EXTENDED TO AUGUST 17, 2020

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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.

Open to Public Inspection

<u>A</u> F	or the	2018 calendar year, or tax year beginning OCT 1, 2018 and e	nuing S	EF 30, 2013	
B c	heck if pplicable:	C Name of organization		D Employer identific	ation number
	Address change	THE UNION OF CONCERNED SCIENTISTS, INC.		04 2	535767
·	Name change	Doing business as			
	_Initial _return _Final	Number and street (or P.O. box if mail is not delivered to street address) TWO BRATTLE SQUARE	Room/suite	E Telephone number 61.7-	547-5552
L	return/ termin-			G Gross receipts \$	48,361,002.
	ated TAmenda	City or town, state or province, country, and ZIP or foreign postal code		-	
\perp	retum	CAMBRIDGE, MA 02230	34773	H(a) Is this a group re	
	Applica- tion pending	F (value and address of principal officer, stattation and a state of the state of t	MPA	for subordinates	······ —
_	<u> </u>	SAME AS C ABOVE		H(b) Are all subordinates In	
<u></u>	ax-exe	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	52 <u>7</u>	4	list. (see instructions)
<u>J \</u>	Vebsite	WWW.UCSUSA.ORG	1	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation; IS/SIN	State of legal domicile: DC
15	rt l	Summary	NATON.	OR CONCEDNE	
.07	1 E	Briefly describe the organization's mission or most significant activities: THE U	MTON_	OF CONCERNED	OT THE OTTE
Š] §	SCIENTISTS PUTS RIGOROUS, INDEPENDENT SCI	SNCE 1		
Ę	2 0	Check this box if the organization discontinued its operations or dispose			ets. 21
Š	3, 1	•			20
9	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			242
8	5 T	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		The second secon	20
Activities & Governance	6 7	Fotal number of volunteers (estimate if necessary)			0.
<u> </u>	7a 1	Total unrelated business revenue from Part VIII, column (C), line 12		.	0.
_	1 d	Net unrelated business taxable income from Form 990 T, line 38			
	Ì		-	Prior Year	38,054,270.
•	8 (Contributions and grants (Part VIII, line 1h)		37,258,220.	
ב) 9 F	Program service revenue (Part VIII, line 2g)		0.	0
Revenue	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,305,045.	1,440,512.
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	305,268.	239,725.
	<u>]</u> 12:]	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u></u>	39, <u>868,533.</u>	39,734,507.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
	14:1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
40	15 :	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		22,571,458.	24,714,424.
186	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		586,697.	456,422.
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) 3,073,69)6. 🔣		
Ø.		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,579,381.	15,558,032.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		36,737,536.	40,728,878.
_		Revenue less expenses. Subtract line 18 from line 12		3,130,997.	-994,371.
Assets or	<u> </u>		<u> </u>	eginning of Current Year	End of Year
Sets	<u> </u>	Total assets (Part X, fine 16)		54,386,018.	53,138,337. 5,530,447.
Ž,	g 21 1	Total liabilities (Part X, line 26)		5,618,611.	47,607,890
2	22	Net assets or fund balances. Subtract line 21 from line 20	,,,,,,,,, , <u>l</u>	48,767,407.	47,007,030.
1	art II	Signature Block		and the first of an	Lianuladae and heliof, it is:
Und	der peña	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is:
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparet	r nas any knowleage.	
		Signature of officer		 	/
Siç	រូប			Date.	
He	re	KENNETH KIMMELL, PRESIDENT			<u></u>
_		Type or print name and title	<u> </u>	Date Check	PTIN
		Print/Type preparer's name Preparer's signature	,	0.3/05/20 self-emplo	 '
Pai		CRAIG KLEIN		Firm's EIN	26-3753 134
	parer	Firm's name CBIZ MHM, LLC Firm's address 500 BOYLSTON STREET		FILLS ENV	TA ALDAMAS.
US	e Only	BOSTON, MA 02116		Phone no 61	7-761-0600
-	46 - 45	<u> </u>		T HORE TO: O E	X Yes No
Mε	ay the II	RS discuss this return with the preparer shown above? (see instructions)	<u></u>		Form 990 (2018)

Eq.	Checklist of Required Schedules		Yes	No
	2 Mary 1997 - 19		165	140
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
	If "Yes," complete Schedule A	2	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	-		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	ایا		Х
	public office? If "Yes," complete Schedule C, Part I	_3		₩.
4.	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes." complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	1		
	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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
Ŕ	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?			
	• •	9		Х
10	If "Yes;" complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	i
. 4 4	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	12.653255A 125728845	Tener.	
11	·			
	as applicable.	NO-MARK	· mana	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
	Part VI	1 Id		
þ	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total	اميرا		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			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	l		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u>X</u>	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		i
	Schedule D. Parts XI and XII	12a	X	
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
ь				ĺ
	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			1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u></u>	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	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.	1		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	L	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			Π
-1 3		19		x
.00-	complète Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complète Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	T
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Ι	
-21	domestic government on Part IX, column (A), line 1? If "Yes: " complete Schedule I. Parts I and II.	21		X
_	3 12-31-18		990	(2018

ar	99D (2018) THE UNION OF CONCERNED SCIENTISTS, INC. 04-2535			
			Yes:	No
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
3.	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		32	
	Schedule J	23	_ X	
	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			77
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	l		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			77
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			İ
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			٠,
	complete Schedule L, Part II	26		X
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			۱,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27	3.755550	X
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	#Wew	AVESTA.	3272
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	.28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			١
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part-IV	28c	 	X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	▙
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۔. ا
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes;" complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	
	Schedule N, Part II	32		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١.,
	sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I	33	├	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1	•	١.,
	Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Σ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	╁	┾
36 .		ــــــــــــــــــــــــــــــــــــــ	i	١,
	If "Yes," complete Schedule R, Part V, line 2	36		12
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Ι,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	_	2
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1	1	
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pa	rt 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	<u></u>	T	╀-
	Enter the number reported in Box 3 of Form 1095. Enter -0- if not applicable	n Barrio	Yes	N
	Enter the number reported in Box 3 of Form 1096, Enter 0- if not applicable	u is sees	1:000	4 63

(gambling) winnings to prize winners? 832004 12-31-18

Form **990** (2018)

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

	· · · · · · · · · · · · · · · · · · ·				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	242	9435XV		THE SE
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns? _	*************************	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)		8481X		
	Did the organization have been a control of the con	-,,		3a_		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	o	algeria randanie speklim jakonem.	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a]		٠,
	financial account in a foreign country (such as a bank account, securities account, or other financial	accout	nt)?	4a	Degesta vera	X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	(ccour	its (FBAR).	26049v	9289768.	v
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 transa			5b		
Ç	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 to					x
	any contributions that were not tax deductible as charitable contributions?			6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribute			6b		
_	were not tax deductible?	*** * *,*** * *, * *		300	58500	30000
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	irvinas I	ntovided to the navor?	7a	9000000	X
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	·	<u> </u>
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
C	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				均能能	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e.		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		************	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
ħ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	10			100 C
	sponsoring organization have excess business holdings at any time during the year?	.,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8		
9	Sponsoring organizations maintaining donor advised funds.					3000
а			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	•••••		9b_	ra valut	(N-1), (N-1), (N-1)
10	Section 501(c)(7) organizations. Enter:	1.	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u></u>			
11	Section 501(c)(12) organizations. Enter:	1:444	.1			
a	Gross income from members or shareholders	<u>11</u> a	<u>'</u>			
ь		111	.]			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				38776	
13	The state of the s		· · · · · · · · · · · · · · · · · · ·			
	Is the organization licensed to issue qualified health plans in more than one state?			13a	ļ	
-	Note. See the instructions for additional information the organization must report on Schedule O.					
ь	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	13t	<u>) </u>			
c	media and the second se	I	<u></u>	2000000		
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedi			14b	ļ	
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun			1		
	excess parachute payment(s) during the year?		.,,	15	Actor/1975	X
	If "Yes," see instructions and file Form 4720, Schedule N.					177
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt inco	ome?	16		X
	if "Yes," complete Form 4720, Schedule O.			1300/31/9	OOC	1 /20 (0)

