Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Inspection

A	For th	е 2008 са	lendar year, or tax year beginning and ending		
В	Check if applicab	Please use IRS	C Name of organization	D Employer identif	ication number
Γ	Addre	ess label or print or	CENTER FOR UNION FACTS		
Ē	Name chang	type	Doing Business As	20-4	036946
	Instal	566	Number and street (or P.O. box if mail is not delivered to street address) Room/si		
_	Termi	Instruc-	1090 VERMONT AVE. N.W. 800	202-	463-7106
Ļ	Amen)	City or town, state or country, and ZIP + 4	G Gross receipts \$	4,506,634.
L	Applie tion pendi		WASHINGTON, DC 20005	H(a) Is this a group r	
	·	F Nan	ne and address of principal officer:RICHARD BERMAN	for affiliates?	Yes X No
-	-		E AS C ABOVE	H(b) Are all affiliates in	
_			us: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 W.UNIONFACTS.COM		I list (see instructions)
				H(c) Group exemption: 2006	M State of legal domicile: DC
	art I	Summ		ear or formation. 2000 i	VI State of regal doffficile, 20
	1.		scribe the organization's mission or most significant activities: RESEARCH	AND EDUCATIO	N REGARDING
Governance			UNIONS AND THEIR ACTIVITIES		
rna	2	Check thi	s box large if the organization discontinued its operations or disposed of m	nore than 25% of its asset	ts.
ove.	3	Number o	f voting members of the governing body (Part VI, line 1a)	3	5
જ	4	Number o	f independent voting members of the governing body (Part VI, line 1b)	4	4
Activities &	5	Total num	ber of employees (Part V, line 2a)	5	2
<u>X</u>	6	Total num	ber of volunteers (estimate if necessary)	6	1
Act	1		s unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
_	↓ b	Net unrela	ated business taxable income from Form 990-T, line 34	7b	0.
		0	d	Prior Year 2,489,409.	Current Year 4,441,762.
ΞĒ	8		ons and grants (Part VIII, line 1h)	4,152.	4,441,702.
Revenue	10		service revenue (Part VIII, line 2g) nt income (Part VIII, column (A); lines 3, 4, and 7d)	2,718.	11,573.
æ	11		enue (Part VIII, column (A), lines 5, 6 🖟 😥 🔯 🎉 (1e)	<105.	
			nue - add lines 8 through 11 (must equal Part VIII; column (A), line 12)	2,496,174.	4,454,886.
			d similar amounts paid (Part IX, column (A), lines 1-3)		
			paid to or for members (Part & Column (A) line 42009	,	
S	1	Salaries, c	other compensation, employee benefits (Part IX, column (A) fines 5-10)	6,082.	7,576.
Expenses	16a	Profession	nal fundraising fees (Part IX, column & net 1)		
ğ	Ь		raising expenses (Part IX, column (D), line 25) 313, 215.		
ш	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,545,617.	4,075,148.
	18	Total expe	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,551,699.	4,082,724.
-	19	Revenue I	ess expenses. Subtract line 18 from line 12	<55,525.	
Net Assets or		-	(7)	Beginning of Year	End of Year 1,567,420.
ASSE Design	20		ts (Part X, line 16)	1,088,589. 188,047.	294,716.
Set /	21 22		ities (Part X, line 26) s or fund balances. Subtract line 21 from line 20	900,542.	1,272,704.
P	art II		ture Block	700,342.	1,2/2,704.
Ŀ			ties of perjury, ideclare that I have examined this return, including accompanying schedules and statemente. Declaration of pleparer (other they officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowled	ige and belief, it is true, correct,
		and complet	te Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	dge	/ . / ~
Sig	ın i		K. 1810	(//	1407
He	re	1.	ature of officer	Date	
			CHARD BERMAN, PRESIDENT, DIRECTOR		
_		Туре	or print name and title	Al- III	
Pai	d	Preparer's		self- (see in	er's identifying number structions)
Pre	parer's	signature	Jania, Rolly	employed >	·
Use	Only	yours If	RICHARD BERMAN AND COMPANI, INC.	EIN >	
		address, and ZIP + 4		Dhono no 🕨 (202)463-7100
Ma	v the II	<u> </u>	s this return with the preparer shown above? (see instructions)	Filolic IIO.	X Yes No
_	001 12-1		A For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.	Form 990 (2008)
		1			

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Total program service expenses ► \$

3,692,167. (Must equal Part IX, Line 25, column (B))

-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	<u> </u>	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	┢╼		
3	public office? If "Yes," complete Schedule C, Part I	3		х
		4	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	-4-		-
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_		
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			٦,
	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,	_		1,5
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	_X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		X
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) 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		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

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Part IV | Checklist of Required Schedules (continued)

			Yes	No
28	Dunng the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an	1		
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other	L_	<u> </u>	
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X	
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		Х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			1
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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			
	Schedule N, Part II	32	<u> </u>	X
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	<u></u>	X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
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		X
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<u> </u>		
	(gambling) winnings to prize winners?	1c	Х	
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?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		<u> </u>	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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	1		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
	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	_		7.5
_	to file Form 8282?	7c		_X_
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_ <u></u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X	
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Х	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
^	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	00		J
a	Did the organization make any taxable distributions under section 4966?	9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: N/A	9b		
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: N/A]
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	u		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			!
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	_ 3	_X_	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4_		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			i i
	by the following:	<u> </u>		
а	The governing body?	8a	Х	├ ──
b	Each committee with authority to act on behalf of the governing body?	8b	X	
	Does the organization have local chapters, branches, or affiliates?	9a_		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		<u> </u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must		7.7	ļ
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	<u> </u>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies			
40-	Describe a second described as a first second described of the fir	40-	Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ.	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	21	
С	in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	H		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	ŀ,		
а	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books are personally also between the person who possesses the books are personally also between the person who person of the	tion: 🕨	·	
	RICHARD BERMAN - (202) 463-7106			
	1090 VERMONT AVE. N.W., #800, WASHINGTON, DC 20005			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average			(e Pos	C)			(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours	Ι (c				app	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
RICHARD BERMAN PRESIDENT, DIRECTOR	4.50	x		x				5,000.	0.	0 .
JONATHAN BERRY	+	 	╁──	-		┢	 	3,000.		-
SEC./TREAS., DIRECTOR	0.10	х	<u> </u>	х				0.	0.	0 .
DAN CRONK DIRECTOR	0.10	x						500.	0.	0
JOANNA ROBINSON DIRECTOR	0.10	x					:	996.	0.	0
WILLIAM TATTERSALL DIRECTOR	0.10							500.	0.	0
	1				-					

