FEE	
2016 AMOUNT: \$ 10.	
PART II, SECTION C, FACTS AND CIRCUMSTANCES TEST:	
THE CENTER CONTINUES TO PROVIDE DETAIL RESEARCHED EDUCATIONAL INFORMAT	NOI
RELATED TO VARIOUS UNIONS. THE INFORMATION IS AVAILABLE TO PUBLIC AND)
PRIVATE SECTORS AS WELL AS GOVERNMENT ENTITIES, THROUGH VARIOUS WEBSIT	ES
AND MEDIA METHODS. THE BOARD OF DIRECTOR MEMBERS ARE COMPRISED FROM	
VARIOUS BUSINESS SECTORS WITH EXPERT SKILL SETS AND PERSPECTIVES.	
SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:	
DESCRIPTION: CASH	
DATE: 03/13/18 AMOUNT: 790100.	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Camp

Privacy Redaction

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

➤ 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.

2020

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

	, (Occ sche	ate mod dedonoj, then				
•	Section 50	1(c)(4), (5), or (6) organizati	ons: Complete Part III.			
Nan	ne of organi	zation ,			Emp	loyer identification number
			FOR UNION FACTS			20-4036946
ĮŖέ	int/IFA	Complete if the org	anization is exempt unde	er section 501(c)	or is a section 527 or	ganization.
1	Provide a	description of the organiz	ation's direct and indirect politica	al campaign activities i	n Part IV.	
2	Political ca	ampaign activity expenditu	ıres		> \$	
3	Volunteer	hours for political campai				
			anization is exempt unde			
1	Enter the	amount of any excise tax i	ncurred by the organization unde	er section 4955		
			ncurred by organization manage			
3	If the orga	nization incurred a sectior	1 4955 tax, did it file Form 4720 f	for this year?		
48	Was a cor	rection made?				Yes No
	If "Yes," d	escribe in Part IV.				\ <u>\</u>
			anization is exempt unde			
			by the filing organization for sec			·
2			zation's funds contributed to oth			
	exempt fu	nction activities			▶\$	
3			Add lines 1 and 2. Enter here ar			
	line 17b				> \$	
4			1120-POL for this year?			
5	Enter the	names, addresses and em	ployer identification number (EIN	I) of all section 527 pol	litical organizations to which	n the filing organization
	made pay	ments. For each organizat	ion listed, enter the amount paid	from the filing organiz	ation's funds. Also enter the	e amount of political
	contribution	ons received that were pro	mptly and directly delivered to a	separate political orga	anization, such as a separat	e segregated fund or a
	political ad	ction committee (PAC). If a	additional space is needed, provi	de information in Part	IV.	,
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's	contributions received and promptly and directly
		·			funds. If none, enter -0	delivered to a separate
						political organization.
						If none, enter -0
	_					
		·				<u> </u>
	_			<u> </u>		
						
				1	i	

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

Schedule C (Form 990 or 990-EZ) 2020

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2020 CENTER FOR UNION FACTS

| Rantill | B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)			(b)		
of the	e lobbying activity.	Yes	No		Amo	ount		
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?							
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			\neg				
	Mailings to members, legislators, or the public?			\Box				
	Publications, or published or broadcast statements?							
f	Grants to other organizations for lobbying purposes?							
g	Direct contact with legislators, their staffs, government officials, or a legislative body?							
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?							
i	Other activities?							
j	Total. Add lines 1c through 1i	NEW THE PROPERTY OF	HEAR					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	,			HAZENIE!			
b	If "Yes," enter the amount of any tax incurred under section 4912							
С	If "Yes," 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?		<u>L. </u>		Cara and			
Par	till[A] Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or s	sec	tion			
	501(c)(6).					·····		
			_	_	Yes	No		
1	Were substantially all (90% or more) dues received nondeductible by members?			1				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3	tion	<u>. </u>		
P,ar	tilli;B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered					3 ic		
	answered "Yes."	NO OR	(U) Fai		n-A, mie	J, 13		
1	Dues, assessments and similar amounts from members		<u> </u>	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic			- 1				
2	expenses for which the section 527(f) tax was paid).	·aı						
•				a				
	Current year Carryover from last year		··· [_	b.				
c	Total		····	c				
3			··· 🗀	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exceeds the amount on line 3.			183	_			
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po		- F					
	expenditure next year?		. 7	4				
5	Taxable amount of lobbying and political expenditures (See instructions)		<u>[</u>	5				
	t⊮V∄ Supplemental Information							
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines	1 ar	d 2 (See			
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.					,		
					<u> </u>			
			_					
			•					