THE UNION OF CONCERNED SCIENTISTS, INC. 04-2535767 Form 990 (2018) 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 in Schedule O. See instructions, Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Νo 21 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing. body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 20 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο Yes X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? Х 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, Indicate how you made these available. Check all that apply: X Upon request Other (explain in Schedule O) Another's website Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records CHERYL SCHAFFER - 617-547-5552

02138 TWO BRATTLE SQUARE, CAMBRIDGE, MA

SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2018)

832006 12-31-18

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organizate (A) Name and Title	(B) Average			(C Posi	i) tion	ı		(D) Reportable	(E) Reportable	(F) Estimated
iyanig and itae	hours per week	рох	(do not check more than one box; unless person is both an officer and a director/trustee)				ań	compensation from	compensation from related	amount of other
	(list any nours for related organizations below line)	Individual trustee or director	institutional trustee	тели	Key employee	Highest compensaled employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANNE R. KAPUSCINSKI	5.00					Г			_	_
BOARD CHAIR		X	L_	X				0.	0:.	0.
(2) PETER A. BRADFORD	1.00				ĺ					_
BOARD VICE CHAIR		Х		Х			_	0.	0.	0.
(3) JAMES S. HOYTE	5.00]						İ		_
BOARD TREASURER		X		X	<u>L</u> .	_	L	0.	0.	0.
(4) THOMAS H. STONE	1.00]							_	_
BOARD SECRETARY		X		X	L	L	<u> </u>		0.	0.
(5) KURT GOTTFRIED	1.00]								
BOARD CHAIR EMERITUS		Х		_	<u> </u>	<u> </u>		0.		0.
(6) JAMES MCCARTHY	1.00]	İ						_	_
BOARD CHAIR EMERITUS		X	_		<u> </u>		_	0.	0.	0.
(7) LAURIE BURT	1.00]	_
BOARD MEMBER		X		<u> </u>	<u> </u>			0.	0.	0.
(8) STEVE FETTER	1.00	┨				ľ				٠ ٠
BOARD MEMBER		X		_	_			0.	0.	0.
(9) RICHARD L. GARWIN	1.00	┨					l		1	۾ ا
BOARD MEMBER		Х		ऻ_	ļ.,	├-	┡	0.	0.	0
(10) ANDREW J. GUNTHER	1.00	┨					l		١ ,	[o.
BOARD MEMBER		X	ļ. <u> </u>	 —	├—	\vdash	⊢	0.	0.	<u> </u>
(11) GEOFFREY M. HEAL	1.00	┨					l	0.	0.	0.
BOARD MEMBER	1 00	X	╄	 	├	╁	Ļ	<u> </u>		
(12) SIDNEY MCCLEARY	1.00	٠.			ļ		1	0.	0.	0.
BOARD MEMBER	1 00	X	┢	┢	<u> </u>	╀	⊢	U		· · · · · · ·
(13) MARIO J. MOLINA	1.00	┨.,						0.	0.	0.
BOARD MEMBER	1 00	X	┢	├	┼	+	\vdash			- "
(14) MARGO OGE	1.00	x		1	l			0.	0.	.0.
BOARD MEMBER	1.00	╁	╁	+	┢	╫	╁	 	 	
(15) LOUIS SALKIND BOARD MEMBER	1.00	$ _{\mathbf{x}}$						0.	0.	_ 0 .
(16) ADELE SIMMONS	1.00	┿	+	+	╁	┿	\vdash	 	 	<u> </u>
(16) ADELE SIMMONS BOARD MEMBER	1.00	×					1	0.	0.	0
(17) NANCY STEPHENS	1.00	+	十	\vdash	\vdash	t	t	 	-	
BOARD MEMBER		$ \mathbf{x} $	1		1	1		0.	0.) o

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Form 990 (2018)

101111000 (2010)					_			TISTS, INC.	<u> </u>) J /	0 / Page 0
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	loy	ees,	and	Hiç	ghes	t C	mpensated Employee	s (continued)		
(A)	(A) (B) (C) (D) (E)										(F)
Name and title	Average			Pos	ition			Reportable	Reportable		Estimated
i danie ano ado	hours per		not ch unles					compensation	compensation		amount of
	week			nless person is both an and a director/trustee)				from	from related		other
	(list any	ē						the	organizations		compensation
	hours for	ig.			ļ	į,		organization	(W-2/1099-MISC)	from the
	related	ā				큝		(W-2/1099-MISC)	• • •	1	organization
	organizations	Į Š	<u>=</u>		e e	Ē					and related
	below	훏	를		몵	5 55 E					organizations
	line)	ndividual trustee or director	nsittutional trastee	Officer	à.	Highest compensated employee	Former			L	<u> </u>
(18) KIM WADDELL	1.00	一	-	Ť	_		Ι			丁	
BOARD MEMBER		х				1		0.	Ċ	Ö.	0.
<u> </u>	1 00	<u> </u>	1	\vdash	┢	╫	\vdash				
(19) ELLYN R. WEISS	1.00	١.,				İ	1	j o.		١.٥	0.
BOARD MEMBER		X	Щ.	<u> </u>	<u> </u>	_	<u> </u>		<u> </u>	" • 	<u> </u>
(20) WILLIAM REILLY	1.00]						_		_	
BOARD MEMBER	·	Х						.0.		0.	0.
(21) KENNETH KIMMELL	40.00				<u> </u>					Ì	
PRESIDENT		lx.		X		1		313,458.	(0	44,85 <u>1.</u>
(22) KATHLEEN REST	40.00	<u> </u>	1			1					
EXECUTIVE DIRECTOR		1		X			l	276,779.		0.	31,654.
	40.00	-		**	\vdash	+	╁	2757775	•		
(23) CHERYL SCHAFFER	40.00	1		١.,			l	237,929.		0.	27,465.
CHIEF ADMINISTRATIVE & FINANCIAL OFF	4000	├-	₩	X	┢	╬	╀	431,343.		 	27,4031
(24) LAURIE MARDEN	40.00	4				.1	1	004 000		ا ہ	M-0 737
CHIEF DEVELOPMENT OFFICER	<u> </u>		↓	<u> </u>	X	\bot	_	234,989.		0.	<u>42,737.</u>
(25) SUZANNE SHAW	40.00				١.	1				_	سادها دا
DIRECTOR OF COMMUNICATIONS		_			X			209,314.	·	0.	40,045.
(26) ANDREW ROSENBERG	40.00				1		["			- 1	
CSD PROGRAM DIRECTOR		1				X		217,996.	. <u> </u>	0.	36 <u>,038.</u>
1b Sub-total			•	<u>'</u>				1,490,465.		0.	222,790.
								748,120.		0.	133,276.
c Total from continuation sheets to Part VI								2,238,585.		0.	356,066.
d Total (add lines 1b and 1c)	<u></u>		·							<u>v • 1</u>	000,000
2 Total number of individuals (including but n	ot limited to the	nose	liste	ed a	bove	e) wi	o re	aceived more than \$100,	000 of reportable		48
compensation from the organization							_		······································		Yes No
											Tes NO
3 Did the organization list any former officer	, director, or tr	uste	e, ke	у ө	mpk	oyee	, or	highest compensated er	nployee on		
line 1a? If "Yes," complete Schedule J for s	auch individual									.,.	з Х
4 For any individual listed on line 1a, is the si	um of reportab	le c	omp	ensa	ation	n and	i oti	ner compensation from t	he organization		
and related organizations greater than \$15											4 X
5 Did any person listed on line 1a receive or	accide compe	nsat	ion f	rom	(an)	v unc	elat	ed organization or indivi-	dual for services		
rendered to the organization? If "Yes " con											5 X
Section B. Independent Contractors	<u> Molene Sicheud</u>	C	KU(,SI	UU.	UHG	SUIT	,				
the second secon		d an.	0000	nt o	· · · · ·	racto	t	hat received more than 5	\$100,000 of comp	ensa'	tion from
1 Complete this table for your five highest co	ompensaceu in	neh	eriue	#110 C	iUriu	iacit	ine r	Hat received ritore trials	rap,ood or comp	21.104	
the organization. Report compensation for	the calendar y	ear	enai	ng v	NITIT!	or w	atruc				(0)
(A)								(B)	ionicas	_	(C) Compensation
Name and business								Description of			Cimpensation
O'BRIEN-GARRET, 1133 19Th		Г,	NW	1 5	U	LTE		FUNDRAISING	% WEMBER		400 556
300, WASHINGTON, DC 2003	б			_				EDUCATION		<u> </u>	<u>,432,776.</u>
MATTHEW CONSTRUCTION CO.	INC.										
P.O. BOX 2580, NATICK, MA 01760 CONSTRUCTION 4										<u>495,755.</u>	
M&R STRATEGIC SERVICES,	1101 CO	IN	ECT	T.	נטי	r		FUNDRAISING	& MEMBER		
AVE., N.W., 7TH FL, WASH	TNCTON	D(~ 2	200	136	5		EDUCATION	l		456,074.
MINDSHIFT TECHNOLOGIES,	TNC							DATA STORAGE	E IT		
		11	よっ に	; 1	n.1	1 0/5		SERVICES			202,017.
P.O. BOX 200105, PITTSBU	ron, PA	Т;	<u> </u>	<i>,</i> 1 ~	υ.	T 0 -	_	031(4 2020	-		
CARE2COM, INC.		_		. ~				DAMATE TEOM D	TITT DISIC		150,000.
P.O. BOX 8195, WALNUT CR	EEK, CA	9,	449	10				EMAIL LIST E		Segment.	T00,000.
2 Total number of independent contractors		not (imite	d to	the	ose li	stec	d above) who received π	ore than		
\$100,000 of compensation from the organ	ization >			_		5				23 24 (33)	- 000
SEE PART VII, SECTIO	N A CON	rI!	NU	λT.	TO1	N S	3Hl	eets			Form 990 (2018)
POTDOR 47 24 49											