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Part VII Section A. Officers, Directors, Tru	stees, Key E	mple	эуес			High	est	Compensated Employ				
(A)	(B)	l		•	C)			(D)	(E)		(F	
Name and title	Average hours	ر ا			ition that	app	ıκΛ	Reportable compensation	Reportable compensation	i i		
	per	⊢∸	I	T	T	I	,, <u>,,,</u>	from	from relate			
	week	ndividual trustee or director			1	_		the	organization		compen	
		io ag	stee			Highest compensated employee		organization	(W-2/1099-MI	SC)	from organiz	
		al fast	nal tr.		loyee	1 din 0		(W-2/1099-MISC)	•		and re	
	•	Jwidu	Institutional trustee	Officer	Key employee	plest	Ше				organiz	
		Ĕ	를	5	<u>\$</u>	호등	ß					
		\vdash			一		_					
		-	_	_	-	-						
					<u> </u>	_						
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	 .											
		-		-		H				$\overline{}$		
		_										
1b Total						┢		6,996.		0.		0.
2 Total number of individuals (including those	ın 1a) who re	ceiv	ed n	nore	tha	n \$1	00,	000 ın reportable				
compensation from the organization										<u> </u>		0
										r	Ye	s No
3 Did the organization list any former officer,			, ke	y en	olqr	yee,	or h	highest compensated er	nployee on	-		X
line 1a? If "Yes," complete Schedule J for s					.		اهـ د		th	ŀ	3	^
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	·-							•	tne organization	ŀ	4	X
5 Did any person listed on line 1a receive or a			•						ices rendered to	, }		+
the organization? If "Yes," complete Sched	•				٠	٠.,,	V.L.	iod organization for corr		ŀ	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of cor	npens	ation from	j
the organization.							_	(D)				
(A) Name and business	address							(B) Description of s	ervices	С	(C) ompensat	ion
ORION PRECISION MARKET RI			50				\dashv	<u> </u>				
PROGRESS CIRCLE, UNIT 6A				C.	Г		ŀ	MEDIA BROKER	AGE	2	,227,	594.
RICHARD BERMAN AND COMPAN							ヿ					
VERMONT AVE NW, #800, WAS	SHINGTON	<u>, r</u>	DC	3 2	200	005	5	MANAGEMENT S	ERVICES		779,	602.
THE NEW YORK TIMES										i		
620 8TH AVE, 22ND FLOOR,	NEW YOR	RK,	. 1	1 <u>Y</u>	1(001	L 8)	ADVERTISING			332,	765.
USA TODAY 7950 JONES BRANCH ROAD, M	ICLEAN,	V	A 2	221	108	3		ADVERTISING			120,	808.
NMB RESEARCH LLC			-				\neg					
206 N. FAYETTE ST., ALEXA		_	_				_	SURVEY SERVI			105,	000.
2 Total number of independent contractors (ii	ncluding those	n 1	l) wł	no re	ecen	ved i	mor	re than \$100,000 in com	pensation			

from the organization

Pa	irt VI	II Statement of Revenu	e					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts 1ts	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
ts, (С	Fundraising events	1c					
gif	d	Related organizations	1d					
ns,	е	Government grants (contribution	s) 1e			I		
itio	f	All other contributions, gifts, grants,			;			
ξģ		similar amounts not included above	1f 4	441762.				
T D	g	Noncash contributions included in lines 1a-	1f \$	51,721.				
ರ ≅	h	_Total. Add lines 1a-1f			4,441,762.			
				Business Code				
ဗ	2 a						: 	
ē Ž	b							
S	С				<u> </u>			
e s	d							
Program Service Revenue	е							
ء ا	f	All other program service revenu	е					
	g	Total. Add lines 2a-2f		<u> </u>				
	3	Investment income (including div	vidends, intere	est, and				
		other similar amounts)		•	9,018.			9,018.
	4	Income from investment of tax-e	xempt bond p	roceeds				
	5	Royalties	·	<u> </u>			<u>.</u>	
		<u> </u>	(i) Real	(II) Personal				
		Gross Rents						
		Less: rental expenses		ļ				
		Rental income or (loss)						
ĺ		Net rental income or (loss)	<u> </u>	<u> </u>				
- 1	7 a		i) Securities	(II) Other				
ļ	_	· -	54,303.					
	b	Less: cost or other basis	E1 740					
			51,748. 2,555.					
I		Gain or (loss)	2,333.		2,555.			2,555.
		Net gain or (loss)			2,555.			2,333.
ã l	8 a	Gross income from fundraising e including \$	vents (not of					
Š		contributions reported on line 1c						
Other Revenu		Part IV, line 18). See a					
.He	h	Less: direct expenses	a b					
ŏ		Net income or (loss) from fundrai		•				
J		Gross income from gaming activi				-		-
1	-	Part IV, line 19	a:					
	b	Less: direct expenses	b					
		Net income or (loss) from gaming	- 1					
		Gross sales of inventory, less reti						
		and allowances	a					
	b	Less: cost of goods sold	b					
		Net income or (loss) from sales o	f inventory	•				
Ī		Miscellaneous Revenue		Business Code			<u> </u>	
- 1	11 a	EXPENSE REIMBURS	EMENTS	900099	1,551.	1,551.		
- 1	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		•	1,551.			
9222	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5,	6d, 7d, 8c, 9c, 10	c, and 11e	4,454,886.	1,551.	0.	11,573.
83200 02-02	-09							Form 990 (2008)

