	_		Beturn of Organization Exempt From	Income Tax	OMB No. 1545-0047
Forn	, Q	qn			2010
	Rev. January 2020) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. A A For the 2019 calendar years, or tax year beginning OCT 1, 2019 and ending SEP 30, 2020 B check C Name of organization D Employer identification in the latest information. A Fort the 2019 calendar years. Doing business as 04-2535767 THE UNION OF CONCERNED SCIENTISTS, INC. 04-2535767 Number and street (0F 0.0 bx if mail is not delivered to street address) Room/suite E Telephone number 6 (10.1 - 547-5552) City or town, state or province, country, and ZIP or foreign postal code G cars neepts 1 4(10) is this a group return in for subordinates? Perfection FName and atteet (0F 0.0 bx if mail is not delivered to street address) Room/suite File (10.1 or 327) SAME AS C ABOVE C ABOVE (11) section 10 (10.1 or 327) (11) or all abordinates include? H(10) we all abordinates include? I Breify describe the organization: Trust Association Other ▶ L Year of formation; 1973 M State Parti Science to volume members of the governing body (Part VI, line 1a) 3 3 1 Breify describe the organization's mission or most significant activities: <t< td=""><td></td></t<>				
		-			
		e: C Name of	organization	D Employer identif	ication number
		ss mur			
	Name			04 25257	67
	_		,		
	P9900 (eV, JARUAY 2000) (EV, JARUA				
Prov. January 2020; (Rev. January 2020) Durble section 501(6), 527, or 4947(a)(1) of the Internal Revenue Code (accept private foundations). Do not enter social security numbers on this form as it may be made public. Coto the 2019 calendar year, or tax year beginning OCT 1, 2019 and ending SEP 30, 2020 Demptoyer identification number The Dation to any factor of the internal Revenue Code (accept private foundations). Diag business as Output: Charme of organization The UNION OF CONCERNED SCIENTISTS, INC. Output: Output: Two BRATTLE SQUARE City or town, state or province, country, and 2IP or foreign postal code CAMBENIDGE, A BOOTER, AND 02138 Conservente Status: Sinter or province, country, and 2IP or foreign postal code CAMBENIDGE, A BOOTER, AND 02138 Tax exempt status: Solici() Tax exempt status: Solici() () ()					
	return	CAMD		H(a) Is this a group r	
	tion				
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	1				
ğ		SCIENTI:	STS PUTS RIGOROUS INDEPENDENT SCIENCE	TO WORK TO SC	DLVE OUR
rna	2	Check this boy	$\kappa \blacktriangleright igsqcup$ if the organization discontinued its operations or disposed of m	ore than 25% of its net as	
Š	3	Number of vot	ing members of the governing body (Part VI, line 1a)		
	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)		
8 8	5	Total number of	of individuals employed in calendar year 2019 (Part V, line 2a)		263
jţi	6	Total number of	of volunteers (estimate if necessary)	6	20
Çti					
◄					0.
				Prior Year	Current Year
	8	Contributions a	and grants (Part VIII, line 1h)	38,054,270.	44,905,567.
ň	9	Program service	e revenue (Part VIII, line 2g)	0.	0.
eve	10	Investment inc		1,440,512.	558,462.
ř	11			239,725.	324,956.
	12			39,734,507.	
	13				
				0.	0.
<i>"</i>	15	•		24,714,424.	27,317,554.
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Ă				15,558,032.	13,853,458.
두윊		1.57011001035 (
ance	20	Total assets /P	art X line 16)		
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Pa	rt II			<u> </u>	<u> </u>
		-		tements and to the best of m	v knowledge and helief it is
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true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CHERYL SCHAFFER, CHIEF ADMIN. & FINAN. OFFICER Type or print name and title	Date
Paid Preparer	Print/Type preparer's name Preparer's signifure Date CRAIG KLEIN 03/03 Firm's name CBIZ MHM, LLC	Check PTIN if self-employed P00734640 Firm's EIN ► 26-3753134
Use Only	Firm's address 500 BOYLSTON STREET BOSTON, MA 02116	Phone no.617-761-0600
May the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
932001 01-2 S	D-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. EE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CO	Form 990 (2019)

1	Check if Schedule O contains a response or note to any line in this Part III
•	THE UNION OF CONCERNED SCIENTISTS PUTS RIGOROUS INDEPENDENT SCIENCE TO
	WORK TO SOLVE OUR PLANET'S MOST PRESSING PROBLEMS. JOINING WITH PEOPLE
	ACROSS THE COUNTRY, UCS COMBINES TECHNICAL ANALYSIS AND EFFECTIVE
	ADVOCACY TO CREATE INNOVATIVE, PRACTICAL SOLUTIONS FOR A HEALTHY, SAFE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
1a	(Code:) (Expenses \$15,126,792. including grants of \$) (Revenue \$
	IMPACTS OF CLIMATE CHANGE AND TO ACCELERATE THE U.S. TRANSFORMATION TO
	AN EQUITABLE AND SUSTAINABLE CLEAN ENERGY ECONOMY. BY COMBINING
	RIGOROUS SCIENTIFIC AND TECHNICAL ANALYSIS WITH ADVOCACY AND OUTREACH
	EFFORTS, THE PROGRAM WORKS TO REDUCE GLOBAL WARMING EMISSIONS, PREVENT
	THE WORST CONSEQUENCES OF CLIMATE CHANGE FROM OCCURRING, AND HELP
	PREPARE COMMUNITIES FOR THE UNAVOIDABLE CLIMATE IMPACTS THAT HAVE
	ALREADY BEEN SET IN MOTION.
1b	(Code:) (Expenses \$6, 107, 008. including grants of \$) (Revenue \$)
	THE CENTER FOR SCIENCE AND DEMOCRACY WORKS FOR STRONG, INDEPENDENT
	PUBLIC SCIENCE, A ROBUST, TRANSPARENT DEMOCRACY, JUSTICE FOR
	OVERBURDENED COMMUNITIES, AND THE EFFECTIVE USE OF SCIENCE IN MAKING
	POLICY THAT SERVES THE COMMON GOOD. THE CENTER PRODUCES ORIGINAL
	RESEARCH AND ANALYSIS AND BRINGS PEOPLE TOGETHER TO DISCUSS KEY ISSUES
	SUCH AS ENSURING PUBLIC ACCESS TO SCIENTIFIC INFORMATION, KEEPING
	SCIENCE FREE FROM DISTORTION AND MANIPULATION BY SPECIAL INTERESTS, AND
	PROMOTING MORE EFFECTIVE USE OF SCIENCE IN POLICY MAKING.
1c	(Code:) (Expenses \$5, 310, 437. including grants of \$) (Revenue \$)
	THE CLEAN TRANSPORTATION PROGRAM SEEKS TO DRAMATICALLY REDUCE U.S. OIL
	USE. WE ANALYZE ADVANCED VEHICLE TECHNOLOGIES, BIOFUELS, AND RELATED
	OIL-REDUCTION STRATEGIES, AND ADVOCATE FOR EFFECTIVE AND EQUITABLE
	TRANSPORTATION SOLUTIONS THAT CREATE NEW JOBS AND INDUSTRIES, SAVE
	CONSUMERS BILLIONS OF DOLLARS AT THE GAS PUMP, IMPROVE AIR QUALITY AND
	CONSUMERS BILLIONS OF DOLLARS AT THE GAS PUMP, IMPROVE AIR QUALITY AND
	CONSUMERS BILLIONS OF DOLLARS AT THE GAS PUMP, IMPROVE AIR QUALITY AND
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	CONSUMERS BILLIONS OF DOLLARS AT THE GAS PUMP, IMPROVE AIR QUALITY AND REDUCE GLOBAL WARMING.
4d	CONSUMERS BILLIONS OF DOLLARS AT THE GAS PUMP, IMPROVE AIR QUALITY AND REDUCE GLOBAL WARMING. Other program services (Describe on Schedule O.) (Expenses \$ 9,755,211. including grants of \$) (Revenue \$ 2,802.)
1d 1e	CONSUMERS BILLIONS OF DOLLARS AT THE GAS PUMP, IMPROVE AIR QUALITY AND REDUCE GLOBAL WARMING.
łd łe	CONSUMERS BILLIONS OF DOLLARS AT THE GAS PUMP, IMPROVE AIR QUALITY AND REDUCE GLOBAL WARMING. Other program services (Describe on Schedule O.) (Expenses \$ 9,755,211. including grants of \$) (Revenue \$ 2,802.)