Form 990 THE UNION	OF CON	ÇE	RN	ED	S	CI	EN'	TISTS, INC.	04-253	5767 <u> </u>
Part VII Section A. Officers, Directors, Tru									es (continued)	
(A)	(B)			(0				(D)	(E)	(F).
Name and title	Average				ition			Reportable	Reportable	Estimated
· · · · · · · · · · · · · · · · · · ·	hours	(cl	(check all that app			appl	у)	compensation	compensation	amount of
	per							from	from related	other
	week	_ :	1			eyee		the	organizations	compensation from the
	(list any	irecto				етъ		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	hours for related	5	ee .			saled		(AA-5) (OBB-MIGO)		and related
	related organizations	Individual trustee or director	Sun;		9	Highest compensated employee				organizations
	below		thom:		Key amplayee	stco	=			· _ - · · · · · · · · · · · · · · · · · ·
	line)	臺	Institutional trustee	Officer	Key	High	Former			
(27) ANGELA ANDERSON	40.00		•							
DIRECTOR OF CLIMATE AND ENERGY		1				Х		197,465.	0.	17,718.
(28) ALDEN MEYER	40.00							-		
DIRECTOR OF STRATEGY & POLICY/CHIEF		<u>. </u>		L.,	_	Х		<u>1</u> 93,484.	0.	35,645.
(29) PETER FRUMHOFF	40.00			ļ					_	40 400
DIR OF SCIENCE & POLICY/CHIEF SCIENT		╙		_		X		183,914.	0.	40,433.
(30) DAVID WRIGHT	40.00							100 000	<u>,</u>	30 400
CO-DIRECTOR/SENIOR SCIENTIST GSP	<u> </u>	ļ		_		X		<u>173,25</u> 7.	0.	39,480.
	-	ŀ								
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Total to Part VII, Section A, line 1c	~4.4 ~ 24. 8 4. 8 4.84.84.44.4			i			ونسند	748,120.		133,276.

Page 9

			Check if Schedule O contain	нь а response o	i note to any iine	(A) :Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
92	1 2	a	Federated campaigns	1a					
and Other Similar Amounts			Membership dues						
28			Fundraising events	1 . 1					
4			Related organizations		:				
9			Government grants (contribution						
3			All other contributions, gifts, grants						
ğ			similar amounts not included above		38,054,270.				
ð			Noncash contributions included in lines 1s	33	786 096.				
2		_	Total. Add lines 1a-1f		•	38,054,270.			
<u> </u>		'	TOTOL FIGURES TO 17	_	Business Code				
.	2 :	a			Justin 1935				
		b			_				
2		Ċ							
Revenue		d							
5,6		 e			" '				
[]		f	All other program service rever	nue					l
_			Total, Add lines 2a-2f		▶				
_	3		Investment income (including of						
	_		other similar amounts)	7.4		564,517.			564,517
	4		Income from investment of tax		,				
	.5		Royalties		_ [18,020.			18,020
	~		Troyando timerina	(i) Real	(ii) Personal.				
-	6	á	Gross rents	34,176.					
			Less: rental expenses	0.					
			Rental income or (loss)	34,176.	-				
			Net rental income or (loss)			34,176.			34,176
			Gross amount from sales of	(i) Securities	(ii) Other				
	•		assets other than inventory	9,479,410.	(11) 0 11 101				
			Less: cost or other basis		_				
			and sales expenses	8,571,964.	31,451.				
			Gain or (loss)						
			Net gain or (loss)			875,995.			875,995
- all L			Gross income from fundraising	events (not					
5			including \$						
Other Rever			contributions reported on line Part IV, line 18	•					
ভূ		L	Less: direct expenses						
₹			Net income or (loss) from fund			Annual Control of the			1
			Gross income from gaming ac						
- }	3	a	Part IV, line 19	•					
		.	Less: direct expenses		9				
			Net income or (loss) from gam			A STATE OF THE STA			
			Gross sales of inventory, less	_					
		u	and allowances		21,229.				
Ì		b	Less: cost of goods sold		23,080.				
- [Net income or (loss) from sales		>	-1,851,	-1,851.		
ŀ			Miscellaneous Revenue		Business Code				
ŀ	41.	а	MISC. INCOME		900099	101,955.	·		101,955
- [HONORARIUM		900099	44,701,	,		44,701
ļ	i	C	LISTS & LABELS	 -	900099	42,724.			42,724
1							<u></u>		
					.,,	189,380			
				· · · · · · · · · · · · · · · · · · ·		39,734,507	_1,851.		1,682,088

	Check if Schedule O contains a respons	se or note to any line in t	nis-Par IX	(C)	(U)
	t include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21		. <u>-</u>		
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
_	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors,	4 004 504	1 0/2 500	110 205	175,934
	trustees, and key employees	1,331,501.	1,043,282.	112,285.	170,934
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(8)	10 550 340	16 501 061	1,067,481.	903,798
	Other salaries and wages	18,552,340.	16,581,061.	1,007,401.	203,730
	Pension plan accruals and contributions (include	1 224 045	1,168,010.	82,501.	84,335
	section 401(k) and 403(b) employer contributions)	1,334,846	1,805,311.	130,149.	126,923
	Other employee benefits	2,062,383.		79,656.	78,739
	Payroll taxes	1,433,354.	1,274,959.	19,000	10,10,
	Fees for services (non-employees):				
	Management	100 000	67,353.	32,715.	_
	Legal	100,068.	67,333.	80,800.	
	Accounting	80,800.	171,025.	80,800	
þ	Lobbying	171,025.	1/1,U43•		456,422
	Professional fundraising services. See Part IV, line 17	456,422.		95,202.	400,422
	Investment management fees:	95,202.		95,202.	
g	Other. (If line 11g amount exceeds 10% of line 25,	2 101 600	2 000 201	42 506	58,782
	column (A) amount, list line 11g expenses on Sch.O.)	3,191,609.		43,506.	110,017
12	Advertising and promotion	954,462.		16 242	
13	Office expenses	254,105.		16,343.	15,040 23,953
4	Information technology	413,884.	364,933.	24,998.	43,903
15	Royalties		0.040.000	75 066	73,958
16	Occupancy	2,190,123.	2,040,299	75,866.	60,110
17	Travel	1,197,664.	1,134,785.	2,769.	60,110
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 140 131	1 107 070	5,895.	34,266
19	Conferences, conventions, and meetings	1,148,131.	1,107,970.	3,0334	
20	Interest		·		
21	Payments to affiliates	000 030	704 205	54,409.	52,134
22	Depreciation, depletion, and amortization	900,838.	794,295. 71,859.	4,922.	4,716
23	Insurance	81,497 <u>.</u>	/L,609.	4,744.	4,110
24	Other expenses: Itemize expenses not covered above: (List miscellaneous expenses in line 24e. If line 24e amount exceeds: 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) PRINTING & PUBLICATIONS	1,367,834.	966,182.	ere er en lande er en er er er er er er er er er er er er er	401,652
	ON-LINE SERVICES	866,381.		28,547.	122,732
	POSTAGE & FREIGHT	721,593.		1,137.	194,011
		550,217.		727.	20,679
d		1,272,599		77,756.	75,495
	All other expenses	40,728,878.	· · · · · · · · · · · · · · · · · · ·	2,017,664.	3,073,696
25	Total functional expenses. Add lines 1 through 24e	20,720,0701	<u> </u>	2,011,001	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	1			