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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				- 400
	trustees, and key employees	6,996.		1,500.	5,496
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	580.			580.
11	Fees for services (non-employees):				00=
а	Management	779,602.	507,909.	46,003.	225,690
þ	Legal	19,062.	9,658.	5,936.	3,468.
С	Accounting	18,000.		18,000.	
d	Lobbying	56.	56.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	13,166.	6,282.		6,884.
12	Advertising and promotion	2,900,332.	2,897,513.		2,819.
13	Office expenses	54,725.	27,122.		27,603.
14	Information technology	113,905.	112,656.		1,249.
15	Royalties				
16	Occupancy				04 505
17	Travel	40,528.	7,827.	1,104.	31,597.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				2 2 2 2
19	Conferences, conventions, and meetings	4,442.	248.	206.	3,988.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	732.	732.		
23	Insurance	4,593.		4,593.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	ISSUE RESEARCH	116,404.	116,404.		
b	TAXES, LICENSES & FEES	5,881.	2,282.		3,599.
С	SUBSCRIPTIONS & PUBLICA	3,720.	3,478.		242.
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,082,724.	3,692,167.	77,342.	313,215.
26	Joint Costs. Check here ▶				
	SOP 98-2. Complete this line only if the organization		İ		
	our so z. complete this line only if the organization				
	reported in column (B) joint costs from a combined				

	IL A	Balance Sheet								
					(A) Beginning of year		Er	(B) nd of y	/ear	
	T .	0-1			205,114.	1		-		63.
	1	Cash - non-interest-bearing			833,813.	2	1			99.
	2	Savings and temporary cash investments			35,650.		 	30 -		76.
	3	Pledges and grants receivable, net			33,030.	3	 			53.
	4	Accounts receivable, net				4				55.
	5	Receivables from current and former officers, d			4 500	İ _				
	l	employees, or other related parties. Complete F			4,529.	5	ļ			
	6	Receivables from other disqualified persons (as				İ				
		4958(f)(1)) and persons described in section 49	58(c)(3))(B). Complete			ŀ			
		Part II of Schedule L				6				
ets	7	Notes and loans receivable, net				7				
Assets	8	Inventories for sale or use				8				
•	9	Prepaid expenses and deferred charges				9	ļ			
	10a	Land, buildings, and equipment: cost basis	10a	4,184.						
	b	Less: accumulated depreciation. Complete					ľ	_		
		Part VI of Schedule D	10b	2,355.	2,561.	10c	ļ		L,8	<u> 29.</u>
	11	Investments - publicly traded securities				11				
	12	Investments - other secunties. See Part IV, line	11	ļ		12				
	13	Investments - program-related. See Part IV, line	11			13				_
	14	Intangible assets				14				
	15	Other assets. See Part IV, line 11			6,922.	15				0.
	16	Total assets. Add lines 1 through 15 (must equ	ıal lıne 3	34)	1,088,589.	16	1,	567	7 <u>,4</u>	<u> 20.</u>
	17	Accounts payable and accrued expenses			17,031.	17		<u> 294</u>	<u>1,7</u>	16.
	18	Grants payable				18_				
	19	Deferred revenue				19				
	20	Tax-exempt bond liabilities				20				
S	21	Escrow account liability. Complete Part IV of Sc	hedule	D		21				
Liabilities	22	Payables to current and former officers, directo	rs, trus	tees, key employees,						
abi	i	highest compensated employees, and disqualif	ed per	sons. Complete Part II						
=		of Schedule L			171,016.	22]			
	23	Secured mortgages and notes payable to unrel	ated th	ird parties		23				
	24	Unsecured notes and loans payable		,		24				
	25	Other liabilities. Complete Part X of Schedule D				25				
	26	Total liabilities. Add lines 17 through 25			188,047.	26		294	1,7	16.
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete						
တ္သ		lines 27 through 29, and lines 33 and 34.		·						
nces	27	Unrestricted net assets			900,542.	27	1,	272	2,7	04.
aa	28	Temporarily restricted net assets				28				
ΒP	29	Permanently restricted net assets				29				
Net Assets or Fund Balan		Organizations that do not follow SFAS 117, c	heck h	ere and						
5		complete lines 30 through 34.								
र्घ	30	Capital stock or trust principal, or current funds	i			30	-		-	
SSE	31	Paid-in or capital surplus, or land, building, or ed		nt fund		31				
¥.	32	Retained earnings, endowment, accumulated in		The state of the s		32				
ž	33	Total net assets or fund balances	,		900,542.	33	1.	272	2.7	04.
	34	Total liabilities and net assets/fund balances			1,088,589.	34		567		
Pa	rt XI	Financial Statements and Reporting	<u> </u>	······································			·			
Щ.			,	***	*-				Yes	No
1	Acco	ounting method used to prepare the Form 990:	Ca	ash X Accrual	Other			\neg		
2a		the organization's financial statements compiled					<u> </u>	2a		Х
b		the organization's financial statements audited l		•	= =: ·-=:: • • •			2b	Х	
c		es" to lines 2a or 2b, does the organization have			sibility for oversight of the	audit	-	-		
•		w, or compilation of its financial statements and		·	· ·			2c	X	l
3 <i>a</i>		result of a federal award, was the organization re				ile Au	<u> </u>			
		and OMB Circular A-133?	-,			,		3а		Х
b		es," did the organization undergo the required au	dit or a	udits?			-	3b		

832011 12-18-08

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support
To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

200

2008
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Name of the organization