Form 990 (2019)

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	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	4.4%		x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ь	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	
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 Form 990 (2019)
 THE UNION OF CONCERNED SCIENTISTS, INC.
 04-2535767

 Part IV
 Checklist of Required Schedules (continued)
 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		X
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			
	<pre>ntl X.column (A), line 2? H 'Yes,' complete Schedule I, Parts I and III</pre>		Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		25a		_X_
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			77
		25b		<u> </u>
26				
				х
07		26		
27				
		27		x
28		21		
20				
а				
		28a		х
b		28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31		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		_X_
33				
		33		<u> </u>
34				v
~-		34		X X
		35a		
D		05h		
36		35b		
30		36		х
37				
0.		37		х
38				
		38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a				
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c		(0012)
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	990 (2019) THE UNION OF CONCERNED SCIENTISTS, INC. 04-2535	767	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	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 2a 263			
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 <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
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		<u>x</u>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		├──
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X 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).			37
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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
_	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
~	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 0h		<u> </u>
D AD	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b				
11	Section 501(c)(12) organizations. Enter:			
a h	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1			
b				
120	amounts due or received from them.) [11b] 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	IZa		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	154		
h				
u	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			
~				
C 14a		14a		x
		14a 14b		
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		<u> </u>
15		15		x
	excess parachute payment(s) during the year?	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.	10		<u> </u>

Form **990** (2019)

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Form 990	(2019)
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THE UNION OF CONCERNED SCIENTISTS, INC. 04-2535767 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

		Ι.	I	0.1		Yes	No		
1 a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		21					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			20					
	Enter the number of voting members included on line 1a, above, who are independent	1b		20					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				-		v		
_	officer, director, trustee, or key employee?				2		X		
3	Did the organization delegate control over management duties customarily performed by or under the		•				v		
	of officers, directors, trustees, or key employees to a management company or other person?				3		X X		
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4				
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5 6		X X		
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
7a					_				
	more members of the governing body?				7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st								
	persons other than the governing body?				7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	5	0						
	The governing body?				8a	X			
b	Each committee with authority to act on behalf of the governing body?				8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue	Code.)						
						Yes	No		
	Did the organization have local chapters, branches, or affiliates?				10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	•							
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots				10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the f	orm?	11a	Х			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?		12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," de	escribe						
	in Schedule O how this was done				12c	Х			
13	Did the organization have a written whistleblower policy?				13	Х			
14	Did the organization have a written document retention and destruction policy?				14	Х			
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official				15a	Х			
	Other officers or key employees of the organization				15b	Х			
	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 arrangem	nent w	ith a						
	taxable entity during the year?				16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat								
	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?				16b				
Sec	tion C. Disclosure								
	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, G	A,H	I,IL,K	S,KY	, MD	MA	M.		
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an								
	for public inspection. Indicate how you made these available. Check all that apply.				• • •				
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	licy, and	finand	cial			
	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	records						
	CHERYL SCHAFFER - 617-547-5552								
	TWO BRATTLE SQUARE, CAMBRIDGE, MA 02138								
	S 01-20-20 SEE SCHEDULE O FOR FULL LIST OF STATES					~~~	(201		

Form 990 (2019)	THE UN	NION OF	CONCERNED	SCIENTISTS,	INC.	04-2535767	Page 7
Part VII Compensa	tion of Office	ers, Directo	ors, Trustees, K	ey Employees, Hig	phest Compo	ensated	
Employees	, and Indepe	ndent Con	tractors				
Check if Scheo	dule O contains a	a response or	note to any line in th	is Part VII			
Section A. Officers, Dire	ectors, Trustees	, Key Employ	ees, and Highest C	ompensated Employee	es		
1a Complete this table for	all persons requi	ired to be liste	ed. Report compensa	ation for the calendar ve	ar ending with o	or within the organization's	s tax vear.

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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c		ition		ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) ANNE R. KAPUSCINSKI	5.00		_	0	-	1 0				
BOARD CHAIR		x		х				0.	0.	0.
(2) PETER A. BRADFORD	1.00									
BOARD VICE CHAIR		х		х				0.	0.	0.
(3) JAMES S. HOYTE	5.00									
BOARD TREASURER		х		х				0.	Ο.	0.
(4) THOMAS H. STONE	1.00									
BOARD SECRETARY		Х		Х				0.	0.	0.
(5) KURT GOTTFRIED	1.00									
BOARD CHAIR EMERITUS		Х						0.	0.	0.
(6) JAMES MCCARTHY (UNTIL 12/11/19)	1.00									
BOARD CHAIR EMERITUS		Х						0.	0.	0.
(7) LAURIE BURT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) STEVE FETTER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) RICHARD L. GARWIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ANDREW J. GUNTHER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) GEOFFREY M. HEAL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) SIDNEY MCCLEARY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) MARIO J. MOLINA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) MARGO OGE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) LOUIS SALKIND	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) BEN SANTER (AS OF 5/14/20)	1.00									
BOARD MEMBER		х						0.	0.	0.
(17) ADELE SIMMONS	1.00									
BOARD MEMBER		Х						0.	0.	0.
932007 01-20-20										Form 990 (2019)

932007 01-20-20

Form **990** (2019)

20440303 143399 34305.500

2019.05060 THE UNION OF CONCERNED SC 34305.51

7

								TISTS, INC.	04-2	<u>535</u>	767	Pa	age 8
Part VII Section A. Officers, Directors, Trust		ploy	ees,			ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			_ (0				(D)	(E)			(F)	
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	;	Es	timate	d:
	hours per	box	, unle	ss per nd a di	son i	s both	n an	compensation	compensatio			nount	of
	week				recio	i/irus	lee)	from	from related			other	
	(list any hours for	recto						the	organization			pensat	
	related	or di	ee			ated		organization	(W-2/1099-MIS	SC)		om the	
	organizations	ustee	trust		æ	bens		(W-2/1099-MISC)			- U	anizati	
	below	ual tr	ional		ploye	t con						d relate Inizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				orga	unzan	5115
(18) NANCY STEPHENS	1.00	<u> </u>	<u>=</u>	ò	¥.	Ξē	E.						
BOARD MEMBER	1.00	х						0.		0.			0.
(19) KIM WADDELL	1.00	Δ											0.
BOARD MEMBER	1.00	х						0.		ο.			0.
(20) ELLYN R. WEISS	1.00	Δ								<u> </u>			0.
BOARD MEMBER	1.00	х						0.		0.			0.
(21) WILLIAM REILLY	1.00	Λ	-			-		0.		<u> </u>			0.
	1.00	v						0		٥.			^
BOARD MEMBER	40.00	Х						0.		0.			0.
(22) KENNETH KIMMELL	40.00							207 202					
PRESIDENT	40.00	Х		X				327,383.		0.	4	5,83	35.
(23) KATHLEEN REST	40.00										_		
EXECUTIVE DIRECTOR				X				287,231.		0.	3.	3,24	<u>13.</u>
(24) CHERYL SCHAFFER	40.00										-		
CHIEF ADMINISTRATIVE & FIN. OFFICER				X				247,364.		0.	28	8,30)5.
(25) LAURIE MARDEN	40.00												
CHIEF DEVELOPMENT OFFICER					Х			244,287.		0.	4	4,07	76.
(26) SUZANNE SHAW	40.00												
DIRECTOR OF COMMUNICATIONS					Х			217,470.		0.	4	1,20	57.
1b Subtotal				•				1,323,735.		0.		2,72	
c Total from continuation sheets to Part VI								1,017,061.		0.		8,56	
d Total (add lines 1b and 1c)								2,340,796.		0.		1,29	
2 Total number of individuals (including but no							o re	· · · · · · · · · · · · · · · · · · ·	000 of reportable				
compensation from the organization						,							58
												Yes	No
3 Did the organization list any former officer,	director truste	e k	ev e	emol	ove	e or	hia	hest compensated emp	lovee on				
line 1a? If "Yes," complete Schedule J for su			•	•	-		Ŭ	• •	•		3		Х
4 For any individual listed on line 1a, is the su											Ŭ		
and related organizations greater than \$150											4	x	
5 Did any person listed on line 1a receive or a	,		•										
											5		Х
rendered to the organization? <i>If</i> "Yes." <i>com</i> Section B. Independent Contractors	blete Schedule	e J fe	or si	ich r	bers	on .					Э		<u></u>
•									100 000 of comm				
 Complete this table for your five highest cor the organization. Report compensation for t 	=									Jensai		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ne calendar ye	are		iy w					ear.			••	
(A) Name and business	address							(B) Description of s	ervices	С	C) omper		n
O'BRIEN-GARRET, 1133 19TH			NTT 47	C		mr	_	FUNDRAISING			ompor	louioi	
-	SIKEEI	'	TAM	5	υı	10			« MEMDER	1	70	ເວເ	07
300, WASHINGTON, DC 20036	101 001		<u></u>	TO			-	EDUCATION			,72	0,30	J7.
M&R STRATEGIC SERVICES, 1								FUNDRAISING	& MEMBER				- 4
AVE., N.W., 7TH FL, WASHI		DC	2	00	30			EDUCATION			57.	2,87	/4.
PRIMARY GRAPHICS CORPORAT		-	~ ~		~						24		~ ~
175 WEST WATER STREET, TA					0			PUBLICATIONS			31	5,28	39.
THE BRIDGESPAN GROUP, 2 C		LА	CE	'							~ ~ ~	~ ~ ~	~
SUITE 3700B, BOSTON, MA 0								STRATEGIC PL			28	3,99	11.
FENTON COMMUNICATIONS, IN								COMMUNICATIO	NS		e -		
AVENUE, SUITE 910, NEW YO	RK, NY	10	03	6				SERVICES			25:	1,38	33.
2 Total number of independent contractors (in	-	ot lin	nited	d to f			ted	above) who received me	ore than				
\$100,000 of compensation from the organiz					12								
SEE PART VII, SECTION	A CONT	IN	UA	TI	ON	S	ΗE	ETS			Form	990 (2	2019)