^o ar	t X	Balance Sheet	. <u> </u>		· · · · · · · · · · · · · · · · · · ·
		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A) Beginning of year		(B) End of year
	7	Cash - non-interest-bearing	743,621.	1	2,618,388.
	2	Savings and temporary cash investments	199,005.	2	2,653,032.
	3	Pledges and grants receivable, net	2,446,567.	3	2,859,879
-	4	Accounts receivable, net	11,287.	4	203,970
- 1	5	Loans and other receivables from current and former officers, directors,			
	•	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
46		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	34,139.	8	41,494
Ì	9	Prepaid expenses and deferred charges	692,383.	9	384,345
	10a	Land, buildings, and equipment: cost or other			
	100	basis. Complete Part VI of Schedule D 10a 17,632,068.			
	h	Less: accumulated depreciation 10b 7,721,242.	9,146,696.	10c	9,910,826
	11	Investments - publicly traded securities	39,920,387.	11	33,256,359
	12	Investments - other securities. See Part IV, line 11	1,063,841.	12	1,085,562
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	128,092.	15	124,482
	16	Total assets, Add lines 1 through 15 (must equal line 34)	54,386,018.	16	53,138,337
	17	Accounts payable and accrued expenses	2,116,280.	17	1,925,474
	18	Grants payable		18	
	19	Deferred revenue		19	·
	20	Tax-exempt bond liabilities	706,057.	20	461,330
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,			
	_	key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
i	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	250,000.	24	250,000
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	2,546,274.		2,893,643
	26	Total liabilities. Add lines 17 through 25	5,618,611.	26	5,530,447
		Organizations that follow SFAS 117 (ASC 958), check here X and			
in a		complete lines 27 through 29, and lines 33 and 34.		E AND	40 004 000
2	27	Unrestricted net assets	42,721,636.	27	40,971,702
7	28	Temporarily restricted net assets	5,860,336.	28	6,450,753
	29	Permanently restricted net assets	185,435.	29	185,435
ş		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.		2000A	
2	30	Capital stock or trust principal, or current funds		30	
ŭ,	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	10 767 107	32	A7 C07 000
Ž	33	Total net assets or fund balances	48,767,407.	33	47,607,890
	34	Total liabilities and net assets/fund balances	54,386,018.	34	53,138,337

Form **990** (2018)

Orm	990 (2018) THE UNION OF CONCERNED SCIENTISTS, INC.	04-25	35 <u>767</u>	Page	_e 12
	XI Reconciliation of Net Assets	·			
	Check if Schedule O contains a response or note to any line in this Part XI	<u>ور نار پر</u> دو نا ناد در در و	i		
	Office it deflectate of defination a tour source and a second of the sec				
-1	Total revenue (must equal Part VIII, column (A), line 12)	٦	39,734	1,50	7 <u>.</u>
- F.	Total expenses (must equal Part IX, column (A), line 25)	2	40,728	3,87	8.
2	Revenue less expenses, Subtract line 2 from line 1	3	-994	1,37	1.
3	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	48,76	7,40	7.
4		5	-16	5,14	6.
.5	Net unrealized gains (losses) on investments	6			
6	Donated services and use of facilities	7			
7	Investment expenses	8			
8	Prior period adjustments Other changes in net assets or fund balances (explain in Schedule Q)	9			0.
9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	47,60	7.89	0.
Do	column (B)) 1 XIII Financial Statements and Reporting	10	<u> </u>		
rai					
	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		0.0339		
'	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	 Э,,			
22			2a		X_
20	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	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	X	_
ņ	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		74.00		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
~	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			_
·	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	//SSSS		
2-	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			
ъa	Act and OMB Circular A-133?	_	За		X
ı.	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
D,	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		_
	Of strongs exhibited mith in Ornerdine of strong describe stry steps taxen to directed agont agont			000	

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

2018 No. 1545-0047

Open to Public Inspection Employer identification number

Name of the organization 04-2535767 THE UNION OF CONCERNED SCIENTISTS INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). a A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in X section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f. Enter the number of supported organizations g Provide the following information about the supported organization(s) (IV) Is the organization listed (vi) Amount of other (iii) Type of organization (v) Amount of monetary (i) Name of supported (ii) EIN (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 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.)

Sec	tion A. Public Support				<u>. </u>		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.")	26735994.	29117160.	36524507.	37258220.	380542 <u>70.</u>	16769 <u>0151</u>
. 9	Tax revenues levied for the organ-				<u> </u>	<u> </u>	
_	ization's benefit and either paid to						
	or expended on its behalf	!					
2	The value of services or facilities				"		
J	furnished by a governmental unit to						
	the organization without charge				1 .		
	· · · · · · · · · · · · · · · · · · ·	26735994.	29117160.	36524507.	37258220.	38054270.	167690151
	Total. Add lines 1 through 3	20,93334	B211100				
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,						9974094.
	column (f)						157716057
	Public support. Subtract line 5 from line 4	2470-268900-0048 <u>(846</u>	\$25500		r i den betine nege per fizeel die euen	F SERVING SERVING SACRES	EDIIIO001
	ction B. Total Support			433.0040	/-D 0047	(6),0010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018 38054270	167690151
	Amounts from line 4	20/33994.	EATTATOO.	36324307.	3/230220.	J0034270.	10/050151
8	Gross income from interest,						
	dividends, payments received on				1	i	
	securities loans, rents, royalties,	600 444	مدنية	620 442	701 265	615 405	2420140
	and income from similar sources	680,444.	794,432.	638,413.	701,305.	010,490.	3430149.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					<u> </u>	
10	Other income. Do not include gain				1		
	or loss from the sale of capital	l .				1	444504
	assets (Explain in Part VI.)	280,596.	272,111.	35,170.	367,534.	189,380.	1144791.
11.	Total support. Add lines 7 through 10						1722650 <u>91</u>
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and sto	o here	and the same of th				
Se	ction C. Computation of Publ	ic Support Pe	rcentage				01 55
14	Public support percentage for 2018 (14	91.55 %
15.	Public support percentage from 201	7 Schedule A, Part	II, line 14		ومعمد بسينكست بمنهدي	15	79.46 %
166	a 33 1/3% support test - 2018. If the	organization did n	at check the box o	on line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organization	J			X
1	b 33 1/3% support test - 2017. If the						
	and stop here. The organization qua	lifies as a publicly	supported organiz	zation		والمراجع المناطق المراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والم	
17:	a 10% -facts-and-circumstances tes	t - 2018. If the or	ganization did not	check a box on lir	те 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fa-	cts and circumstar	nces" test, check t	his box and stop	here. Explain in P	art VI how the orga	anization
	meets the "facts and circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	b 10% -facts-and-circumstances tes	t - 2017. If the or	ganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	the "facts and circu	umstances" test, c	heck this box and	stop here. Expla	in in Part VI how th	ne
	organization meets the "facts and cir	cumstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶Щ
18	Private foundation. If the organizati	on did not check a	i box on line 13, 10	6a, 16b, 17 <u>a, or 17</u>	7b, check this box	and see instruction	ns 🕨
							0 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 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	CIOTI, PIOGOS COLLIS					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not	ļ	<u> </u>				
include any "unusual grants.")	1	1	Į			
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in					l i	
any activity that is related to the		,				
organization's tax-exempt purpose	<u> </u>	 	 -	 	_	
3 Gross receipts from activities that			1	\		
are not an unrelated trade or bus-						
iness under section 513					<u> </u>	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to	1	İ				
or expended on its behalf				<u> </u>		
5 The value of services or facilities				1		
furnished by a governmental unit to					1	1
the organization without charge					<u></u>	<u></u>
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and		<u> </u>				
3 received from disqualified persons						
h Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the		İ				
amount on line 13 for the year	-					
c Add lines 7a and 7b						
8 Public support: (Subtract line 70 from line 6.) Section B. Total Support	Decrees record a construction of the	s magical magaziness				
	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2014	(6) 2010	(0) 2010	Tu, Lon.	(5).2.5.2	
9 Amounts from line 6 10a Gross income from interest,		 		 -		
dividends, payments received on				•		
securities loans, rents, royalties,			1	1		
and income from similar sources		<u>_</u>	· -	<u> </u>	- 	·
b Unrelated business taxable income		ļ.			1	i
(less section 511 taxes) from businesses	,	İ				
acquired after June 30, 1975						
c Add lines 10a and 10b			<u> </u>			· · · · · · · · · · · · · · · · · · ·
11 Net income from unrelated business	! [1		
activities not included in line 10b, whether or not the business is					1	
regularly carried on		<u> </u>				<u> </u>
12 Other income. Do not include gain		1				
or loss from the sale of capital assets (Explain in Part VI.)					<u>,</u>	
13 Total support. (Add lines 9, 10c, 11, and 12.)		_	<u></u>			
14 First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						<u> </u>
Section C. Computation of Pub	lic Support Pe	ercentage				
15 Public support percentage for 2018			column (f))		15	
16 Public support percentage from 201					16	
Section D. Computation of Inve	stment Incom	ne Percentage				
17 Investment income percentage for)	17	
18 Investment income percentage from						. 1
19a 33 1/3% support tests - 2018. If the	ne organization did	not check the hox	on line 14. and lin	ne 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box	and stop here. Th	e organization ous	lifies as a publicly	supported organia	zation	▶□
b 33 1/3% support tests - 2017. If the	and exception did to organization did	not check a bo⊻ ⊓	n line 14 or line 1	9a, and line 16 is n	nore than 33 1/3%.	and
line 18 is not more than 33 1/3%, ch	neck this hovered	stop here. The om	anization qualifies	as a publicly supr	orted organization	▶□
20 Private foundation. If the organizat	tion did not about	a box on line 14-1	9a. or 19b. check	this box and see in	nstructions	D
832023 10-11-18	Tibe of look				hedule A (Form 99	0 or 990-EZ) 201
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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.)