SCHEDULE D

Supplement

Privacy Redaction

(Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Employer identification number

Name of the organization

20-4036946 CENTER FOR UNION FACTS

Par			or Accounts. Complete i	f the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other acc	counts
_	Tabel sumbay at and of upon	(a) Dunoi advised lunus	(b) i unus and other acc	,ourns
1	Total number at end of year			 _
2	Aggregate value of contributions to (during year)		<u> </u>	
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		- J 6 d-	
5	Did the organization inform all donors and donor advisors in v			□No
•	are the organization's property, subject to the organization's		E	140
6	Did the organization inform all grantees, donors, and donor ad		Fig. 1	
	for charitable purposes and not for the benefit of the donor or		F	
Dar	impermissible private benefit? till Conservation Easements. Complete if the org	and the second by a figure 000.		L No
			Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	6 - Listaria (K. i	
	Preservation of land for public use (for example, recreat	·	f a historically important land a	irea
	Protection of natural habitat	Preservation of	f a certified historic structure	
	Preservation of open space			41 14
2	Complete lines 2a through 2d if the organization held a qualifi	led conservation contribution in the form		
	day of the tax year.		Held at the End o	tine lax tear
а			1 1	
b	•		K	
C	Number of conservation easements on a certified historic stru		1 1 1	
d	Number of conservation easements included in (c) acquired a		1 1	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax	
	year -	· · · · · · · · · · · · · · · · · · ·		
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per		\	
	violations, and enforcement of the conservation easements it			No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	servation easements during the	e yeai
_		line of violations, and enforcing concerns	tion accoments during the ver	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year	ır
_	▶ \$	a action the requirements of continu 170	(b)(A)(D)(i)	
8			K	No
_	and section 170(h)(4)(B)(ii)?		—	140
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's infancial statem	ents that describes the	
Par	organization's accounting for conservation easements. † Organizations Maintaining Collections of	Art Historical Treasures, or Of	ther Similar Assets.	
li-zen	Complete if the organization answered "Yes" on Form			
	If the organization elected, as permitted under FASB ASC 95		and halance sheet works	
ıa	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finar			
	If the organization elected, as permitted under FASB ASC 95			
b				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	icianice or public service,	
	provide the following amounts relating to these items:		> \$	
	(i) Revenue included on Form 990, Part VIII, line 1			
_		actives or other similar accepts for financia		
2	If the organization received or held works of art, historical treation of the following arrangement and the following arrangement and the following arrangement and the following arrangement and the following arrangement and the following arrangement and the following arrangement and the following arrangement and the following arrangement and the following arrangement and the following arrangement and the following arrangement are supported by the following arrangement and the following arrangement are supported by the following arrangement and the following arrangement are supported by the following arrangement and the following arrangement are supported by the supported by the supported by the supported by the supported by the supported by the supported by the supported by the supported		ii gaiii, provide	
_	the following amounts required to be reported under FASB A		> \$	
a	Revenue included on Form 990, Part VIII, line 1			
<u>b</u>	Assets included in Form 990, Part X		Φ	