932008 01-20-20

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	OF CON	ICE	RN	ED	្រ	CI	EN	TISTS, INC.	04-253	5767
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (ees (continued)	
(A) Name and title	(B) Average	(B) (C) Average Position				(D) Reportable	(E) Reportable	(F) Estimated		
	hours	(cl				' app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	tor				Highest com pensated em ployee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	r direc				ted em		(W-2/1099-MISC)	()	organization
	related	istee o	trustee		e	pensat				and related
	organizations below	ual tru	tional 1		n ploye	tcom	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highes	Former			
(27) ANDREW ROSENBERG	40.00	_	-	-		_				
CSD PROGRAM DIRECTOR		1				x		226,779.	0.	40,890.
(28) ANGELA ANDERSON	40.00									
DIRECTOR OF CLIMATE AND ENERGY						X		205,026.	0.	18,760.
(29) ALDEN MEYER	40.00									
DIRECTOR OF STRATEGY & POLICY/CHIEF	40.00					X		201,296.	0.	47,274.
(30) PETER FRUMHOFF DIR OF SCIENCE & POLICY/CHIEF SCIENT	40.00							100 216	0	27 200
(31) DAVID WRIGHT	40.00					X		199,316.	0.	37,398.
CO-DIRECTOR/SENIOR SCIENTIST GSP						x		184,644.	0.	24,246.
		1								
			-							
		1								
		1								
		1								
				<u> </u>		<u> </u>				
	1	<u> </u>	L	<u>I</u>	1	1	I			
Total to Part VII, Section A, line 1c								1,017,061.		168,568.

932201 04-01-19

			2019) THE UNION OF (CONCERNED	SCIENTIST	rs, inc.	04-2535	767 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response of	or note to any line i		(P)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	-		Membership dues 1b					
Ū, Ē			Fundraising events 1c					
ifts ar A			Related organizations 11					
s, Bilg	e Government grants (contributions)							
ŝ			All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	44,905,567.				
d Dtri		g	Noncash contributions included in lines 1a-1f	934,552.				
о В С		h	Total. Add lines 1a-1f	>	44,905,567.			
				Business Code				
e	2	а						
e vi		b						
enu Se		С						
ran Sev		d						
Program Service Revenue		е						
₽.			All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, interes		457,836.			457,836.
	4		other similar amounts) Income from investment of tax-exempt bond pr		437,030.			437,030.
	4 5		Royalties		9,958.			9,958.
	5		(i) Real	(ii) Personal	-,			
	6	а	Gross rents 6a 17,482.					
			Less: rental expenses 6b 0.					
			Rental income or (loss) 6c 17,482.					
			Net rental income or (loss)	►	17,482.			17,482.
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 305,976.					
		b	Less: cost or other basis					
Ine			and sales expenses 7b 205,350.					
venue		С	Gain or (loss)					
Be			Net gain or (loss)	▶	100,626.			100,626.
Other Re	8	а	Gross income from fundraising events (not					
ō			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events Gross income from gaming activities. See	▶				
	9	a	Part IV, line 19 9a					
		h	Less: direct expenses9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances 10a	26,275.				
		b	Less: cost of goods sold 10b	23,473.				
			Net income or (loss) from sales of inventory	>	2,802.	2,802.		
ß				Business Code				
sou:	11		MISC. INCOME	900099	241,050.			241,050.
ane		~	LISTS & LABELS	900099	42,964.			42,964.
Miscellaneous Revenue		•	HONORARIUM	900099	10,700.			10,700.
Mis			All other revenue		004 -14			
			Total. Add lines 11a 11d	····· •	294,714.	0.000		000 010
	12		Total revenue. See instructions	🕨	45,788,985.	2,802.	0.	880,616.
93200	9 01-	20-	20					Form 990 (2019)

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D, 8b, 8b, 8b, 8b, 8b, 8b, 8b, 8b, 8b, 8b	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII. irants and other assistance to domestic organizations nd 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 irganizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
ar G in G O O T C C C T C C C C C C C C C C C C C	nd 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 Irganizations, foreign governments, and foreign				
: G in in : G or in : B : B : C : C : C : C : C : P : O : P : O : P : O : P : C : A : C	Grants and other assistance to domestic Individuals. See Part IV, line 22 Grants and other assistance to foreign Irganizations, foreign governments, and foreign				
in G G in B G C C T C C C C C C C C C C C C C C C C	ndividuals. See Part IV, line 22 Grants and other assistance to foreign Irganizations, foreign governments, and foreign				
G G	Grants and other assistance to foreign rganizations, foreign governments, and foreign				
or in B C tr p e c C C C C C C C C C C C C C C C C C C	rganizations, foreign governments, and foreign		ļ		
in B G G G G G G G G G G G G G G G G G G					
Backer Backer Constant Con	ndividuals. See Part IV, lines 15 and 16				
 General Control Gen	ſ				
trr pe pe Se Se Se Se Se Se Se Se Se Se Se Se Se	Benefits paid to or for members				
6 Co pe pe pe O Se Pe Se O Se O Se D Se O Se O Se O Se O Se C A M Se C C A C A	Compensation of current officers, directors,	1 201 210		110 100	170 10
pe pe o pe se se o Pe a b c d	rustees, and key employees	1,371,318.	1,077,050.	116,102.	178,16
ре О Ре О Ре О Ре Ре О Ре С Ре О О Ре С Ре О О С Ре С О С С С С С С С С С С С С С С С С С	compensation not included above to disqualified				
 O Pe Se Se O Pe Se Se<	ersons (as defined under section 4958(f)(1)) and				
 Pe Se O Pi Fe a M b Le c A d Lo 	ersons described in section 4958(c)(3)(B)	20,585,682.	18,498,957.	1,089,875.	996,85
50 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other salaries and wages	20,505,002.	10,490,957.		990,05
0 0 Fe a M b Le c A d Lo	ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions)	1 487 787	1,300,875.	96,465.	90 11
 Pa Fe a M b Le c A d Le 		2 237 650	1,973,638.	135,356.	<u>90,44</u> 128,65
Fe a M b Le c A d Lo	Other employee benefits	1,635,117.		97,760.	89,57
a M b Le c A d Lo	Payroll taxes rees for services (nonemployees):	1,055,117.	1,11,103.	57,7001	0,57
b Le c Ae d Le	Aanagement				
с А d Lo	egal	204,792.	62,985.	141,806.	
d Lo		64,795.		64,795.	
	obbying	119,131.	119,131.		
e Pr	rofessional fundraising services. See Part IV, line 17	459,221.			459,22
	nvestment management fees	100,636.		100,636.	
	Other. (If line 11g amount exceeds 10% of line 25,			· · ·	
-	olumn (A) amount, list line 11g expenses on Sch 0.)	2,894,181.	2,766,080.	52,373.	75,72
	dvertising and promotion	805,772.	767,996.		37,77
	Office expenses	266,752.	231,730.	19,111.	15,91
	nformation technology	369,882.	323,134.	25,034.	21,71
	Royalties				
	Occupancy	2,166,623.	1,983,128.	89,626.	93,86
	ravel	495,468.	469,717.	1,123.	24,62
P	Payments of travel or entertainment expenses				
fo	or any federal, state, or local public officials				
C	Conferences, conventions, and meetings	453,739.	439,194.	1,564.	12,98
In	nterest				
	ayments to affiliates				
D	Depreciation, depletion, and amortization	926,376.	809,294.	62,699.	54,38
	nsurance	109,222.	95,418.	7,392.	6,41
. 01 ah	ther expenses. Itemize expenses not covered bove (List miscellaneous expenses on line 24e. If				
lir	ne 24e amount exceeds 10% of line 25, column (A)				
–	mount, list line 24e expenses on Schedule 0.)	1 251 052	902 657	75	450.22
	PRINTING & PUBLICATIONS	1,351,053.	892,657.	75.	458,32
	ON-LINE SERVICES	993,212.	870,052.	<u>17,734</u> . 670.	105,42
	OSTAGE & FREIGHT	752,569.	554,461.	3,291.	197,43
_	COALITION SUPPORT	688,372. 1,090,883.	663,398. 952,768.	72,691.	<u>21,68</u> 65,42
	Il other expenses	41,630,233.	36,299,448.	2,196,178.	3,134,60
	otal functional expenses. Add lines 1 through 24e	±1,000,400.	50,299,440.	<u></u>	5,134,00
	aint anote Complete this line only if the surregister the	l. I			
	oint costs. Complete this line only if the organization				
CH CH	oint costs. Complete this line only if the organization eported in column (B) joint costs from a combined ducational campaign and fundraising solicitation.				