Employer identification number

			CENTER	FOR UNION FA	CTS					2	0-4036946		
Pa	irt I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) (see ins	tructions)				
The	organ	ization is not	a private foundation	because it is: (Please ch	neck only o	ne organi	zation.)						
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in s e	ection 170	(b)(1)(A)(i)).				
2	\Box	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach Sc	:hedule E.)								
3	\Box	•		tal service organization						•			
4		A medical re	search organization	operated in conjunction	with a hos	spital desc	rıbed ın se	ction 170	(b)(1)(A)(ii	ii). Enter	the hospital's nam	e,	
	_	city, and stat	te:				_						
5	Ш	An organizat	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.)											
6	\square	-	. •	ent or governmental uni									
7	X	_	· · · · · · · · · · · · · · · · · · ·	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general	public described in	n	
	_	section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9		•	•	eives: (1) more than 33		• •				•			
			·	nctions - subject to certa									
				axable income (less sec	tion 511 ta	ix) from bu	isinesses a	acquired b	y the orga	ınızatıon	after June 30, 197	5.	
	$\overline{}$		509(a)(2). (Complete	•					/				
10	H	-	•	perated exclusively to te		-							
11	ш			perated exclusively for the								or	
			·	ations described in secti				2). See sec	euc noire	a)(3). On	eck the box that		
			· · · ·	organization and compl		_		to and and			Type III - Other		
_		a Type		_ ,,		e III - Fund	•	-	r mara dia		• •	_	
е	ш	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
			=	ten determination from t		-				5(a)(1) 01	Section 309(a)(2).		
f		_	rganization, check th		ine ino in	at it is a Ty	pe i, type	ii, oi Type	3 III				
			•	organization accepted ar	ov aift or c	ontribution	from any	of the follo	owing ner	sons?			
g		_		irectly controls, either al							Yes	No	
				upported organization?	0.10 0. 109	,041.01 11141	po.000 c		(, a	,	11g(i)		
		_		n described in (i) above?							11g(ii)		
		• •	•	person described in (i)		e?					11g(iii)		
h				about the organizations			oports.				<u></u>		
			Ū	J	Ū	•	•						
(i)	Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did you	notify the	(vi) Is	the	(vii) Amount of		
۱٠,		inization	(, =	organization (described on lines 1-9	. , ,	sted in your		ion in col.	organizátio (i) organiz	on in coi. ed in the l	support		
				above or IRC section		document?	(i) of your		U.S		1		
				(see instructions))	Yes	No	Yes	No	Yes	No			
					ļ								
						<u> </u>							
_			-	<u></u>									
						ļ							
ota	11												

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 CENTER FOR UNION FACTS Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5. 7. or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 4441762.10425756. 2489409. include any "unusual grants.") 3494585. 2 Tax revenues levied for the organization'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 4441762.10425756. 3494585. 2489409. 4 Total. Add lines 1 - 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 3267272. 7158484. 6 Public Support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 3494585 2489409. 4441762.10425756. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,446 2,718. 9,018. 13,182. and income from similar sources Net income from unrelated husiness. activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 14,596 4,512 1,551. 20,659. assets (Explain in Part IV) 10459597. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here $\triangleright X$ Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

Schedule A (Form 990 or 990-EZ) 2008

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Section A. Publi	rt Schedule for O	gamzanono	Described iii		(Complete only	n you checked the	DOX OII III E S OI FAIL
		(a) 0004	(h) 0005	(=) 0000	(4) 0007	(-) 0000	/A T-1-1
Calendar year (or fis	· · · · · -	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, co					:		
•	es received. (Do not			•			
include any "uni	· · · · ·				-	ļ	
formed, or facilit any activity that	ld or services per-						
	ated trade or bus-						
iness under sec	tion 513						
4 Tax revenues le ization's benefit or expended on	and either paid to						
5 The value of ser	vices or facilities		1				
	overnmental unit to						
6 Total. Add lines	· -						
	ed on lines 1, 2, and					1	-
	disqualified persons						
b Amounts included on from other than disquexceed the greater of 10c, 11, and 12 for th	alified persons that 1% of the total of lines 9,						
c Add lines 7a and	d 7b						
8 Public support	(Subtract line 7c from line 6)						
Section B. Total			•		•		
Calendar year (or fist	cal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from I	· · · · · · · ·				` '	, ,	1/
10a Gross income fr dividends, paym secunties loans,	om interest, nents received on						
b Unrelated busines	s taxable income	·					
(less section 511	axes) from businesses						1
acquired after Jun	· · · · · · · · · · · · · · · · · · ·						
c Add lines 10a ar	· -						
11 Net income from	n unrelated business luded in line 10b, he business is						
12 Other income. Do or loss from the assets (Explain)	o not include gain sale of capital						
13 Total support (Add	· · · · · · · · · · · · · · · · · · ·						1
14 First five years.	If the Form 990 is for t	he organization'	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organ	ization,
check this box a	ind stop here						▶□_
Section C. Com	putation of Public	Support Pe	rcentage				
15 Public support p	percentage for 2008 (lin	e 8, column (f) d	livided by line 13, o	olumn (f))		15	9
16 Public support p	percentage from 2007 S	Schedule A, Part	IV-A, line 27g			16	9
Section D. Com	putation of Invest	ment Incom	e Percentage				
	me percentage for 200			ne 13. column (f))		17	9,
	me percentage from 20	•	• • • • • • • • • • • • • • • • • • • •	,		18	9,
	rt tests - 2008. If the o			on line 14, and line	a 15 is more than:		
	3%, check this box and						▶
	r t tests - 2007. If the o	=	-	, ,	• •		, and
• •	re than 33 1/3%, chec	•					
							: =
20 Private foundat	ion. If the organization	ald Dot check a	box on line 14 19:	a, or 19b. check ti	his box and see in	structions	▶ !