Scho	edule D (Form 990) 2020 CENTER	FOR UNION	FACTS		Privacy	Redaction			Page 2
	Organizations Maintaining C			Treasures	s, or Othe	r Similar As	sets	Contin	
3	Using the organization's acquisition, accessi							<u> ICOITAIT</u>	ueui
•	collection items (check all that apply):	,	,		,	.g			
а	Public exhibition		Loan o	r exchange p	rogram				
b	Scholarly research				-				
С	Preservation for future generations					<u> </u>			
4	Provide a description of the organization's co	ollections and explain	n how they furt	her the organi	ization's exer	npt purpose in	Part 2	XIII.	
5	During the year, did the organization solicit of	·	•	-					
	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	TIVI Escrow and Custodial Arran							ine 9, or	
	reported an amount on Form 990, Pa		-						
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for contrib	utions or othe	r assets not	included			
	on Form 990, Part X?						. \square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
								Amount	
С	Beginning balance					1c			
d	Additions during the year								
	Distributions during the year								
f	Ending balance					1 1			<u></u>
2a	Did the organization include an amount on Fe						\square	Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Pai	two Endowment Funds. Complete	if the organization ar	swered "Yes"	on Form 990,	Part IV, line	10.			
		(a) Current year	(b) Prior ye	ar (c) Two	o years back	(d) Three years	back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance						ŀ		
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, colur	nn (a)) held as	s :				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment >	<u></u> %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are h	eld and admin	istered for th	e organization		_	
	by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ntions listed as requir	ed on Schedul	e R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					_	
Par	tivis Land, Buildings, and Equipm								
	Complete if the organization answered								
	Description of property	(a) Cost or o	, , ,	Cost or other		ccumulated	-	(d) Book	value
		basis (investr	nent) l	asis (other)		preciation	8		
	Land				100 May 1			•	
	Buildings						 		
С	Leasehold improvements				<u> </u>		+		
d	Equipment						\bot		
	Other						╀		
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part	X. column (B), i	ine 10c.)		<u></u>			0.

Schedule D (Form 990) 2020

Schedule D	(Form 990) 2020	CENTER		NOINU	FACTS		20-	<u>-403694</u>	6 Page 3
Part VII	Investments - 0	Other Securit	ies.			Driva	cy Redaction		
	Complete if the orga						•		
(a) Descrip	tion of security or categ	Ory (including name o	f security)	(b)	Book value	(c) Method of valuati	ion: Cost or end	-of-year mark	et value
(1) Financia	al derivatives							-	
(2) Closely	held equity interests							-	
(3) Other									
(A)				ļ			· · ·		
(B)									
(C)				<u> </u>					
(D)									
<u>(E)</u>				ļ			-		
(F)							· · ·		
(G)									
<u>(H)</u>				ļ					land and the sales
	b) must equal Form 990			ļ			• • • • • • • • • • • • • • • • • • • •		
Rart VIII	Investments - I	_				•			
			ed "Yes"			ne 11c. See Form 990, Part >			
	(a) Description of	investment		(b)	Book value	(c) Method of valuat	ion: Cost or end	-of-year mark	et value
(1)				.					
(2)				<u> </u>					
(3)				<u> </u>					
(4)		· · · · · · · · · · · · · · · · · · ·		<u> </u>					
(5)				 					
(6)		 		<u> </u>					
(7)				ļ				\longrightarrow	
(8)				ļ					
(9)				<u> </u>					
	b) must equal Form 990	, Part X, col. (B) lir	e 13.) 🖊	<u> </u>					
Part IX			1 45 4 11	_	000 0 . 11/1		V Bas 45	1	
	Complete if the orga	anization answer		On Form Descript		ne 11d. See Form 990, Part	x, line 15.	(b) 80	k value
			(4)	Descript	011			(3) 50	
(1)	· · · · · · · · · · · · · · · · · · ·								
(2)									
(3)									
(4)						· · · · · · · · · · · · · · · · · · ·			
<u>(5)</u> (6)									<u> </u>
(7)									
(8)			·····				• •		t
(9)									1
	ımn (b) must equal Fo	rm 990 Part X o	ol (B) lin	0 15)			•		
Part X	Other Liabilitie	S.	OI. IDI III	<u>. 10,1</u>					
(<u>-</u>	Complete if the org	anization answer	ed "Yes"	on Form	990, Part IV, li	ne 11e or 11f. See Form 990	, Part X, line 25.		<u>.l</u>
1.		escription of liabi						(b) Boo	kvalue
	leral income taxes								
(2)									
(3)									
(4)									_1
(5)									
(6)									
(7)									
(8)									
(9)									
Total. (Colu	ımn (b) must equal Fo	orm 990, Part X. o	ol. (B) lin	e 25.)					
2. Liability	for uncertain tax pos	sitions. In Part XI	II, provide	the text	of the footnote	e to the organization's financ	ial statements th	nat reports th	e
						k here if the text of the footno			
									m 990) 2020