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2019.05060 THE UNION OF CONCERNED SC 34305.51

Form 990 (2019) THE UNION OF Part IX Statement of Functional Expenses THE UNION OF CONCERNED SCIENTISTS, INC. 04-2535767 Page 10

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Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year **(B)** End of year 3,665,351. 2,618,388. 1 Cash - non-interest-bearing 1 2,653,032. 7,917,089. 2 2 Savings and temporary cash investments 2,859,879. 3,100,000. 3 Pledges and grants receivable, net 3 203,970. 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

		controlled entity or family member of any of these			5			
	6	Loans and other receivables from other disqualifi	ed pers	sons (as defined				
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)			6	
Ś	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use			41,49	4.	8	<u>41,494.</u> 394,624.
As	9	Prepaid expenses and deferred charges	384,34	5.	9	394,624.		
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	<u>17,984,117.</u> 8,652,811.				
	b	Less: accumulated depreciation	10b	8,652,811.	9,910,82		10c	9,331,306.
	11	Investments - publicly traded securities			33,256,35		11	40,505,466.
	12	Investments - other securities. See Part IV, line 1	1,085,56	2.	12	1,351,058.		
	13	Investments - program-related. See Part IV, line 1				13		
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11		124,48	2.	15	120,872.	
	16	Total assets. Add lines 1 through 15 (must equa	53,138,33		16	66,468,257.		
	17	Accounts payable and accrued expenses			1,925,47	4.	17	3,303,260.
	18	Grants payable			18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities	461,33	0.	20	210,377.		
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D			21	
ŝ	22	Loans and other payables to any current or forme	er office	er, director,				
litie		trustee, key employee, creator or founder, substa	ontributor, or 35%					
Liabilities		controlled entity or family member of any of these	e perso	ons			22	
	23	Secured mortgages and notes payable to unrelate	ed thir	d parties			23	
	24	Unsecured notes and loans payable to unrelated	third p	arties	250,00	0.	24	250,000.
	25	Other liabilities (including federal income tax, pay	ables t	o related third				
		parties, and other liabilities not included on lines	17-24).	Complete Part X				
		of Schedule D			2,893,64		25	7,986,887.
	26	Total liabilities. Add lines 17 through 25			5,530,44	7.	26	11,750,524.
		Organizations that follow FASB ASC 958, chec	ck here					
ces		and complete lines 27, 28, 32, and 33.				-		
lan	27	Net assets without donor restrictions			40,971,70	2.	27	<u>45,954,313.</u> 8,763,420.
Ba	28	Net assets with donor restrictions			6,636,18	8.	28	8,763,420.
Pun		Organizations that do not follow FASB ASC 95	58, che	ckhere 🕨 🛄				
Ē		and complete lines 29 through 33.						
s S	29	Capital stock or trust principal, or current funds			29			
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equ	uipmen	It fund			30	
ťĄŝ	31	Retained earnings, endowment, accumulated inc	come, c	or other funds			31	
Ne.	32	Total net assets or fund balances			47,607,89		32	54,717,733.
	33	Total liabilities and net assets/fund balances	53,138,33	7.	33	66,468,257.		

Form 990 (2019)

40,997.

Form 990 (2019)

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	1990 (2019) THE UNION OF CONCERNED SCIENTISTS, INC.	04-2	535767	Pa	_{ge} 12
Pa	rt XI 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	45,78		
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,63		
3	Revenue less expenses. Subtract line 2 from line 1	3	4,15		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	47,60		
5	Net unrealized gains (losses) on investments	5	2,95	1,0	<u>91.</u>
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	54,71	7,7	<u>33.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

932012 01-20-20

SCHEDULE A

Public Charity Status and Public Support

OMB No. 1545-0047

(Form 9	90 or 990-EZ)			inization is a section					2019
_			4	947(a)(1) nonexempt	charitable tru	ust.			Open to Public
	of the Treasury enue Service			Attach to Form 990 v/Form990 for instru			nformation.		Inspection
Name of	the organizati						inormation.	Employer	r identification number
	U U	THE	UNION OF C	CONCERNED SO	CIENTIS	TS, IN	NC.		4-2535767
Part I	Reason	for Public (Charity Status	(All organizations mu	st complete th	nis part.) Se			
The orga				(For lines 1 through 1					
1	A church, co	nvention of ch	urches, or associati	on of churches descr	ibed in section	on 170(b)(1)(A)(i).		
2				(Attach Schedule E (I					
3	A hospital or	a cooperative	hospital service or	ganization described i	n section 17	0(b)(1)(A)(i	ii).		
4	A medical res	earch organiz	ation operated in co	onjunction with a hosp	oital described	d in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and stat	e:							
5	An organizati	on operated fo	or the benefit of a c	ollege or university ow	ned or operat	ted by a go	overnmental u	nit describe	ed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		te, or local gov	vernment or govern	mental unit described	in section 1	70(b)(1)(A)	(v).		
7 X	0		•	antial part of its suppo	ort from a gov	ernmental	unit or from th	e general j	public described in
			complete Part II.)						
8	-		-)(1)(A)(vi). (Complete	-				
9	0		5	d in section 170(b)(1)				Ū.	•
		or a non-land-g	grant college of agri	culture (see instructio	ns). Enter the	name, city	, and state of	the college	e or
10	university:	on that narma		a than 22 1/20/ of ita	our out from	oontributio	na mambarak	in face or	d areas respire from
10									nd gross receipts from from gross investment
				e (less section 511 tax					-
			mplete Part III.)			3303 2040		anization	
11				sively to test for publi	safety. See	section 50	09(a)(4).		
12	-	•	-	sively for the benefit o	-			rrv out the	purposes of one or
	-	•	-	ed in section 509(a)				•	
			-	of supporting organization	-				
a	Type I. A s	upporting orga	anization operated,	supervised, or contro	lled by its sup	ported org	anization(s), ty	pically by	giving
	the suppor	ted organizatio	on(s) the power to r	egularly appoint or ele	ect a majority of	of the direc	ctors or trustee	es of the su	upporting
	organizatio	n. You must c	complete Part IV, S	Sections A and B.					
b	Type II. A s	supporting org	anization supervise	d or controlled in con	nection with it	s supporte	ed organizatio	ו(s), by hav	/ing
	control or r	nanagement o	of the supporting or	ganization vested in th	ne same perso	ons that co	ntrol or manag	ge the supp	ported
_	organizatio	n(s). You mus	st complete Part IV	, Sections A and C.					
c		-	•	ng organization opera		-		ly integrate	ed with,
_				s). You must comple					
d 🗌		-		porting organization of	•			Ū.	
			•	ization generally must	2		•	an attentiv	veness
_	_ ·	•	,	omplete Part IV, Sect					
e		•		written determination			Туре I, Туре	I, Type III	
f End				onally integrated supp	orting organiz	ation.			
	ter the number	••	n about the support	ed organization(s)					
<u> </u>	(i) Name of supp		(ii) EIN	(iii) Type of organizati	in your govern	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
	organizatior	I		(described on lines 1- above (see instruction		No	support (see ir	structions)	support (see instructions)
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 THE UNION OF CONCERNED SCIENTISTS, INC. 04-2535767 Page 2 Part II 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