Schedule A (Form 990 or 990-EZ) 2008 CENTER FOR UNION FACTS 20-4036946 Page
Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b;
or Part III, line 12. Provide any other additional information (see instructions)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OPINION EDITORIAL INCOME
EXPENSE REIMBURSEMENT INCOME
SALE OF STUDIES
COPY FEE INCOME
GRANT REVIEW SERVICE
SALE OF SUPPLY ITEM

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organiz 	ations: Complete Part III.			
Name of organization			Emp	loyer identification number
CENTER	FOR UNION FACTS			20-4036946
Part I-A To be completed	oy all organizations exem	pt under section	1 501(c) and section 5	27 organizations.
See the instructions for	Schedule C for details.			
1 Provide a description of the organ	ization's direct and indirect politic	cal campaign activities	s in Part IV.	
2 Political expenditures		-	▶ \$	3
3 Volunteer hours				
Part I-B To be completed I	y all organizations exem	pt under section	1 501(c)(3).	
See the instructions for	· ·	•		
1 Enter the amount of any excise ta	x incurred by the organization un-	der section 4955	▶ \$)
2 Enter the amount of any excise ta			5 5 ▶ \$	
3 If the organization incurred a secti	on 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?		•		Yes No
b If "Yes," describe in Part IV.				
Part I-C To be completed I	y all organizations exem	pt under section	1 501(c), except section	on 501(c)(3).
See the instructions for	Schedule C for details.			
1 Enter the amount directly expende	ed by the filing organization for se	ection 527 exempt fun	ction activities > \$	
2 Enter the amount of the filing orga	nization's funds contributed to of	ther organizations for	section 527	
exempt function activities			▶ \$	}
3 Total of direct and indirect exempt	function expenditures. Add lines	s 1 and 2 and enter he	ere and on	
Form 1120-POL, line 17b			▶ \$	}
4 Did the filing organization file Forn	1120-POL for this year?			Yes No
5 State the names, addresses and e	mployer identification number (E	IN) of all section 527 p	political organizations to which	ch payments were made.
Enter the amount paid and indicat				
promptly and directly delivered to	a separate political organization,	such as a separate se	egregated fund or a political	action committee (PAC).
If additional space is needed, prov	ride information in Part IV.			
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			filing organization's	contributions received and
			funds. If none, enter -0	promptly and directly delivered to a separate
				political organization.
	<u></u>			If none, enter -0
	L			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule C (Form 990 or 990-EZ) 2008

832041 12-18-08

Schedule C (Form 990 or 990-EZ) 2008 Part II-A To be completed b	y organiz	zations	exempt under se	ction 501(c)(3) the		036946 Page 2
(election under sec				nedule C for details		
A Check ► if the filing organization organization organization organization organization organization organization organiza	•	'	riliated group. and "limited control" pro	weens apply		
Lim	its on Lobb	ying Expe	 		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infi	luence publ	C ODINION	(grassroots lobbying)	-	56.	
b Total lobbying expenditures to infi		-				
c Total lobbying expenditures (add	_		-, (<u>)</u>		56.	
d Other exempt purpose expenditur		•			4,082,668.	
e Total exempt purpose expenditure		1c and 1	d)		4,082,724.	
f Lobbying nontaxable amount. Ent	ter the amou	ınt from th	ne following table in bot	h columns.	354,136.	
If the amount on line 1e, column (a)	or (b) is:	The lot	obying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,00	00,000	\$100,0	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,0	00 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	,000.			
g Grassroots nontaxable amount (er	nter 25% of	line 1f)			88,534.	
h Subtract line 1g from line 1a. Ente	er -0- if line g	is more th	an line a	;	0.	
i Subtract line 1f from line 1c. Enter	r -0- if line f is	s more tha	ın line c		0.	
j If there is an amount other than ze	ero on either	line 1h or	line 1i, did the organiz	ation file Form 4720	_	
reporting section 4911 tax for this	year?				Ĺ	Yes No
•	zations that ins below. S	t made a s See the in:	eraging Period Under section 501(h) election structions for lines 2a nditures During 4-Yea	n do not have to comp through 2f of the ins		
	LODD	yilig Expe	Taltures During 4- Tea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount			277,728.	277,585.	354,136.	909,449.
b Lobbying ceiling amount						·
(150% of line 2a, column(e))						1,364,174.
c Total lobbying expenditures			0.		56.	56.
d Grassroots non-taxable amount			69,432.	69,396.	88,534.	227,362.
e Grassroots ceiling amount (150% of line 2d, column (e))						341,043.

Schedule C (Form 990 or 990-EZ) 2008

f Grassroots lobbying expenditures

9,575.

9,631.

Schedule C (Form 990 or 990-EZ) 2008 CENTER FOR UNION FACTS 20-4036946 Page 3

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		(a)		(t	(b)	
		Yes	•	lo	Amo	ount	
1	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:		<u> </u>				
а			<u> </u>				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		<u> </u>				
С	Media advertisements?		├				
d	Mailings to members, legislators, or the public?	<u> </u>	ļ				
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?		├				
9	Direct contact with legislators, their staffs, government officials, or a legislative body?		 -				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	<u> </u>	<u> </u>				
i	Other activities? If "Yes," describe in Part IV						
j	Total lines 1c through 1i		 				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		ļ				
	If "Yes," enter the amount of any tax incurred under section 4912			}			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		├				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A To be completed by all organizations exempt under section 501(c)(4)	soction	501	(0)(5)	or soct	ion	
Pai	501(c)(6). See the instructions for Schedule C for details.	, section	301	(C)(O)	, or sect	ЮП	
	30 1(C)(O). See the instructions for Schedule C for details.				Yes	No	
4	Were substantially all (90% or more) dues received nondeductible by members?			1			
1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2			
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3			
1	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members	.		1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	ical		- 1			
-	expenses for which the section 527(f) tax was paid).						
а	Current year		1	2a			
b	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political					
	expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)			5			
Par	t IV Supplemental Information						
Com	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B,	line 1	ı. Alsc	, complete	this part	
for a	ny additional information						
						 -	
					· · · · · · ·	·	

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

CENTER FOR UNION FACTS

Employer identification number 20-4036946

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds may be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor or other impermissible privat	te benefit? Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an histor	ically important land area
	Protection of natural habitat	Preservation of certified	historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a conser	vation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the or	ganization during the taxable
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, violations, and	
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	-	
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	-	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
Dai	conservation easements. III Organizations Maintaining Collections or	f Art Historical Treasures or Othe	or Similar Assets
<u> </u>	Complete if the organization answered "Yes" to Form		er Ollillar Assets.
	Complete if the organization answered Test to Form	000, 1 at 11, 1110 0.	
10	If the organization elected, as permitted under SFAS 116, no	at to report in its revenue statement and hala	nce sheet works of art, historical
ıa	treasures, or other similar assets held for public exhibition, ed	•	
	the footnote to its financial statements that describes these	· ·	, service, provide, in talk xiv, the text of
h	If the organization elected, as permitted under SFAS 116, to		sheet works of art, historical treasures
	or other similar assets held for public exhibition, education, o	•	
	these items:	n research in fartherance of public service, p	Tovide the following amounts rotating to
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treation	asures, or other similar assets for financial or	an provide
_	the following amounts required to be reported under SFAS 1		iii, provido
а	Revenues included in Form 990, Part VIII, line 1	To loading to those holls.	> \$
	Assets included in Form 990, Part X		► \$ ► \$
-	, accounting and office of the control of the contr		*