Schedule D (Form 990) 2020 CENTER FOR UNION FACTS	A		Page 4
Reconciliation of Revenue per Audited Financial Sta		ue per Heturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, lin			
	••••		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مم ا		
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d			
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	امدا		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.) c Add lines 4a and 4b		4c	
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.			
Part XIII Reconciliation of Expenses per Audited Financial St	atements With Exper	ises per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, lin			
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	***************************************	2232	
a Donated services and use of facilities	2a		
b Prior year adjustments	·····		
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	1 1		
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1			
Part XIII Supplemental Information.	MV		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line 2; Part	: XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			
PART X, LINE 2:			
	-		
MANAGEMENT HAS EVALUATED THE EFFECT OF GU	IDANCE PROVIDE	D BY U.S. GAAP C)N
ACCOUNTING FOR UNCERTAINTY IN INCOME TAXE	S. MANAGEMENT	BELIEVES THAT TH	IE
CENTER CONTINUES TO SATISFY THE REQUIREME	NTS OF A TAX-E	XEMPT ORGANIZATI	ON
AT DECEMBER 31, 2020. MANAGEMENT HAS EVAL	UATED ALL OTHE	R TAX POSITONS T	'HAT
		·_	
COULD HAVE A SIGNIFICANT EFFECT ON THE FI	NANCIAL STATEM	ENTS AND DETERMI	NED
THE CENTER HAD NO UNCERTAIN INCOME TAX PO	SITIONS AT DEC	EMBER 31, 2020.	
	<u></u>		
	<u> </u>		

SCHEDULE 1

(Form 990)

Department of the Treasury Internal Revenue Service

Part 18

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047

► Attach to Form 990.

Employer identification number

20-4036946

ê [

X Yes

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection CENTER FOR UNION FACTS General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

recipient that received more trian \$5,000. Part ii can be duplicated ii additional space is needed.	DO, COLL CALL	be cublicated II addition	July Space is lieede	.n.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	. (f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR THE AMERICAN WORKER 38274 ALFALFA CT HAMILTON, VA 20158	46-3062521	501(C)(3)	11,500.	0			SUPPORT OF RESEARCH AND EDUCATION THE PUBLIC ON WORKFORCE RELATED POLICY.
					·		·
·							
		·					
2 Enter total number of section 501/c/l/3 and government organizations listed in the line 1 table	1 and government-eri	yanizations listed in the	Ilne 1 table				□
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	itable					.0

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

Schedule I (Form 990) 2020

20-4036946 CENTER FOR UNION FACTS

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) 2020

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	ion other)	(f) Description of noncash assistance
		-				,
*Part IV. Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, lin	le 2; Part III, column	(b); and any other ac	Iditional information.		
PART I, LINE 2:						
THE CENTER ENSURES, THROUGH INDEPENDENT		VERIFICATION,	OF THE GR	GRANTEES		
ELIGIBILITY. GRANTEES PROVIDE AFFIRMATION		ON THE USE	OF THE FUNDS	TO ENSUF	 Priva	
COMPLIANCE WITH THE AGREEMENT.					ev R	:
					dact	
	•				ion	
		:				
				:		
032102 11-02-20						Schedule I (Form 990) 2020

SCH	EDU	LE L
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Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answ