260	ction A. Public Support	-			-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	29117160.	<u>36524507.</u>	37258220.	38054270.	<u>44905567.</u>	<u>185859724</u>
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	00117160		27250000	20054070	44005567	105050704
	J	29117160.	36524507.	3/258220.	38054270.	44905567.	185859724
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,						
	a a lu ura ura (4)						7899709.
6							177960015
	Public support. Subtract line 5 from line 4. ction B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		29117160.					
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	794,432.	638,413.	701,365.	616,713.	485,276.	3236199.
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						
	assets (Explain in Part VI.)	272,111.	35,170.	367,534.	189,380.		
11	Total support. Add lines 7 through 10						190254832
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	0			,	()()	
60	organization, check this box and sto ction C. Computation of Publi	phere	aantaaa				
	•		•				02 54
	Public support percentage for 2019 (I					14	<u>93.54</u> %
	Public support percentage from 2018					15	<u>91.55 %</u>
10a	33 1/3% support test - 2019. If the other have. The organization qualifies						
h	stop here. The organization qualifies 33 1/3% support test - 2018. If the		-		lino 15 is 22 1/20/		
N	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
170	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			•	•	•	
b	10% -facts-and-circumstances test						
~	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-				s >
			*			edule A (Form 990	

932022 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 THE UNION OF CONCERNED SCIENTISTS, INC. 04-2535767 Page 3 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	• (a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	i					
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	i -					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is f	or the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
check this box and stop here	~			-		
Section C. Computation of Pub						
15 Public support percentage for 2019	(line 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 201		-			16	%
Section D. Computation of Inve						
17 Investment income percentage for 2	2019 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2019. If th					3 1/3%, and line	
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2018. If th						and
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizat						
932023 09-25-19						0 or 990-EZ) 2019
		16	5		•	•

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Schedule A (Form 990 or 990-EZ) 2019 THE UNION OF CONCERNED SCIENTISTS, INC. 04-2535767 Page 4 Part IV Supporting Organizations

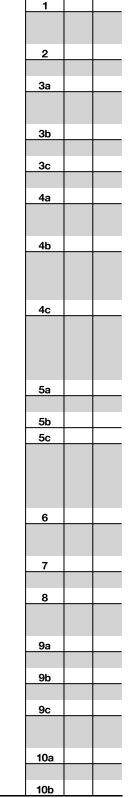
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete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

Section A. All Supporting Organizations

- 1 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.
- 2 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 (b) and (c) 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")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 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?
- 6 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* Part VI.
- 7 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)*.
- 8 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 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.)

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Yes No

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 THE UNION OF CONCERNED SCIENTISTS, INC. 04-2535767 Page 5 Part IV Supporting Organizations (continued)

			Y.	N
			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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the 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		100	110
•	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			
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
b	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 government entity (see instr	votional		
2	Activities Test. Answer (a) and (b) below.	uciions)	Yes	No
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		.03	
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
U				
	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	2b		
2	activities but for the organization's involvement.	20		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or tructors of each of the supported organizations?	20		
Ŀ	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2 L		
000000	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 5 09-25-19 Schedule A (Form 99	3b 20 or 90	0.53	2010
302020	5 09-25-19 Schedule A (Form 99	JU UI 3 8		2013

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Schedule A (Form 990 or 990-EZ) 2019

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Sche Pa	dule A (Form 990 or 990-EZ) 2019 THE UNION OF CONCERNED			04-2535767 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions. Al
Sect	other Type III non-functionally integrated supporting organizations must co		(A) Prior Year	(B) 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	Ť		
-	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Illy integrat	ted Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 THE UNION OF CONCERNED SCIENTISTS, INC. 04-2535767 Page 7

Par	rt V Type III Non-Functionally Integrated	509(a)(3) Supporting Orga	anizations (continued)	
Sect	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	h exempt purposes		
2	Amounts paid to perform activity that directly furthers ex	xempt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt put	rposes of supported organization	S	
4	Amounts paid to acquire exempt-use assets	· · · · ·		
5	Qualified set-aside amounts (prior IRS approval required	()		
6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh	9		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason	n-		
	able cause required- explain in Part VI). See instructions	s.		
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result grea	ater		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3	h		
•	and 4b from line 1. For result greater than zero, explain			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
-				

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 201	9 THE UNI	ON OF	CONCERNE	D SCIEN	rists,	INC.	04-2535767	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and	rmation. Prov 1, 2, 3b, 3c, 4b, 4 , lines 2 and 3; P	ide the expl Ic, 5a, 6, 9a art IV, Secti	anations require a, 9b, 9c, 11a, 11 on E, lines 1c, 23	d by Part II, line b, and 11c; Pa a, 2b, 3a, and 3	e 10; Part II, li rt IV, Section b; Part V, line	ine 17a or B, lines 1 e 1; Part V	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Pa	۱C,
	(See instructions.)								
932028 09-25-1	9						Schedule	e A (Form 990 or 990	-EZ) 2019
				21					

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization

Nar	me of organization	Employer identification number
	THE UNION OF CONCERNED SCIENTISTS, INC.	04-2535767
Pa	art I-A Complete if the organization is exempt under section 501(c) or is a section 52	27 organization.
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.	
2	Political campaign activity expenditures	▶\$
3	Volunteer hours for political campaign activities	
Pa	art I-B Complete if the organization is exempt under section 501(c)(3).	
1	Enter the amount of any excise tax incurred by the organization under section 4955	
2	Enter the amount of any excise tax incurred by organization managers under section 4955	► \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	YesNo
4a	a Was a correction made?	Yes No
	b If "Yes," describe in Part IV.	
Pa	art I-C Complete if the organization is exempt under section 501(c), except section	501(C)(3).
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶\$
2	5 5	
	exempt function activities	▶\$
3		
	line 17b	
4	Did the filing organization file Form 1120-POL for this year?	Yes No
5		0 0
	made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also en	•
	contributions received that were promptly and directly delivered to a separate political organization, such as a s	eparate segregated fund or a
	political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2019

932041 11-26-19

OMB No. 1545-0047

Open to Public

Inspection

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Schedule C (Form 990 or 990-EZ) 2019 Part II-A Complete if the org section 501(h)).	THE UNION C anization is exe	F CONCERNED	SCIENTISTS 501(c)(3) and file	, INC 04-2 ed Form 5768 (ele	535767 Page 2 ction under				
	tion belongs to an aff	iliated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,				
expenses, and share	re of excess lobbying	expenditures).							
B Check 🕨 📃 if the filing organiza	tion checked box A a	nd "limited control" pro	visions apply.						
Limits on Lobbying Expenditures(a) Filing organization's totals(b) Affiliated group totals(The term "expenditures" means amounts paid or incurred.)totalstotals									
1a Total lobbying expenditures to influ	Jence public opinion (arassroots lobbving)		10,886.					
b Total lobbying expenditures to influ				108,245.					
c Total lobbying expenditures (add li				119,131.					
d Other exempt purpose expenditure				38,376,490.					
e Total exempt purpose expenditure	s (add lines 1c and 1c	d)		38,495,621.					
f_Lobbying nontaxable amount. Ente	er the amount from th	e following table in both	n columns.	1,000,000.					
If the amount on line 1e, column (a) o	r (b) is: The lot	bying nontaxable am	ount is:						
Not over \$500,000	20% of	the amount on line 1e.							
Over \$500,000 but not over \$1,000	0,000 \$100,0	00 plus 15% of the exce	ess over \$500,000.						
Over \$1,000,000 but not over \$1,5	00,000 \$175,0	00 plus 10% of the exce	ess over \$1,000,000.						
Over \$1,500,000 but not over \$17,	000,000 \$225,0	00 plus 5% of the exces	ss over \$1,500,000.						
Over \$17,000,000	\$1,000	,000.							
g Grassroots nontaxable amount (en	ter 25% of line 1f)			250,000.					
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.					
i Subtract line 1f from line 1c. If zero				0.					
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	ation file Form 4720	_					
reporting section 4911 tax for this	year?				Yes No				
(Some organizations t	hat made a section 5	eraging Period Under 01(h) election do not l ate instructions for lir	nave to complete all o	of the five columns be	low.				
	Lobbying Expe	nditures During 4-Yea	r Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total				
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.				
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					6,000,000.				
c Total lobbying expenditures	373,210.	419,961.	171,025.	119,131.	1,083,327.				
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.				
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.				
f Grassroots lobbying expenditures	92,649.	102,729.	26,590.	10,886.	232,854.				