Sec	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 now 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.
- 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?
- 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); 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.)

	Yes	No
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Scheo	tule A (Form 990 or 990-EZ) 2018 THE UNION OF CONCERNED SCIENTISTS, INC. 04-2	53576	/ Pa	ige 5
Par	Supporting Organizations (continued)			
		a programme 1964	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		98 <u>8</u> 39	5846
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C.	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.	1 <u>1c</u>		
Sect	ion B. Type I Supporting Organizations		1	
			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	<u>92,6938884.</u>	90000	2003.00%
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	0930533	Teaccach
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,	39400000	20140000	\$3450 E
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	_	V	Na.
		24659000	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 now control			
	or management of the supporting organization was vested in the same persons that controlled or managed	254500000000000000000000000000000000000	24900500	92(4)(4)
	the supported organization(s).	1	_	
Sec	tion D. All Type III Supporting Organizations		Yes	No
_	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1000 M		
1	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		
^	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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
9	By reason of the relationship described in (2), did the organization's supported organizations have a	28783450 8888668		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	rs).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
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 in	structions)	Т
2	Activities Test. Answer (a) and (b) below.	HAV80246	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	ginninger.	1,584,650	. 10000000
	that these activities constituted substantially all of its activities.	2a	889880	(ktosside
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2000 (0000)	0.54366	1 190/180
	activities but for the organization's involvement.	1 2b	1000000	(SXXXXX
3	Parent of Supported Organizations. Answer (a) and (b) below.			
·a		3a	49 754 0 5470	A DESCRIPTION
	trustees of each of the supported organizations? Provide details in Part VI.	38	100000	9/(85)
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b	2 0107765	
	of its supported organizations? <i>If</i> "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (Form		90-EZ	2) 2018
83202	5 10-11-18			

	dule A (Form 990 or 990-EZ) 2018 THE UNION OF CONCERNED	SCIEN	المتناف المتناف المتناف المتناف المتناف المتناف المتناف المتناف المتناف المتناف المتناف المتناف المتناف المتناف	-2535767 Page 6
Par		g Orga	New 20 1070 Javelein in Bor	+ VII) Continutations Al
1	Check here if the organization satisfied the Integral Part Test as a qualifying			CAIT. Gee mannethoust VI
	other Type ill non-functionally integrated supporting organizations must co	mpiete S	ections A through E.	(D) Current Veer
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
7	Net short-term capital gain	1.		<u>. </u>
2	Recoveries of prior year distributions	2		<u> </u>
3	Other gross income (see instructions)	3		<u></u> .
4	Add lines 1 through 3	4		<u> </u>
-5	Depreciation and depletion	_ 5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
-8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8_		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (öptional)
1	Aggregate fair market value of all non-exempt use assets (see	25/34/5A 14/35/34/5		
	instructions for short tax year or assets held for part of year):	N. C. C.		
a	Average monthly value of securities	la la		· -
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		and The Legens Western Company of the State
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
$\overline{}$	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		<u> </u>
. 6	The state of the s	6		<u> </u>
7	Recoveries of prior-year distributions	7		
8.	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion 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		<u>.</u>
3		3		
4	Enter greater of line 2 or line 3	4		
5		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-functional	lly integra	ated Type III supporting organ	ization (see

instructions).

Schedule A (Form 990 or 990 FZ) 2018 THE UNION OF CONCERNED SCIENTISTS, INC. 04-2535767 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4. 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (iii) (i) (ii) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2018 Pre-2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions: Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 f. Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder, Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 99	0 EZ) 2018	THE	UNION	OF	CONCERNED	SCIENTIS	<u>TS, I</u>	NC •	04-2535767	Page 8
Part VI	Sunnlamen	tal Infor	mation	Dzováda tl	10.0VE	lanations required i	ny Part II. line 10: I	Part II. line	17a or	17b: Part III. line 12:	
2-0-10-0-0-0-2	Dort N. Continu	t socil A s	2 3h 30	4h 4c 5	9 A 9	la 9h 9c 11a 11h	and 11c: Part IV.	Section B	lines 1	and 2: Part IV. Section	1 C,
	- line 1: Dort IV !	Section D	linge 2 ar	M 3. Part IV		tion - lings ic za i	20. 3a. and 30: Fa	arl V. III ie i	. Fail v	. 36000011 B. 11116 16. 1	art V,
	Section D. line	e 5 6 and	8 and Pa	art V. Sectio	n E. li	ines 2, 5, and 6. Als	o complete this pa	art for any	addition	ial information.	
	(See instruction	ns)	O, Wild, 7 C	, , ,,,,,,,,	,,,,	· · · · · · · · · · · · · · · · · · ·		•			
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

INC.

OMB No. 1545-0047

2018

Name of the organization

THE UNION OF CONCERNED SCIENTISTS,

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

Employer identification number

04-2535767

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Organization type (che	ok one):
Filers of:	Section:
Form 990 or 990 EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Note: Only a section 50 General Rule For an organiz	ion is covered by the General Rule of a Special Rule. 11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. 12(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. 13(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
Special Rules	
sections 509(a any one contr	eation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from ibutor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; 0-EZ, line 1. Complete Parts I and II.
year, total cor	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the intributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),
year, contribu is checked, er purpose. Don	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the itions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box inter here the total contributions that were received during the year for an exclusively religious, charitable, etc., it complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ritable, etc., contributions totaling \$5,000 or more during the year.
but it must answer "No	ion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), o" on Part IV, line 2, of its Form 990-PF, Part I, line 2, to neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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.