Privacy Redaction

28b,	or	28c,	or	rc	भाग :	99U-E2	L, Pari	ı v, ime	Joa	OF 44
					_					

	ŀ			200, or 200,	or Lou	m 990-	EZ, P	art v, line 30a	or ·	40D.					. V.	
Department of I		▶ 6	▶ Attach to Form 990 or Form 990-EZ.▶ Go to www.irs.gov/Form990 for instructions and the latest information.											To Pu	blic	
Name of th	e organization	1									Em	ployer	ident	fica	tion n	umber
	-	CENTER	FOR	R UNION	FAC'	TS					20	-40	369	16		
Part I	Excess B						on 50	1(c)(4), and se	ctior	501(c)(29) orga				Г		
										Form 990-EZ, Pa				1		
1 ,,,,,,				elationship bet										Le	I) Corr	ected?
(a) Nar	ne of disqualit	nea person		person and o	rganiza	ation		(0	C) D	escription of tran	sactio	on		址	Yes	No
														$\bot\!$		
														#		
												-		╨		
														╬		
														╫		
2 Enter	the amount of	tax incurred by	the or	ganization man	agers .	or disa	السائديي	d nereone dur	ina 1	he vear under				+		
	n 4958			_	-				-			• \$		1		
	• • • • • • • • • • • • • • • • • • • •											S		十		
2					,		,					•		十		
Part III	Loans to	and/or Fron	n Inte	erested Per	sons.		***							丁		-
	Complete if	the organization	n answ	ered "Yes" on	Form 9	90·EZ,	Part \	/, line 38a or F	orm	990, Part IV, lin	e 26;	or if th	e orga	nizat	ion	
	reported an	amount on Forr	n 990,	Part X, line 5,	6, or 22	2.										
) Name of	(b) Relatio		(c) Purpose		an to or : n the	•) Original	(1) Balance due) In	(h) Ap	ard o	r I 🗥	Written
intere	ested person	with organi	zation	of loan	organi	zation?	princ	cipal amount			aet:	ault?	cómm	ittee	? agre	ement?
					То	From			<u> </u>		Yes	No	Yes	N	Ye	s No
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Total				·····			······	> \$			£		3 A &	<u> </u>	<u> </u>	
Part III.	,	r Assistance		_											1	
		the organization								4.0.7		—т			1	- 1
(a) N	ame of interes	sted person	(b) Relationship interested per			(c) Amount of assistance		(d) Type assistan					rpose stance	
				the organiz		•						ł			1	
			+									\dashv			+	
			1									$\neg \uparrow$			1	•
			1					-				\dashv			1	
			1													
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2020

Schedule L (Form 990 or 990-EZ) 2020	CENTER	FOR	UNION	FACTS
Part IV Business Transaction	ns Involvir	ng Inte	rested Pe	ersons.

(a) Name of interested person	person and the organization transaction transaction revenue									
			·	Yes	No					
RICHARD BERMAN AND COMPANY	SEE PART V	162,805.	SEE PART V		Х					
	-				-					
Supplemental Information. Provide additional information for respo	nses to questions on Schedule L (see in	nstructions).								
PART IV (B) - DESCRIPTION (OF RELATIONSHIP:		· · · · · · · · · · · · · · · · · · ·							
ENTITY MORE THAN 35% OWNED	BY RICHARD BERMAN,	PRESIDENT.								
PART IV (D) - DESCRIPTION (OF TRANSACTIONS:									
SERVICES PROVIDED INCLUDE I	RESEARCH AND MONITOR	ING/ANALYSI	S ON ISSUES							
IMPORTANT TO THE ORGANIZAT	ION, ADVERTISING, PU	BLIC AND ME	DIA RELATIO	NS,						
PROGRAM MANAGEMENT AND PROP	MOTION OF INFORMATION	N TO THE PU	BLIC,							
ACCOUNTING AND FINANCIAL OF	PERATIONS, LOBBYING,	MANAGEMENT	, GENERAL A	ND						
ADMINISTRATIVE, MEETING PLA	ANNING, AND ADDITION	AL SERVICES	AS NEEDED	IN						
MEETING THE OBJECTIVE OF CI	ENTER FOR UNION FACT	S IN THE FU	LFILLMENT O	F						
ITS MISSION AND EXEMPT PURI	POSES.									
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SCHEDULE O

032211 11-20-20

(Form 990 or 990-EZ)

Supplemental Info

Privacy Redaction

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

▶ Attach to Form 990 or 990-EZ.