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

Schedule D (Form 990) 2008

Pa	rt III Organizations Maintaining Co	llections of A	rt, His	torical Tr	easures,	or Oth	er Sin	nilar As	sets (cont	inued)		
3	Using the organization's accession and other re	ecords, check an	y of the	following tha	at are a signi	ficant us	e of its	collection	n items (che	ck all		
	that apply):											
а	Public exhibition		. 🗀	Loan or exc	hange progr	rams						
b	Scholarly research	•	• 🗀	Other		_						
С	Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.											
5	During the year, did the organization solicit or r	eceive donations	of art, h	istoncal trea	sures, or oth	ner sımıla	ar assets	3				
	to be sold to raise funds rather than to be main	tained as part of	the orga	ınızatıon's c	ollection?	·			Yes	No		
Pa	Trust, Escrow and Custodial A reported an amount on Form 990, Part 3	_	S. Comp	lete if organ	ızatıon answ	ered "Ye	s" to Fo	orm 990,	Part IV, line	9, or		
1a	Is the organization an agent, trustee, custodian	or other interme	diary for	contribution	ns or other a	ssets no	t include	ed				
	on Form 990, Part X?								Yes	L_ No		
b	If "Yes," explain the arrangement in Part XIV an	d complete the f	ollowing	table:								
									Amoun	t		
C	Beginning balance						10	;	_			
d	Additions during the year						10	1				
е	Distributions during the year						16					
f	Ending balance						11					
2a	Did the organization include an amount on Forr	n 990, Part X, line	21?						Yes	□ No		
b	If "Yes," explain the arrangement in Part XIV.											
Par	t V Endowment Funds. Complete if o	rganization answ	ered "Ye	s" to Form 9	990, Part IV,	lıne 10.						
		a) Current year	(b) F	rior year	(c) Two year	rs back	(d) Thre	e years b	ack (e) Four	r years back		
1a	Beginning of year balance	•										
b	Contributions				<u> </u>							
С	Investment earnings or losses		<u> </u>						``			
d	Grants or scholarships		-									
	Other expenditures for facilities		····				-					
	and programs											
f	Administrative expenses	•										
g	End of year balance		l									
2	Provide the estimated percentage of the year e	nd halance held :	as.		<u> </u>			·	t			
a	Board designated or quasi-endowment	, ra bara roo rrora .	%									
b	Permanent endowment	%	—′°									
	Term endowment ▶ %	<u> </u>										
	Are there endowment funds not in the possess	ion of the organiz	ation the	at are held a	ind administr	ered for t	the orga	nızatıon				
Ou.	by.	ion of the organiz	anon in	at are ricie a	and damining	0100101	ino orga		ſ	Yes No		
	(i) unrelated organizations								3a(i)			
	(ii) related organizations								3a(ii)			
h	If "Yes" to 3a(ii), are the related organizations lis	stad as required (n Sche	Jula R2					3b	-		
4	Describe in Part XIV the intended uses of the or	•							_ 00			
	t VI Investments - Land, Buildings,				Part X line	10						
	Description of investment	(a) Cost or o			or other	r	Deprecia	tion I	(d) Boo	k value		
		basis (investi			(other)	(0) 2			(4) 500			
1a	Land											
	Buildings											
С	Leasehold improvements				44.							
	Equipment				4,184.	ļ	2,	355.		1,829		
е	Other	<u></u>										
Total	. Add lines 1a-1e. (Column (d) should equal Form	990, Part X, colu	ımn (B),	line 10(c).)						1,829		

Schedule D (Form 990) 2008

(a) Description of liability (b) Amount

Federal Income taxes

Total. (Column (b) should equal Form 990, Part X, col (B) line 25)

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

832053 12-23-08

Schedule D (Form 990) 2008

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization

CENTER FOR UNION FACTS

Employer identification number

20-4036946

1 (a) Name of die	(a) Name of disqualified person					on (b) Description of transaction				(c) Cor	rected	
(a) Name of dis	qualified pe	rson			(a) D	escription (or transa	Ction			Yes	No
]								
					<u> </u>							<u> </u>
												<u> </u>
				<u></u>								
2 Enter the amount of tax impe	osed on the	organıza	tion manage	ers or disqualifi	ed persons	during the	year un	der				
section 4958									▶ \$			
3 Enter the amount of tax, if ar	ny, on line 2	, above, r	eımbursed l	by the organiza	ition				▶ \$			
			T-B-					· -				
Part II Loans to and/o												
To be completed by				s" on Form 99	0, Part IV, I	ne 26, or F	orm 990	EZ, Pa				
(a) Name of interested person and purpose		to or fro		ginal principal amount	(d) Balar	nce due		In ult?	(t) Ap	proved ard or		/ritten ment?
person and purpose	ļ	anization'		amount					comn	nittee?	<u> </u>	
	То	Fron	<u> </u>				Yes	No	Yes_	No	Yes	No
		ļ							ļ			<u> </u>
							<u> </u>				ļ	ļ
	<u> </u>	 			· · · · - · - · ·		ļ					
	ļ	ļ										
		1								ļ	ļ	
		1								i		<u> </u>
Total Part III Grants or Assis	tanca Ro	nofitin	Interest	► \$			<u> </u>		L			
						07						
To be completed by (a) Name of interested		is triat ar							a) Amo	unt of or	ant or ty	no.
(a) Name of interested (person	İ	(b) Hela	tionship betwe the org	en interest janization	ea person	ano	'		f assista		þθ
			<u> </u>					<u> </u>				
		-		·				+				
								+				
								+				
	_					•	-	+				
Part IV Business Trans	actions I	nvolvin	a Interes	ted Person	S.		•	<u>'</u>	-			
To be completed by			_			nes 28a, 2	8b. or 28	BC.				
(a) Name of interested i				hip between in		(c) Amo	_		Descript	tion of	(e) Sha	
(0)		'		nd the organiza		transa			ransact		organiz	tation' nues?
											Yes	No
RICHARD BERMAN &	CO. IN	IC. M	GT CO			779	,602	.MGT	FEE	S PD		X
			GT CO				,123					Х
RICHARD BERMAN &			GT CO				,782					X
RICHARD BERMAN	· ·			R/MGT C	O OWN		,627					X
				· · · · · · ·			· - ·	+			-	
					1			ı				