2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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) organiza	itions: Complete Part III.			
Nam	ne of organization				oloyer identification number
	THE UN	ON OF CONCERNED	CIENTISTS,	INC.	04-2535767
Pa	rt -A Complete if the or	ganization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
1 2 3	Provide a description of the organ Political campaign activity expend	ization's direct and indirect politications	al campaign activities	in Part IV.	\$
Ρ́ε	irt I-B Complete if the or	ganization is exempt unde	er section 501(c)	(3).	
1	Enter the amount of any excise ta	incurred by the organization und	er section 4955		\$ <u></u>
2	Enter the amount of any excise ta	x incurred by organization manage	ers under section 4955		Φ
3		on 4955 tax, did it file Form 4720	for this year?		Yes No
48	Was a correction made?		************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
	te gaza a na stancia de actua 20 ante 197				
	ort I-C Complete if the or				
1	Enter the amount directly expende	ed by the filing organization for sec	ction 527 exempt fund	tion activities	\$
2	Enter the amount of the filing orga	inization's funds contributed to other	ner organizations for s	ection 527	
	exempt function activities	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$		\$
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here a	nd on Form 1120 POL	-	
	line 17b				.\$
4	Did the filing organization file For	n 1120-POL for this year?			Yes No
5	Enter the names, addresses and emade payments. For each organize contributions received that were payments.	ation listed, enter the amount pak promptly and directly delivered to a	d from the filing organi a separate political org	ization's funds. Also enter t janization, such as a separa	he amount of political
	political action committee (PAC).	<u> </u>			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	contributions received and
_			·		

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

Schedule C (Form 990 or 990-EZ) 2018

LHA 832041/11-08-18

Schedule C (Form 990 or 990 EZ) 2018 7	HE UNION OF	CONCERNED	SCIENTISTS,	INC. 04-2	535767 Page 2
Part II-A Complete if the organic section 501(h)).	inization is exem	pt under section	501(c)(3) and the	d Lotti 2100 ferer	suon under
A Check if the filing organizat expenses, and share	of excess lobbying ex	(penditures).		group member's name	, address, EIN,
Limit	on checked box A and s on Lobbying Expenditures ⁿ means amoun	ditures	risions apply.	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (a	rass roots lobbying)	 -	26,590.	
b Total lobbying expenditures to influ				144,435.	
c Total lobbying expenditures (add lin				171,025.	
d Other exempt purpose expenditure				37,484,157.	
e Total exempt purpose expenditures				37,655,182.	
f Lobbying nontaxable amount. Ente				1,000,000.	The second control of the second
If the amount on line 1e, column (a) or	. 1	ying nontaxable amo			
Not over \$500,000		ne amount on li <u>ne 1e.</u>	<u> </u>		
Over \$500,000 but not over \$1,000) plus 15% of the exce	the state of the s		
Over \$1,000,000 but not over \$1,50		oplus 10% of the exce	1 1 1 1 1		
Over \$1,500,000 but not over \$17,0		oplus 5% of the exces	s <u>over \$1,500,000.</u>		
Over \$17,000,000	\$1,000,0	00			
		·		250,000.	National Section (Section 2)
g Grassroots nontaxable amount (en				0.	
h Subtract line 1g from line 1a. If zero				0.	
i Subtract line 1f from line 1c. If zero j If there is an amount other than zero	or less, enter U	no 11 did the organiza			·
reporting section 4911 tax for this	/ear?				Yes No
(Some organizations th	at made a section 50	raging Period Under 1(h) election do not h ite instructions for lin	ave to complete all	of the five columns be	elow.
	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016:	(c) 2017	(d) 2018	(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	348,091.	373,210.	419,961.	171,025.	1,312,287.
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	36,147.	92,649.	102,729.	26,590.	258,115.

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990 EZ) 2018 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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description					(b)		
	e lobbying activity.	Yes	es No		Amount		
1	During the year, did the filing organization attempt to influence foreign, national, state, or		14.500 14				
	local legislation, including any attempt to influence public opinion on a legislative matter						
	or referendum, through the use of:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		<u> </u>				
Ċ	Media advertisements?						
d	Control of the Contro						
e	Publications, or published or broadcast statements?		<u> </u>				
·f	Grants to other organizations for lobbying purposes?		<u> </u>				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		<u> </u>				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<u> </u>				
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						
Ċ	If "Yes;" enter the amount of any tax incurred by organization managers under section 4912				00 000 000 000 000 000 000 000 000 000	o na svanskoviš.	
ģ	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					your service	
Pa	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n sur(c)((5), 0	rsec	tion		
					Yes	No	
1.	Were substantially all (90% or more) dues received nondeductible by members?			1			
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?			2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section	ie prior γea	?	3.			
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal ·					
	expenses for which the section 527(f) tax was paid).						
2	Current year	.,	4.4	2a			
ŧ	Carryover from last year			2b			
c			,	2c			
3	· And - And			3	 -		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				}		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical		10000000	ł		
	expenditure next year?		;;;;	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	***************************************		5			
Pa	Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group				on of diese		
	ride the descriptions required for Part I-A. line 1: Part I-B. line 4: Part I-G. line 5: Part II-A (arribated drout	rust), Mart i	ra, III		11U Z (SEE		
			7	100 1 0	-		
nst	uctions); and Part II-B, line 1. Also, complete this part for any additional information.		9	,00 . 0	•		
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE UNION OF CONCERNED SCIENTISTS, INC. Employer identification number 04-2535767

Par	Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(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 w	riting that the assets held in donor advis	ed funds
·	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or		conferring
	impermissible private benefit?		Yes No
Par	THE SECOND SECON	· · · · · · · · · · · · · · · · · · ·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ec		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
þ	Total acreage restricted by conservation easements		.,,
Ċ	Number of conservation easements on a certified historic stru		
þ	Number of conservation easements included in (c) acquired at		1 . 1
	listed in the National Register		
∶3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation eas-		•
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing con	servation easements during the year
	<u> </u>		No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and enforcing conserva	ition easements during the year
_	Does each conservation easement reported on line 2(d) above	resticks the requirements of section 170	nhM4MRYIN
8	and section 170(h)(4)(B)(ii)?	•	
	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	
9	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	till Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
Ta	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthers	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		·
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	it and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X	<u> </u>	<u></u>
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financi	al gain, provide
-	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2018

Sched	fule D (Form 990) 2018 THE UNIC	N OF CONCE	RNED SCIEN	TISTS, IN		<u>535767</u>	
Par		ellections of Art,	Historical Trea	esures, or Othe	er Similar Asset	S (continue	ed)
3	Using the organization's acquisition, accessio	n, and other records	, check any of the fo	ollowing that are a s	significant use of its	collection ite	ems
	(check all that apply):		•	· ·			
а	Public exhibition	d	Loan or exch	ange programs			
b	Scholarly research	e.					
c	Preservation for future generations				<u> </u>		
	Provide a description of the organization's co	lections and explain	how they further the	e organization's exe	empt purpose in Par	ťXIII.	
	During the year, did the organization solicit or						
	to be sold to raise funds rather than to be ma					Yes	No
	EV Escrow and Custodial Arrang				n Form 990, Part IV	, line.9, or	
	reported an amount on Form 990, Part		- -	· - · · · · · · · · · · · · · · · · · ·	and the second of the second		
in	Is the organization an agent, trustee, custodia		ary for contributions	or other assets no	t included		
	on Form 990, Part X?					Yes	No.
	If "Yes," explain the arrangement in Part XIII a						
ь	If 1es, explain the analigement in Fait Air a	and complete meson	owald rapie.			Amount	
	B 3 8 4 1 1 1 1				1c		
	Beginning balance				Y-12		
	Additions during the year						
	Distributions during the year				· · · · · · · · · · · · · · · · · · ·		
f	Ending balance	000 Dady Kan		otadial cassustial		Yes	No
						1 és	
	If "Yes," explain the arrangement in Part XIII. TV Endowment Funds. Complete it						
rai	CA COMplete II	1	(b) Prior year	(c) Two years back		k (e) Four y	ears hack
	- / / - - - - - - - - - -	(a) Current year 387, 923.	368,293.	349,099			39,336.
1a	Beginning of year balance	361,323.	300,233.	040,004		' 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	Contributions	13,172,	19.630.	19,194	14,665		-4,902,
Ç	Net investment earnings, gains, and losses	15,1.12,	13,030,	15,154	12,002	+	2,5001
d	Grants or scholarships				 -	+	
e	Other expenditures for facilities						
	and programs				<u> </u>	-	
f	Administrative expenses	401,095.	387,923.	368, 293	349,099		34 434.
9	End of year balance				. 545,705,5	· <u> </u>	,54,454.
2	Provide the estimated percentage of the curr) neid as:			
a	Board designated or quasi-endowment		_%				
Ь	Permanent endowment ► 46.23	<u> </u> %					
C	Temporarily restricted endowment >5	3.77 %					
	The percentages on lines 2a, 2b, and 2c show				William Street Live		
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	id administered for	the organization	T.	en Na
	by:						res No X
	(i) unrelated organizations						X
	(ii) related organizations						- A
b	If "Yes" on line 3a(ii), are the related organiza					<u> 3b </u>	· — l —
4	Describe in Part XIII the intended uses of the		wment funds.				<u> </u>
Pai	TVI Land, Buildings, and Equipm				v b 40		
	Complete if the organization answered					taiš □ nate	
	Description of property	(a) Cost or o			Accumulated depreciation	(d) Book	value
	<u> </u>	basis (investr	ierit) basis	(Other)	ACPI SCIENCE		
1a	Land		70.00	6 220 2	,821,141.	8,405	188
b		· - ·		6,329. 3 8,719.	344,765.		,954.
¢	Leasehold improvements	1			,555,336.		,684.
ď	Equipment		4,87	7,020. 3	, 222, 330.	1,361	,004.
	Other		<u> </u>			0.010	,826.
Tata	Add lines 1a through 1e (Column (d) must a	must Form 900. Port	X column (B) line 1i	0c)		フィフエリ	,020.