Schedule C (Form 990 or 990-EZ) 2019

932042 11-26-19

Schedule C (Form 990 or 990-EZ) 2019 THE UNION OF CONCERNED SCIENTISTS, INC. 04-2535767 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.	Yes	No	Amo	unt	
 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: 					
 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 					
d Mailings to members, legislators, or the public?					
e 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					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c 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?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion		
501(c)(6).			Vaa	Na	
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section		3	tion		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		• •		3 ie	
answered "Yes."		bj Fart i	II-A, III e	5, 15	
Dues, assessments and similar amounts from members		1			
 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 					
expenses for which the section 527(f) tax was paid).	ai				
		2a			
a Current yearb Carryover from last year					
 c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 					
 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. 					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
expenditure next year?		4			
 5 Taxable amount of lobbying and political expenditures (see instructions) 		. 5			
Part IV Supplemental Information					
Provide 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 a	nd 2 (see		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

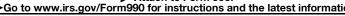
Schedule C (Form 990 or 990-EZ) 2019

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

(Form 9	90)
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Supplemental Financial Statements ► 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.





Name of the	organization
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THE UNION OF CONCERNED SCIENTISTS, INC.

Employer identification number 04-2535767

Par			ACCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, li		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		°
Par	impermissible private benefit?		
			V, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recre		storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of a c	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic st		2c
d	Number of conservation easements included in (c) acquired		
-	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	nization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the po		
•	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	g, nandling of violations, and enforcing conservat	tion easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, har	idling of violations, and enforcing conservation e	easements during the year
0	\$	$h_{\rm M}$ and $h_{\rm M}$ the requirements of postion $170(h)(4)(1)$	D/(i)
8			
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva- balance sheet, and include, if applicable, the text of the foo	•	
	organization's accounting for conservation easements.		hat describes the
Par	t III Organizations Maintaining Collections of	of Art. Historical Treasures. or Other	Similar Assets.
	Complete if the organization answered "Yes" on For		
1a	If the organization elected, as permitted under FASB ASC 9		alance sheet works
	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 9		ce sheet works of
	art, historical treasures, or other similar assets held for publ		
	provide the following amounts relating to these items:		,
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical tr		
-	the following amounts required to be reported under FASB		,
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2019
	1 10-02-19		
_20		20	

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	dule D (Form 990) 2019 THE UNIC	<u>ON OF CONCE</u>			INC Other		04-25 r A ssets			age 2
	•							(contil	<u>iued)</u>	
3										
	collection items (check all that apply):									
a	Public exhibition	d		hange prograr	n					
b										
С	Preservation for future generations									
4	Provide a description of the organization's co	•		•			se in Part	XIII.		
5	During the year, did the organization solicit or		,	,						1 • • •
Dai	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No art IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
I al	reported an amount on Form 990, Part		te if the organizatio	n answered in	res" on	Form 990	, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contribution	s or other asse	ets not i	ncluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amoun	t	
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been	provided on P	art XIII					
Pa		the organization ans	wered "Yes" on Fo	orm 990, Part l'	V, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two years			/ears back	(e) Four	vears	back
1a	Beginning of year balance	401,095.	387,923.		,293.		49,099.			434.
b	Contributions									
c	Net investment earnings, gains, and losses	32,067.	13,172.	19	,630.		19,194.		14,	665.
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	433,162.	401,095.	387	,923.	3	68,293.		349,	099.
2	Provide the estimated percentage of the curre	ent vear end balance	(line 1g. column (a))) held as:	,		,		,	
		• 00	%							
b	Permanent endowment ► 42.81	%								
	Term endowment 57.19									
U	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should									
20	Are there endowment funds not in the posses		ion that are hold ar	ad administoro	d for th	o organiza	ation			
Ja	by:	Sion of the organizat				e organiza	ation	1	Yes	No
								3a(i)	X	NU
	0 0									х
h	(ii) Related organizations							3a(ii)		- 23
								3b		
4 Par	t VI Land, Buildings, and Equipme		ment tunds.							
I UI	Complete if the organization answered		Part IV line 11a S	oo Form 990	Dort V	lino 10				
	· · · · · · · · · · · · · · · · · · ·	(a) Cost or ot	r	or other		ccumulate	ad			
	Description of property	basis (investm	• • •	(other)	• • •	preciation		(d) Boo	k value	е
10	Land				uch					
	Land		12 27	0,645.	4 1	L05,0	13.	8,16	5 6	32
	Buildings			8,719.		104,9			3,7	
	Leasehold improvements			4,753.		142,8		1,04	-	
	Equipment		J,10	<u>=,,,,,,</u>	÷,1	174,0		- ,04	- , 01	•••
	Other			0-)				9,33	1 21	06
Tota	I. Add lines 1a through 1e. <i>(Column (d) must ed</i>	<u>juai Form 990, Part X</u>	<u>, column (B), line 1</u>	UC.)			Schedule			
							ocneuule	וויטיזעי	1 330)	2019

Schedule D (Form 990) 2019			OF	CONCERNED	SCIENTISTS,	INC.	04-2535767	Page 3
Part VII Investments - C	Other Se	curities.						

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) UNITRUST AND ANNUITY AGREEMENTS	2,680,689.
(3) DEFERRED RENT	925,351.
(4) REFUNDABLE ADVANCE	4,380,847.
(5)	
(6)	
(7)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2019

932053 10-02-19

(8) (9)

Sche	edule D (Form 990) 2019 THE UNION OF CONCERNED SCI		,			2535767 _{Page} 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	n Revenue p	per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.				
1	Total revenue, gains, and other support per audited financial statements				1	48,662,913.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	2,951,	091.		
b	Donated services and use of facilities	. 2b				
с						
d	Other (Describe in Part XIII.)	2d	23,	473.		
е	Add lines 2a through 2d				2e	2,974,564.
3	Subtract line 2e from line 1				3	45,688,349.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	100,	636.		
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines 4a and 4b				4c	100,636.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				5	45,788,985.
	This had sddar off soo. Tart i his te.				-	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses	s per R	eturi	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wi	th Expenses	s per R		n.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	th Expenses	s per R	eturi	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wit	th Expenses	s per R		n.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wit	th Expenses	s per R		n.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wit	th Expenses	s per R		n.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents Wit	th Expenses	s per R		n.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents Wit	th Expenses	s per R		n. 41,553,070.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents Wit	th Expenses	s per R 473.		n. <u>41,553,070.</u> 23,473.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents Wit	th Expenses	473.	1	n. 41,553,070.
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents Wit	th Expenses	473.	1 2e	n. <u>41,553,070.</u> 23,473.
Pa 1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents Wit	th Expenses	473.	1 2e	n. <u>41,553,070.</u> 23,473.
Pa 1 2 6 6 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents Wit	th Expenses	473.	1 2e	n. <u>41,553,070.</u> <u>23,473.</u> <u>41,529,597.</u>
Pa 1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents Wit	th Expenses	473. 636.	1 2e 3 4c	n. <u>41,553,070.</u> <u>23,473.</u> <u>41,529,597.</u> 100,636.
Pa 1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents Wit	th Expenses	473. 636.	1 2e 3	n. <u>41,553,070.</u> <u>23,473.</u> <u>41,529,597.</u>

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 any additional information.

PART V, LINE 4:

UCS USES THE INVESTMENT EARNINGS OF ITS ENDOWMENT FUNDS FOR THE PURPOSES

DESIGNATED BY THE DONORS INCLUDING SCIENTIFIC RESEARCH, NEW INITIATIVES,

ACTIVIST AND MEDIA OUTREACH.

PART X, LINE 2:

UCS IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN ORGANIZATION

DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS

GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME.

ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS MADE IN THE FINANCIAL

STATEMENTS.