SCHEDULE M (Form 990)

NonCash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

2008 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Inspection
| Employer identification number

Name	e of the organization					Ei	mployer id	entificat	ion nu	mber
	CENTER FOR U	JNION F	ACTS				20	-4036	946	,
Par										
L		(a)	(b)	(c)			(d			
		Check if	Number of	Revenues reported		M	lethod of d		ng	
		applicable	contributions	Form 990, Part VIII, III	ne 1g		rever	nues		
1	Art - Works of art									
2	Art · Historical treasures				<u> </u>	•				
3	Art · Fractional interests			*						
4	Books and publications			. = -		-				
5	Clothing and household goods									
6	Cars and other vehicles				<u> </u>					
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	1	51.7	51 . S'	rk mk	T CLO	SING	VAL	UE
10	Securities - Closely held stock			0_7.						
11	Securities - Partnership, LLC, or									
••	trust interests				ı					
12	Securities · Miscellaneous				- +					
13	Qualified conservation contribution							· ·		
	(historic structures)				Ì					
14	Qualified conservation contribution (other)									
15	Real estate - Residential									
16	Real estate · Commercial							<u> </u>		
17	Real estate - Other									
18	Collectibles				 					
19	Food inventory									
20	Drugs and medical supplies				1	-				
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens		<u> </u>							
	Archeological artifacts									
25	Other (
26	Other (
27	Other (
28	Other (
	Number of Forms 8283 received by the organ	ization durin	the tax year	for contributions				•		
	for which the organization completed Form 82		-		29				0	
	·			·					Yes	No
30a	During the year, did the organization receive b	y contribution	on any propert	y reported in Part I, line	es 1-28 th	nat it mus	t hold for			
	at least three years from the date of the initial	contribution	, and which is	not required to be use	d for exe	mpt purp	oses for			
	the entire holding period?		•	·				30a		Х
	If "Yes," describe the arrangement in Part II.									
	Does the organization have a gift acceptance	policy that re	equires the rev	ew of any non-standa	rd contril	butions?		31		X
	Does the organization hire or use third parties									
	contributions?		_	• •				32a	х	
b	If "Yes," describe in Part II.									
33	If the organization did not report revenues in c	column (c) fo	r a type of pro	perty for which column	(a) is ch	ecked,				
	describe in Part II			•						1

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

Schedule M (Form 990) 2008

Schedule M (Form 990) 2008 CENTER FOR UNION FACTS	20-4036946	Page 2
Part II Supplemental Information. Complete this part to provide the information required by Part I,		
Also complete this part for any additional information.		
SCHEDULE M, PART I, COLUMN (B): ONE NON-CASH STOCK CONTR	IBUTION WAS	
RECEIVED INVOLVING A TOTAL OF 1,927 SHARES OF PUBLICLY-T	RADED STOCK.	
SCHEDULE M, LINE 32B: AN UNRELATED STOCK BROKERAGE FIRM V	WAS USED TO	
SELL THE PUBLICLY-TRADED STOCK.		
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
		
	<u> </u>	

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

CENTER FOR UNION FACTS

Employer identification number 20-4036946

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
NUMBER AND CENTER CENTER OF TAXON EDITION TO AND EQUID LEGENERS OF THE EDITION
WROTE AND SENT SEVEN OPINION EDITORIALS AND FOUR LETTERS TO THE EDITOR
WHICH WERE PUBLISHED. WROTE AND SENT NINE PRESS RELEASES WITH RELATED
INFORMATION ON ISSUES THAT AFFECT THE DEBATE ABOUT LABOR UNIONS. MEDIA
OUTREACH RESULTED IN TWO RADIO AND EIGHT TELEVISION INTERVIEWS.
SPOKESPERSONS WERE QUOTED IN A TOTAL OF SEVENTEEN NEWS STORIES DURING
2008.
EXPENSES \$ 108357. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 2: BOTH PRESIDENT/DIRECTOR RICHARD
BERMAN AND SECRETARY/TREASURER/DIRECTOR JONATHAN BERRY (FOR THE FIRST HALF
OF THE YEAR) WERE EMPLOYED DURING 2008 BY RICHARD BERMAN AND COMPANY, INC
OF THE TEAR, WERE EMPLOYED DURING 2000 BY RICHARD BERMAN AND COMPANY, INC
FORM 990, PART VI, SECTION A, LINE 3: RICHARD BERMAN AND COMPANY, INC. IS
THE MANAGEMENT COMPANY FOR CENTER FOR UNION FACTS, AND IT STAFFS AND
OPERATES THE DAY-TO-DAY ACTIVITIES OF THE ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 TAX RETURN FOR CENTER
FOR UNION FACTS WAS PREPARED AND REVIEWED BY THE MANAGEMENT COMPANY'S CPAS
AFTER COMPLETION OF THE FINANCIAL AUDIT. THE RETURN WAS THEN REVIEWED BY
BOTH MANAGEMENT AND OUTSIDE ATTORNEYS BEFORE IT WAS ELECTRONICALLY
DELIVERED TO THE ORGANIZATION'S GOVERNING BODY AND THEN TIMELY FILED.
DELIVERED TO THE CHOCKETON D COVERENTIAL PORT THE THERE THERE THERE
FORM 990, PART VI, SECTION B, LINE 12C: CENTER FOR UNION FACTS ANNUALLY
REQUIRES THE OFFICERS AND DIRECTORS TO READ AND SIGN THE POLICY AND TO
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008 832211 12-18-08