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

04-2535767 Page 4

Schedule D (Form 990) 2018 THE UNION OF CONCERNED SCIENTISTS, INC. U4-2535/6/ 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 23,080.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
COST OF GOODS SOLD 23,080.
·
<u> </u>
· ···
· · - · · · · · · · · · · · · · · · · ·
· "·

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Internal Revenue Service
Name of the organization

THE UNION OF CONCERNED SCIENTISTS. INC.

Employer identification number

THE UNI	ON OF CONCERNED SO	CIEN	<u>'IS'</u>	rs, inc.	04-2535	767
Fundraising Activities required to complete this par	- Complete if the organization answ t.	ered "Y	eş" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais	sed funds through any of the followi					
				overnment grants nment grants		
b Internet and email solicitations c X Phone solicitations			-			
	g Specia	al fundra	ising i	events		
d In-person solicitations			·	rei er et er et er et e	·	
2 a Did the organization have a written of		-	_		tees, or X Yes	·
key employees listed in Form 990, P		-				•
b If "Yes," list the 10 highest paid indi		uant to	agreer	ments under which th	ne fundraiser is to be) [.] .
compensated at least \$5,000 by the	organization.					
		(60)	Did		(v) Amount paid	(vi) Amount paid
(i) Name and address of individual	(iii) Activity	(iii) fundi have c	aiser ustody	(iv) Gross receipts	to (or retained by)	to (or retained by)
or entity (fundraiser)		have c or cor contrib	trol of utions?	from activity	fundraiser listed in col. (i)	organization
1122 10mg	CONCILL BC ON DIRECT MAIL					
O'BRIEN-GARRETT - 1133 19TH	CONSULTS ON DIRECT MAIL	Yes	No	. DEC 081	ດດວ ຄຸເຄ	4 025 120
STREET NW, SUITE 300,	PROGRAM	-	X.	5,059,081.	223,942.	4,835,139.
4£R STRATEGIC SERVICES - 1101	CONSULTS ON DIRECT MAIL			2 242 222	206: 205	2 224 275
CONNECTICUT AVE. NW, 7TH	PROGRAM		X.	2,240,280.	206,205.	2,034,075.
PELEFUND, INC P.O. BOX	CONSULTS ON DIRECT MAIL					
20557, BOSTON, MA 02112	PROGRAM	+	Х	3,787.	7,048.	0.
SD&A TELESERVICES, INC	CONSULTS ON DIRECT MAIL	1				
5757 W. CENTURY BLVD., SUITE	PROGRAM	<u> </u>	Х	1,882.	6,053.	0.
		-				ľ
					•	
						ļ
		1				
		1				<u> </u>
		1				1
	<u></u>					
			<u> </u>	7,305,030.	443,248.	6,869,214.
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from re	gistration
or licensing.						NO NO
AL, AK, AR, HI, CA, CT, FL,			IA,M	II, MN, MS, NV	,MM,NJ,MM,	NY,NC,ND
OH, OR, OK, PA, RI, SC, TN,	UT, VA, WA, WV, WI, CO,	DC				
				<u>.</u>		
						
						

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) 2018

Sch Pa		Fundraising Events. Complete if the fundraising event contributions and groups.	ne organization answered	i "Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
		or rundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
æ			(event type)	(event type)	(total number)	col. (c))
? evenue		Out to the second secon			į	
Ŗ	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				: <u>.</u>
	.5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses		come teams years				R
rect	7	Food and beverages	<u></u>			
۵	.8	Entertainment	•			
	.9	Other direct expenses				
	10		the second secon			
Pε	irt			n 990, Part IV, line 19, or	reported more than	<u> </u>
		\$15,000 on Form 990-EZ, line 6a.		•		
en			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				l congression and a second		
Œ	1	Gross revenue				
	2	Cash prizes	1			
nses	_	Cast prizes				
ct Expenses	3	Noncash prizes	ļ			
Direct	4	Rent/facility costs				
٥	· E.	Other direct expenses				
	-	Outer direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	ľ	Shoot experies sammay: yield miss 2 amoug.	so at octomictor		***************************************	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
-		the organization licensed to conduct gaming a				Yes No
b	ilf "	No," explain:				
	_					
		ere any of the organization's gaming licenses re		erminated during the tax y	ýeár?	Yes No
b	If:"	Yes," explain:				
	_				····	
3320	32 :10	r-03-18			Schedule G (For	rm 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990 EZ) 2018 THE UNION OF CONCERNED SCIENTISTS, INC. 04-2	<u>53576</u>	7 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Ye	s 🔲 No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name: ▶		
	Address		··
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	s No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲 and the amount		
	of gaming revenue retained by the third party > \$		
c	of "Yes," enter name and address of the third party:		
	o		
	Name ▶		 '
	Address >		· • · · · · · · · · · · · · · · · · · ·
16	Gaming manager information:		
	Name >		
	Gaming manager compensation > \$		
	Description of services provided		
	Description of services provided		
	···· - ··· - ··· - ··· - ··· - ··· - ··· - ··· - ··· - ··· - ··· - ··· - ··· - ··· - ··· - ··· - ··· - ··· - ·· - ·· - ·· - ·· - ·· - ·· - ·· - ·· - ··· - · · · - · · · - · · · - · · · - · · · - · · · - · · · - · · · · - · · · - · · · · - · · · · · · - · · · · · - · · · · · · - ·		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
E	a is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Ye	s No
Ŀ	a Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
ID.	organization's own exempt activities during the tax year > \$	(6) 6	0.05.405
F	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, IInes	9,80, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information, 366 instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS		
		•	
_			
<u>(I</u>) NAME OF FUNDRAISER: O'BRIEN-GARRETT		
<u>(I</u>) ADDRESS OF FUNDRAISER:		
<u>11</u>	33 19TH STREET NW. SUITE 300, WASHINGTON, DC 20036		
(I) NAME OF FUNDRAISER: M&R STRATEGIC SERVICES		
(1) ADDRESS OF FUNDRAISER:		· —
$\frac{1}{1}$.01 CONNECTICUT AVE. NW, 7TH FLOOR, WASHINGTON, DC 20036		
8320	Schedule G (Form	n 990 or 9	990-EZ) 2018

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Sched	ule G (Fo	orm 990	or 990	EZ)	TH	E UNI on _{(conti}	ON OF	CONC	ERNEL	SCI	ENTI	STS,	INC.	04-2	<u>535767</u>	Page 4
Pan	ava s	ирріе	menta	ai into	ormati	on (conti	nued)									
									_							
/ T \	NΆM	ਜ ਨਵ	FIIN	mp A.T	TSER	: SD&	A ጥድናብ	ESERV	TCES	INC						
							<u> </u>		<u> </u>	1110	<u>, </u>					
<u>(I)</u>	ADDI	RESS	OF	FUNI	DRAI	SER:				_			· -			
575	7 W.	CEN	TURY	BL	ИD.,	SUIT	E 300	, LOS	ANGE	LES,	CA	9004	15			
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Schedule G (Form 990 or 990-EZ)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE UNION OF CONCERNED SCIENTISTS, INC. Employer identification number 04-2535767