932054 10-02-19

Schedule D (Form 990) 2019 THE UNION OF CONCERNED SCIENTISTS, INC. 04-2535767 Page 5 Part XIII Supplemental Information (continued)
UCS HAS DETERMINED THAT ITS STATUS AS A TAX EXEMPT ENTITY AND ITS
DETERMINATIONS AS TO ITS INCOME BEING RELATED AND UNRELATED ARE NOT
UNCERTAIN TAX POSITIONS WITHIN THE MEANING OF GENERALLY ACCEPTED
ACCOUNTING PRINCIPLES FOR ITS OPEN TAX YEARS. UCS'S FEDERAL AND STATE
INCOME TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS
FOLLOWING THE DATE FILED.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
COST OF GOODS SOLD 23,473.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
COST OF GOODS SOLD 23,473.
Schedule D (Form 990) 2019

932055 10-02-19

SCHEDULE G	Suppler	nental Information Regarding	g Fund	Iraisi	ing or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if	the organization answered "Yes" o organization entered more than \$				or 19, c	or if the	2019
Department of the Treasury		Attach to Form 99	90 or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service		Go to www.irs.gov/Form990 for ins	truction	s and	the latest informati			Inspection
Name of the organization								ntification number
		IION OF CONCERNED S					04-2535	
	complete this p	25. Complete if the organization answ part.	vered "Y	'es" or	n Form 990, Part IV, I	line 17	. Form 990-EZ	filers are not
 a X Mail solicitat b Internet and c X Phone solici d In-person so 2 a Did the organization key employees list 	tions email solicitatio tations licitations on have a writte ed in Form 990	ons f Solicit	tation of tation of al fundra al (incluo professi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	stees, c	X Yes	
compensated at le	ast \$5,000 by t	he organization.						
(i) Name and addres or entity (fund		(ii) Activity	have or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (or	mount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
O'BRIEN-GARRETT - 3	1133 19ТН	CONSULTS ON DIRECT MAIL	Yes	No				
STREET NW, SUITE 30	00,	PROGRAM		x	6,078,210.		218,699.	5,859,511.
M&R STRATEGIC SERVE	ICES - 1101	CONSULTS ON DIRECT MAIL						
CONNECTICUT AVE. NV	М, 7ТН	PROGRAM		x	2,374,721.		233,903.	2,140,818.
Total	<u></u>		<u></u>		8,452,931.		452,602.	8,000,329.
3 List all states in whi or licensing.	ich the organiza	tion is registered or licensed to solicit	t contrib	utions	or has been notified	l it is e	xempt from re	gistration

AL, AK, AR, HI, CA, CT, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND OH, OR, OK, PA, RI, SC, TN, UT, VA, WA, WV, WI, CO, DC

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2019

932081 09-11-19

Schedule G	i (Form 990 or 990-EZ) 2019	THE	UNION	OF	CONCERNED	SCIENTISTS,	INC.	04-2535767	Page 2
Dort II	Eundraiaina Evanta	0				E 000 B 1 1 ()			

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		or fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anue			(((
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
lirect E>	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through				
Da	11 Int	Net income summary. Subtract line 10 from line Gaming. Complete if the organization a	ne 3, column (d)		>	
10		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or i	eponed more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	4	Gross revenue				
	1	Gloss revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes %	Yes%	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		►	
		ter the state(s) in which the organization condu				Yes No
		he organization licensed to conduct gaming ac No," explain:	tivities in each of these s	states?		Yes No
~						
		ere any of the organization's gaming licenses re Yes," explain:		rminated during the tax y	/ear?	Yes No
93208	32 09	9-11-19			Schedule G (For	m 990 or 990-EZ) 2019

36 2019.05060 THE UNION OF CONCERNED SC 34305.51

Sch	edule G (Form 990 or 990-EZ) 2019 THE UNION OF CONCERNED SCIENTISTS, INC. 04-2535767 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed Image: Construction of the second s
	to administer charitable gaming? Yes 🗌 No
	Indicate the percentage of gaming activity conducted in:
	The organization's facility 13a An outside facility 13b
	An outside facility
	Name
	Address
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$
С	If "Yes," enter name and address of the third party:
	Name
	Address
16	Gaming manager information:
	Name
	Gaming manager compensation
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
_	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:
(I) NAME OF FUNDRAISER: O'BRIEN-GARRETT
(I) ADDRESS OF FUNDRAISER:
<u>11</u>	33 19TH STREET NW, SUITE 300, WASHINGTON, DC 20036
<u>(I</u>) NAME OF FUNDRAISER: M&R STRATEGIC SERVICES
<u>(I</u>	
<u>11</u>	
93208	³³ 09-11-19 Schedule G (Form 990 or 990-EZ) 201 37

20440303 143399 34305.500

^{2019.05060} THE UNION OF CONCERNED SC 34305.51

Schedule G	i (Form 990 or 99 Supplemer	90-EZ)	THE	UNION	OF	CONCERNED	SCIENTISTS,	INC.	04-2535767	Page 4
Faitiv	Supplemen		nation	(continued)						
								Sc	hedule G (Form 990 or	r 990-EZ)

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	17
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	40	<u> </u>
-	-	Compensated Employees		20	IJ)
D		 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	ne of the organizatio	n	Employer	identificatio	on nui	nber
		THE UNION OF CONCERNED SCIENTISTS, INC.	04-2	<u>253576'</u>	7	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or		nal use			
	Travel for con					
		cation and gross-up payments Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
_				1b		<u> </u>
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
~	la d'a sta colstata de 16 a					
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Event the Director, but eveloping in Part III.	on to			
	X Compensatio	ation of the CEO/Executive Director, but explain in Part III.				
		committee Written employment contract compensation consultant X Compensation survey or study				
	X Form 990 of c		ommittoo			
			Ommittee			
4	During the year di	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b		ceive payment from, a supplemental nonqualified retirement plan?				x
		ceive payment from, an equity-based compensation arrangement?				X
-	-	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	j					
	Only section 501(:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the					
а	The organization?			5a		X
b		ation?				X
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the	net earnings of:				
а						X
b	Any related organiz	ation?		6b		X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	le			37
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations sectio					<u> </u>
LHA	For Paperwork F	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2019

932111 10-21-19

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	-	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) KENNETH KIMMELL	(i)	326,351.	0.	1,032.	22,400.	23,435.	373,218.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATHLEEN REST	(i)	282,287.	0.	4,944.	22,400.	10,843.	320,474.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHERYL SCHAFFER	(i)	244,316.	0.	3,048.	20,040.	8,265.	275,669.	0.
CHIEF ADMINISTRATIVE & FIN. OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LAURIE MARDEN	(i)	243,927.	0.	360.	20,641.	23,435.	288,363.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SUZANNE SHAW	(i)	216,575.	0.	895.	17,869.	23,398.	258,737.	0.
DIRECTOR OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANDREW ROSENBERG	(i)	225,342.	0.	1,437.	18,519.	22,371.	267,669.	0.
CSD PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANGELA ANDERSON	(i)	204,230.	0.	796.	16,340.	2,420.	223,786.	0.
DIRECTOR OF CLIMATE AND ENERGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ALDEN MEYER	(i)	198,931.	0.	2,365.	16,411.	30,863.	248,570.	0.
DIRECTOR OF STRATEGY & POLICY/CHIEF	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PETER FRUMHOFF	(i)	198,078.	0.	1,238.	16,471.	20,927.	236,714.	0.
DIR OF SCIENCE & POLICY/CHIEF SCIENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DAVID WRIGHT	(i)	182,566.	0.	2,078.	14,937.	9,309.	208,890.	0.
CO-DIRECTOR/SENIOR SCIENTIST GSP	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019

932113 10-21-19

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.



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

|--|

THE UNION OF CONCERNED SCIENTISTS, INC.

Employer identification number
04-2535767

Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contri amounts report	ed on	(d) Method of de noncash contribu			s
			items contributed	Form 990, Part VI	II, line 1g				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	133	834	,427.	FAIR MARKET	VA	LUE	
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
22									
23 24	Scientific specimens								
	Archeological artifacts Other ► (BILLBOARD AD)	X	1	100	,125.	ЕМ Т7			
25 26			_	100	,123.	r 14 v			
26 07	Other ()								
27	Other ()								
28	Other ()		 						
29	Number of Forms 8283 received by the organiz		, ,		~			0	
	for which the organization completed Form 828	33, Part IV, I	Jonee Acknowledg	Jement [29				Na
00-	During the user did the energiastics require to			autodia Daut I liaa		h 00 that it		Yes	No
30a	During the year, did the organization receive by								
	must hold for at least three years from the date			•					v
	exempt purposes for the entire holding period?	,					30a		X
	If "Yes," describe the arrangement in Part II.							v	
31	Does the organization have a gift acceptance p					ions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell	noncash				37
	contributions?						<u>32a</u>		X
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	/ for which column	(a) is chec	ked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).		Schedule N	1 (Forr	n 990)	2019

Schedule M (Form 990) 2019

932141 09-27-19

Schedule M (Form 990) 2019 THE UNION OF CONCERNED SCIENTISTS, INC. 04-2535767 Page 2 Part II Supplemental Information. Provide the information required by Part L lines 30b 32b and 33 and whether the organization

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN SCHEDULE M, COLUMN (B) INDICATES THE NUMBER OF

CONTRIBUTIONS.