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

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Internal Revenue Service Name of the organization

Employer identification number

CENTER FOR UNION FACTS 20-4036946 FORM 990, PAGE 1, ITEM J: WEBSITES INCLUDE THE FOLLOWING: UNIONFACTS.COM; LABORPAINS.ORG; TEACHERSUNIONEXPOSED.COM. EMPLOYEERIGHTSACT.COM, AFTFACTS.COM, WORKERCENTERS.COM, PUBLICUNIONFACTS.COM, ABOUTJANUS.COM, EYESON11.COM, UAWACCOUNTABILITY.COM, UAWINVESTIGATION.COM, SEIUEXPOSED.COM. METOOSEIU.COM FORM 990, PART VI, SECTION A, LINE 3: RICHARD BERMAN AND COMPANY INC. IS THE MANAGEMENT COMPANY FOR THE CENTER FOR UNION FACTS. RICHARD BERMAN, PRESIDENT AND EXECUTIVE DIRECTOR OF CENTER FOR UNION FACTS, WAS COMPENSATED AS PRESIDENT OF RICHARD BERMAN AND DUE TO THE CENTER'S ESTABLISHED ACCOUNTING COMPANY, INC. DURING 2020. AND FINANCIAL INTERNAL CONTROL PROCESSES, WHICH HAVE BEEN APPROVED BY THE INDEPENDENT AUDITING FIRM, THE CONFIDENTIAL COMPENSATION INFORMATION IS UNAVAILABLE TO THE PREPARER AND SIGNING OFFICER. FORM 990, PART VI, SECTION B, LINE 11B: CENTER FOR UNION FACTS' FORM 990 WAS REVIEWED BY MANAGEMENT. MEMBERS OF THE GOVERNING BODY AND OUTSIDE LEGAL COUNSEL BOTH RECEIVED AND REVIEWED COPIES OF THIS FORM 990, REDACTED FOR DONOR INFORMATION, PRIOR TO ITS FILING. COMMENTS WERE ADDRESSED BEFORE THE RETURN WAS FILED. FORM 990, PART VI, SECTION B, LINE 12C: CENTER FOR UNION FACTS REQUIRES THE OFFICERS AND DIRECTORS TO READ AND STIGN THE POLICY AND TO DISCLOSE ANY CONFLICT OF INTEREST THEY MAY HAVE TO THE Schedule O (Form 990 or 990-EZ) 2020 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization Employer identification number 20-4036946 CENTER FOR UNION FACTS THE BOARD THEN DECIDES WHETHER OR NOT THERE EXISTS A ENTIRE BOARD. ANY OFFICERS OR BOARD MEMBERS WITH CONFLICTS ARE RECUSED FROM CONFLICT. VOTING UPON ISSUES INVOLVING THEIR PARTICULAR CONFLICT. FORM 990, PART VI, SECTION B, LINE 15: CENTER FOR UNION FACTS REQUIRES THAT COMPENSATION FOR THE DIRECTORS AND EMPLOYEES BE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS; PERSONS WITH CONFLICTS OF INTEREST REGARDING THE COMPENSATION ARRANGEMENT AT ISSUE ARE RECUSED. CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING ARE DONE WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT. COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS WAS REVIEWED. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AR, CT, FL, GA, IL, KS, KY, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NM, OH, OK, OR, PA, RI, SC, TN VA, WI FORM 990, PART VI, SECTION C, LINE 19: CENTER FOR UNION FACTS DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION EXCEPT THROUGH THOSE DOCUMENTS FILED WITH ITS FORM 1023 EXEMPTION APPLICATION (COPY AVAILABLE UPON REQUEST AT THE ORGANIZATION'S HEADQUARTERS IN WASHINGTON, DC) AS REQUIRED BY LAW.