Pa	rt S Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate 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 charter travel Housing allowance or residence for personal use.			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross up payments Health or social club dues or initiation fees			
	Discretionary spending account: Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			#194000 p 2000000 p
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	-2		
		1211021		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Independent compensation consultant Independent compensation consultant			
	X Form 990 of other organizations X Approval by the board or compensation committee			
				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change of control payment?	4a		X
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	40		X
7	If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.	AT 49 AM 10 4 4 5 5 5	388	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
.5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a 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 compensation			
	contingent on the net earnings of:			
а	The organization?	6a	<u> </u>	X
b	Any related organization?	6b	<u> </u>	Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		1888	
	Regulations section 53:4958-6(c)?	9	<u> </u>	

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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 V	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
			0 11 11 11 11 11	- Caro	other deferred	benefits	(Q) (D)(g)	in column (B)
(A) Name and Title		(a) Base compensation	(ii) Bonus & incentive compensation	(III) Omer reportable compensation	compensation			reported as deferred on prior Form 990
(1) KENNETH KIMMELL	e	312,030.	0	1,428.	22,000.	22,851.	358,309.	0.
PRESIDENT	: €		0	0	0.	0.	0.	0
(2) KATHLEEN REST	€	271,43	0.	5,340.	22,000.	9,654.	308,433.	0.
EXECUTIVE DIRECTOR	€	0	•0	•0	0 0	0.	0 • 0	.0
(3) CHERYL SCHAFFER	€	234,625.	0	3,304.	19,309.	8,156.	265,394.	0.
CHIEF ADMINISTRATIVE & FINANCIAL OFF			0	0			0.	.0
(4) LAURIE MARDEN	(1)	234,237.	0	752.	19,889.	22,848.	277,726.	.0
CHIEF DEVELOPMENT OFFICER	(E)	• 0	• 0	0.	*0	0 • [.0
(5) SUZANNE SHAW	€	208,463.	0.	851.	17,242.	22,803.	249,359.	0.
DIRECTOR OF COMMUNICATIONS	E	• 0	0	0	•0		0.	0.
(6) ANDREW ROSENBERG	ε	216,232.	0	1,764.	17,844.	18,194.	254,034.	.0
CSD PROGRAM DIRECTOR	9	0	0	0	*0	0	0.	0
(7) ANGELA ANDERSON	€	196,312.	0	1,153.	15,770.	1,948.	215,183.	0
DIRECTOR OF CLIMATE AND ENERGY	(8)	• 0	* 0	• 0	• 0		0	0
(8) Alden Meyer	(3)	190,845.	0.	2,639.	15,828.	19,817.	229,129.	0
DIRECTOR OF STRATEGY & POLICY/CHIEF	(ii)	0.	0.	• 0	0.	0.	0.	0.
(9) PETER FRUMHOFF	(1)	182,400.	• 0	1,514.	15,332.	25,101.	224,347.	0
DIR OF SCIENCE & POLICY/CHIEF SCIENT		• 0	0.	.0	• 0	0 • [0.	0.
(10) DAVID WRIGHT	(3)	171,837.	• 0	1,420.	14,395.	25,085.	212,737.	0.
CO-DIRECTOR/SENIOR SCIENTIST GEP	(ii)	0.1	0.	0.	• 0	0.	0.	.0
	8							
	3							
	(m)							
	8							
	(11)							
	(t)							
	E							:
	E							
	8							
	8							
	(III)							

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

Employer identification number THE UNION OF CONCERNED SCIENTISTS, 04-2535767

INC.

Par	Types of Property				·
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art		<u> </u>		
2	Art - Historical treasures	:			
3	Art - Fractional interests		j		
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
	Boats and planes				
8	Intellectual property			·	
9	Securities - Publicly traded	X	132	651,180.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscelianeous			. <u>-</u> .	
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other		<u>-</u> _		
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate · Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies		<u> </u>		
21	Taxidermy		1		
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (BILLBOARD AD)	X	1	134,916.	FMV
26	Other • ()			· <u></u>	
27	Other			·	
28	Other (<u> </u>	<u> </u>	
29	Number of Forms 8283 received by the organization				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	jement	0
					Yes No
30a	During the year, did the organization receive b				
	must hold for at least three years from the date				37
	exempt purposes for the entire holding period	?		*****************	30a X
	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance				tions? 31 X
32a	Does the organization hire or use third parties contributions?			· · · · · · · · · · · · · · · · · · ·	32a X
d	if "Yes," describe in Part II.				
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of propert	y for which column (a) is chec	sked,
	describe in Part II.				
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M (Form 990) 2018

832141 10-18-18

Sched	ule M (Fo	m 99	0) 201	8 T	HE U	<u>INIOI</u>	1 OF	CONC	CERN	ED SC	EIENTI	STS,	INC.	04	-2535'	767	Page 2
Part	II Sı	i pple report	emer ing in	i tal In Part I, d	form: column ional in	ation. (b), the nformation	Provide t number o n.	he info of conti	rmation ribution	required s, the nu	l by Part I, mber of ite	lines 30l ems recei	o, 32b, and 3 ved, or a con	3, and winbination	nether the of both. A	organizat Iso comp	ion lete
SCHI	EDULE	М,	PA	RT :	Ι, (OLUM	IN (B) :									
									(B)	INDI	CATES	THE	NUMBER	OF	_		
CON	rribu	TIO	NS.												·		
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													<u>.</u>				
			<u></u>														

Schedule M (Form 990) 2018

832142 10-18-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No.: 1545-0047 Open to Public Inspection

Name of the organization

THE UNION OF CONCERNED SCIENTISTS, INC. Employer identification number 04-2535767

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
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 \$ 4,604,974. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
THE FOOD AND ENVIRONMENT PROGRAM SEEKS TO TRANSFORM THE U.S. FOOD
SYSTEM IN A HEALTHIER, MORE SUSTAINABLE DIRECTION. 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
MODERN, SCIENCE-BASED AGROECOLOGICAL PRACTICES. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990 EZ) (2018) Page 2 Employer identification number Name of the organization THE UNION OF CONCERNED SCIENTISTS, INC. 04-2535767 EXPENSES \$ 3,938,841. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FEDERAL ACTION CAMPAIGN TEAM IS A CROSS-PROGRAMMATIC EFFORT DESIGNED TO COORDINATE AND INCREASE THE EFFECTIVENESS OF EFFORTS BY THE UNION OF CONCERNED SCIENTISTS TO DEFEND AGAINST ASSAULTS ON SCIENCE-BASED LAWS AND/OR AGENCY REGULATIONS THAT AMERICAN'S DEPEND ON TO SAFEGUARD THE HEALTH AND SAFETY OF OUR COMMUNITIES. EXPENSES \$ 911,321. INCLUDING GRANTS OF \$ 0. REVENUE \$ 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 \$ 415,697. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. ORGANIZATIONAL SALES VIA ONLINE STORE. EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ -1,851. 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 THE CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS AT THE BEGINNING OF EACH FISCAL YEAR. THIS DOES NOT OBVIATE THE NEED TO DISCLOSE POTENTIAL CONFLICTS THAT MAY

WHO DETERMINES WHETHER A CONFLICT EXISTS AND IS MATERIAL. IF A MATTER IS

ADMINISTRATION. ANY POTENTIAL CONFLICTS ARE REVIEWED BY THE UCS PRESIDENT

Schedule O (Form 990 or 990-EZ) (2018)

ARISE IN THE INTERIM. ALL FORMS ARE REVIEWED BY THE DIRECTOR OF FINANCE AND

Name of the organization

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04-2535767

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

IW, VW, AV 832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization	Employer identification number
THE UNION OF CONCERNED SCIENTISTS, INC.	04-2535767
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	FINANCIAL
STATEMENTS ARE MADE AVAILABLE THROUGH THE ORGANIZATION'S	WEBSITE. THE
PUBLIC CAN ALSO ACCESS THE FINANCIAL STATEMENTS THROUGH T	ne GUIDESTAR
WEBSITE (HTTP://WWW.GUIDESTAR.ORG/).	
	
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