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



04-2535767

INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE UNION OF CONCERNED SCIENTISTS

PLANET'S MOST PRESSING PROBLEMS. JOINING WITH PEOPLE ACROSS THE

COUNTRY, UCS COMBINES TECHNICAL ANALYSIS AND EFFECTIVE ADVOCACY TO

CREATE INNOVATIVE, PRACTICAL SOLUTIONS FOR A HEALTHY, SAFE AND

SUSTAINABLE FUTURE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND SUSTAINABLE FUTURE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GLOBAL SECURITY PROGRAM WORKS TO REDUCE SOME OF THE GRAVEST THREATS TO

HUMANITY - IN PARTICULAR, THOSE POSED BY NUCLEAR WEAPONS AND MATERIALS,

THEIR ACQUISITION BY TERRORISTS, OR ACCIDENTS. WE SERVE AS AN

INDEPENDENT WATCHDOG ON A RANGE OF NUCLEAR AND WEAPONS ISSUES,

COMBINING TECHNICAL ANALYSIS AND POLICY EXPERTISE TO IMPROVE NUCLEAR

POWER PLANTS SAFETY AND REDUCE THE THREATS POSED BY NUCLEAR WEAPONS.

EXPENSES \$ 4,404,163. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE FOOD AND ENVIRONMENT PROGRAM SEEKS TO TRANSFORM THE U.S. FOOD SYSTEM TO ONE THAT PROVIDES HEALTHY, SUSTAINABLY PRODUCED FOOD FOR ALL AND TREATS EVERYONE AT EVERY STAGE OF THE SYSTEM FAIRLY. WE ADVOCATE FOR POLICY CHANGES THAT WILL ENCOURAGE AMERICAN FARMERS TO GROW A WIDE RANGE OF HEALTHY FOODS THAT WILL BE AVAILABLE AND AFFORDABLE FOR ALL, INSTEAD OF THE COMMODITY CROPS USED IN PROCESSED FOODS THAT ARE MAKING AMERICANS SICK. OUR POLICY RECOMMENDATIONS WILL ALSO HELP FARMERS ABANDON ENVIRONMENTALLY DESTRUCTIVE INDUSTRIAL METHODS IN FAVOR OF

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

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Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page Page			
THE UNION OF CONCERNED SCIENTISTS, INC.	04-2535767			
MODERN, SCIENCE-BASED AGROECOLOGICAL PRACTICES.				
EXPENSES \$ 4,045,115. INCLUDING GRANTS OF \$ 0. REVENUE	Е\$О.			
FEDERAL ACTION CAMPAIGN TEAM (FACT) IS A CROSS-PROGRAMMAT	IC EFFORT			
DESIGNED TO COORDINATE AND INCREASE THE EFFECTIVENESS OF H	EFFORTS BY THE			
UNION OF CONCERNED SCIENTISTS TO ADVANCE SCIENCE-BASED LAW	NS AND/OR			
AGENCY REGULATIONS THAT AMERICANS DEPEND ON TO SAFEGUARD	THE HEALTH AND			
SAFETY OF OUR COMMUNITIES.				
EXPENSES \$ 952,729. INCLUDING GRANTS OF \$ 0. REVENUE S	\$ 0.			
LEGISLATIVE - APPEARANCES BEFORE CONGRESSIONAL COMMITTEES	, AS WELL AS			
MEETING WITH INDIVIDUAL CONGRESSMEN AND WRITING, PRINTING	, AND MAILING			
OF LEGISLATIVE ALERTS TO UCS SPONSORS.				
EXPENSES \$ 353,204. INCLUDING GRANTS OF \$ 0. REVENUE \$	\$ 0.			
ORGANIZATIONAL SALES VIA ONLINE STORE.				
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,802	2.			
· · · · · · · · · · · · · · · · · · ·				
FORM 990, PART VI, SECTION B, LINE 11B:				
THE COMPLETED 990 IS REVIEWED AND DISCUSSED BY THE AUDIT (COMMITTEE OF THE			
BOARD PRIOR TO FILING.				
FORM 990, PART VI, SECTION B, LINE 12C:				
AFFECTED PERSONS (STAFF AND BOARD) COMPLETE AND SUBMIT TH	E CONFLICT OF			
INTEREST STATEMENT ON AN ANNUAL BASIS AT THE BEGINNING OF EACH FI				
THIS DOES NOT OBVIATE THE NEED TO DISCLOSE POTENTIAL CONFI				
ARISE IN THE INTERIM. ALL FORMS ARE REVIEWED BY THE DIRECT				
ADMINISTRATION. ANY POTENTIAL CONFLICTS ARE REVIEWED BY TH				
	edule O (Form 990 or 990-EZ) (2019			
40303 143399 34305.500 2019.05060 THE UNION OF	CONCERNED SC 3430			

Schedule O (Form 990 or 990 EZ) (2019)	Page 2		
Name of the organization THE UNION OF CONCERNED SCIENTISTS, INC.	Employer identification number 04-2535767		
WHO DETERMINES WHETHER A CONFLICT EXISTS AND IS MATERIAL.	IF A MATTER IS		
MATERIAL, THE PRESIDENT WILL BRING IT TO THE ATTENTION OF	THE BOARD CHAIR.		
IF THE UCS PRESIDENT HAS THE CONFLICT, HE OR SHE WOULD			
DISCLOSE THE MATTER TO THE BOARD CHAIR DIRECTLY.			

DISCLOSURE INVOLVING BOARD MEMBERS IS MADE TO THE BOARD CHAIR (OR IF THE CONFLICT INVOLVES THE BOARD CHAIR, TO THE BOARD TREASURER) WHO BRINGS THESE MATTERS, IF MATERIAL, TO THE BOARD. THE BOARD DETERMINES WHETHER A CONFLICT EXISTS AND IS MATERIAL, AND IN THE PRESENCE OF AN EXISTING MATERIAL CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO UCS.

FORM 990, PART VI, SECTION B, LINE 15:

THE UCS POLICY IS THAT THE FINANCE COMMITTEE OF THE BOARD BE INFORMED OF THE PERFORMANCE BASED RECOMMENDATIONS FOR SALARY FOR KEY EMPLOYEES IN THE CONTEXT OF MARKET INFORMATION AND OUR MERIT INCREASE SYSTEM. THE PURPOSE OF THIS POLICY IS TO PROVIDE TRANSPARENCY AND COMPLIANCE WITH VARIOUS LEGAL STANDARDS FOR NON-PROFIT MANAGEMENT.

THE PRESIDENT'S SALARY IS SET AFTER AN ANNUAL MERIT REVIEW, BY THE CHAIR OF THE BOARD IN CONSULTATION WITH THE TREASURER AND/OR OTHER BOARD MEMBERS, AS THE CHAIR SEES FIT. THE SALARIES FOR OTHER KEY EMPLOYEES ARE SET, AFTER THE ANNUAL MERIT REVIEW, BY THE MANAGEMENT TEAM. ALL SALARIES ARE SET IN THE CONTEXT OF MARKET INFORMATION AND OUR MERIT INCREASE SYSTEM. ALL SALARIES OF KEY EMPLOYEES ARE REVIEWED BY THE COMPENSATION COMMITTEE OF THE BOARD.

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

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 46

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Schedule O (Form 990 or 990				Page
Name of the organization	THE UNION	OF CONCERNED	SCIENTISTS, INC.	Employer identification number 04-2535767
VA,WV,WI				
FORM 990, PART	VI, SECTI	ON C, LINE 19):	
THE GOVERNING I	OCUMENTS,	CONFLICT OF	INTEREST POLICY,	AND FINANCIAL
STATEMENTS ARE	MADE AVAI	LABLE THROUGH	H THE ORGANIZATION	'S WEBSITE. THE
PUBLIC CAN ALSO	ACCESS 1	THE FINANCIAL	STATEMENTS THROUG	H THE "GUIDESTAR"
WEBSITE (HTTP:/	/WWW.GUII	DESTAR.ORG/).		