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

CENTER FOR UNION FACTS

Employer identification number 20-4036946

DISCLOSE ANY CONFLICT OF INTEREST THEY MAY HAVE TO THE ENTIRE BOARD. THE
BOARD THEN DECIDES WHETHER OR NOT THERE EXISTS A CONFLICT. ANY OFFICERS OR
BOARD MEMBERS WITH CONFLICTS ARE RECUSED FROM VOTING UPON ISSUES INVOLVING
THEIR PARTICULAR CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE DIRECTORS AND EMPLOYEES IS 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. NO DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS WAS REVIEWED, DUE TO THE MINOR AMOUNT OF COMPENSATION PAID IN EACH CASE. BEGINNING IN 2009, COMPARABLE COMPENSATION DATA WILL BE REVIEWED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND

OH,OK,OR,PA,RI,SC,TN,VA,WA,WV,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.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Employer identification number Name of the organization 20-4036946 CENTER FOR UNION FACTS FORM 990 PART XI, LINE 2C: CENTER FOR UNION FACTS HAS NOT CHANGED THE PROCESS OF REVIEWING THE AUDITED FINANCIAL STATEMENTS OR THE PROCESS OF CHOOSING THE ACCOUNTING FIRM THAT PERFORMS THE AUDIT. FORM 990, PART VI, SECTION B, LINE 14: STATUS OF WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY -A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY IS CURRENTLY BEING DRAFTED FOR REVIEW BY THE BOARD MEMBERS OF CENTER FOR UNION FACTS DURING 2009. THE POLICY IS EXPECTED TO BE ADOPTED IN LATE 2009 OR **EARLY 2010.**

Form **8868**

(Rev. April 2008)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box			► X
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of			
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previous	usly filed Fo	rm 8868.	
Part 1 Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and Part I only	d complete		>
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to requ to file income tax returns.	est an exter	sion of time	
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic ex noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 ele (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electrowww irs gov/efile and click on e-file for Chanties & Nonprofits.	ctronically if or consolid	(1) you want t ated Form 990	he additional -T Instead,
Type or Name of Exempt Organization	Emp	loyer identific	ation number
print			
Center for Union Facts	2	0-40369	46
due date for filing your return See 1090 Vermont Ave. N.W., No. 800	·		
onstructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. Washington, DC 20005			
Check type of return to be filed (file a separate application for each return):			
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 990-EZ Form 990-T (trust other than above)	orm 4720 orm 5227 orm 6069 orm 8870		
The Bookkeeper • The books are in the care of ▶ 1090 Vermont Ave. N.W., #800 - Washi	ngton,	DC 200	05
Telephone No. ► (202) 463-7106 FAX No. ► (202) 420 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box ►	. If this is fo		
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time August 15, 2009 , to file the exempt organization return for the organization has is for the organization's return for:		The extension	
➤ X calendar year 2008 or ➤ tax year beginning, and ending			
2 If this tax year is for less than 12 months, check reason: Initial return Final return		Change in acc	ounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
nonrefundable credits. See instructions.	3a	\$	
b if this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	0.	•	
tax payments made. Include any prior year overpayment allowed as a credit.	Зь	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,			
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c) s	N/A
		· · · · · · · · · · · · · · · · · · ·	
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and	Form 8879	EO for paymer	nt instructions.
HA For Privacy Act and Panenwork Reduction Act Notice see Instructions		Form 88	368 (Rev. 4-2008)

823831 01-21-09

Form 8868 (Rev 4-2009)				Page 2
• If you are filing for an Additional (Not Automatic) 3-Month Extension. complete only Part II	and check this bo	x		<u> </u>
Note. Only complete Part il if you have already been granted an automatic 3-month extension on If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	a previously filed	Form	8868	
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file	the original (no c	opies r	needed).	
Type or Name of Exempt Organization	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1		fication number
print Center for Union Facts		2	0-4036	946
Number, street, and room or suite no If a P.O. box, see instructions due date for 1090 Vermont Ave. N.W., No. 800		T -	RS use only	
City, town or post office, state, and ZIP code. For a foreign address, see instructions washington, DC 20005		i		
Check type of return to be filed (File a separate application for each return): X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 990-BL Form 990-PF Form 990-T (trust other than above)	Form 1041-A [Form 4720 [orm 5227 orm 6069	Form 8870
STOP! Do not complete Part II if you were not already granted an automatic 3-month extens	ion on a previou	sly file	d Form 886	
The Bookkeeper • The books are in the care of ▶ 1090 Vermont Ave. N.W., #800 — Telephone No. ▶ (202) 463-7106 FAX No. ▶ (20 • If the organization does not have an office or place of business in the United States, check the • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN box ▶ If it is for part of the group, check this box ▶ and attach a list with the name 4 I request an additional 3-month extension of time until November 15, 200	2) 420-78 s box) If these and EINs of all	62 is is fo	r the whole	▶ ☐ group, check this
For calendar year 2008, or other tax year beginning	_ , and ending _			·
6 If this tax year is for less than 12 months, check reason: Initial return 7 State in detail why you need the extension	Final return		Change in a	accounting period
Additional time is yet required in order to p	roduce a	COM	nlete	
and accurate tax return.		<u> </u>	<u> </u>	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any			
nonrefundable credits. See instructions.		8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits an	d estimated			
tax payments made. Include any prior year overpayment allowed as a credit and any amou	nt paid			
previously with Form 8868.		8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if requ				
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	See instructions.	8c	\$	N/A
Signature and Verification				
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and stit is true, correct, and complete, and that I am authorized to prepare this form	atements, and to the			
Signature > Title > C.P.A.		Date	▶ 8/4	1/09

823832 03-11-09

Form 8868 (Rev 4-2009)