

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

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

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 09-01-2020, and ending 08-31-2021

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: TRANSPORT WORKERS UNION OF AMERICA. Doing business as: Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 1220 19TH STREET NW STE 600 City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 20036

D Employer identification number: 13-1395075. E Telephone number: (202) 719-3900. G Gross receipts \$ 36,594,151

F Name and address of principal officer: JEROME LAFRAGOLA, 1220 19TH STREET NW STE 600, WASHINGTON, DC 20036

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3) [checked], 501(c)(5) (insert no.), 4947(a)(1), 527

J Website: TWU.ORG

K Form of organization: Corporation [checked], Trust, Association, Other

L Year of formation: 1934. M State of legal domicile: NY

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission, membership, revenue, expenses, and assets.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer: JEROME LAFRAGOLA INT'L SECY / TREAS. Date: 2022-07-14

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Firm's name: JONAH COHEN CPAPC, Firm's EIN: 82-2653400

May the IRS discuss this return with the preparer shown above? (see instructions) Yes [checked] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

NONE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
CARRY ON UNION ACTIVITIES FOR THE BENEFIT OF ALL WORKERS

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and controlled entities.

Part 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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 16 main sections (2a-16) and sub-questions (a-h). Includes questions about employee reporting, federal employment tax returns, unrelated business gross income, foreign country accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, sponsoring organizations, and charitable trusts. Includes a '48' in box 2a.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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?...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: JEROME LAFRAGOLA 1220 19TH STREET NW STE 600 WASHINGTON,DC 20036 (202) 719-3900

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) S MARTIN EXEC BOARD	10.00	X		X				0	0	0
(2) T HUGHES EXEC COUNCIL	10.00	X		X				0	0	0
(3) V JONES EXEC BOARD	10.00	X		X				0	0	0
(4) V GONZALEZ EXEC BOARD	10.00	X		X				0	0	0
(5) C GILBERT EXEC BOARD	10.00	X		X				0	0	0
(6) C BERNABEL EXEC BOARD	10.00	X		X				0	0	0
(7) M MASSONI EXEC BOARD	10.00	X		X				0	0	0
(8) J CHIARELLO EXEC COUNCIL	10.00	X		X				0	0	0
(9) A SUTTON VICE PRESIDENT	40.00	X		X				138,818	0	30,716
(10) D HAGAN VICE PRESIDENT	10.00	X		X				0	0	0
(11) AGARCIA EXEC VICE PRES	40.00	X		X				307,777	0	30,716
(12) L CRISP EXEC COUNCIL	10.00	X		X				0	0	0
(13) G MOHGRABI EXEC BOARD	10.00	X		X				0	0	0
(14) E PARAGIOS EXEC BOARD	10.00	X		X				0	0	0
(15) J SCHAR EXEC BOARD	10.00	X		X				0	0	0
(16) G SCHAIBLE EXEC BOARD	10.00	X		X				0	0	0
(17) B POLLITT EXEC BOARD	10.00	X		X				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) P HOWARD EXEC BOARD	10.00	X		X				0	0	0
(19) G DUNICHEV EXEC BOARD	10.00	X		X				0	0	0
(20) G COSEY VP	10.00	X		X				0	0	0
(21) D YATES EXEC BOARD	10.00	X		X				0	0	0
(22) J MITCHELL VP	10.00	X		X				0	0	0
(23) D CENTRONE EXEC BOARD	10.00	X		X				0	0	0
(24) A SERRANO EXEC BOARD	10.00	X		X				0	0	0
(25) P ROSCONI EXEC BOARD	10.00	X		X				0	0	0
(26) R ROCCO EXEC BOARD	10.00	X		X				0	0	0
(27) L MONTGOMERY EXEC BOARD	10.00	X		X				0	0	0
(28) C SCOTT EXEC BOARD	10.00	X		X				0	0	0
(29) J SAMUELSEN PRESIDENT	40.00	X		X			305,866	0	25,412	
(30) J LAFRAGOLA SECY/TREASURER	40.00	X		X			303,713	0	30,716	
(31) J FELTZ VICE PRESIDENT	40.00	X		X			189,244	0	30,716	
(32) H MARVES EXEC COUNCIL	10.00	X		X			0	0	0	
(33) J WHALEN VICE PRESIDENT	10.00	X		X			0	0	0	
(34) D ECHEVARRIA EXEC COUNCIL	10.00	X		X			0	0	0	
(35) D DANKER VICE PRESIDENT	10.00	X		X			0	0	0	
(36) D BROWN VICE PRESIDENT	10.00	X		X			0	0	0	
(37) C TATE ADMIN VICE PRESIDENT	40.00	X		X			242,647	0	0	
(38) B MORGAN VICE PRESIDENT	10.00	X		X			0	0	0	
(39) B BARNES EXEC BOARD	10.00	X		X			0	0	0	
(40) D RIVERA EXEC BOARD	10.00	X		X			0	0	0	
(41) K SMITH EXEC COUNCIL	40.00	X		X			142,717	0	30,716	
(42) R DAVIS EXEC COUNCIL	10.00	X		X			0	0	0	
(43) E PHILLIPS VP	10.00	X		X			0	0	0	
(44) T JAMES EXEC BOARD	40.00	X		X			190,094	0	30,716	
(45) B DELUCIA EXEC BOARD	40.00	X		X			137,986	0	30,716	
(46) R BOEHM EXEC BOARD	10.00	X		X			0	0	0	
(47) C BRADLEY EXEC BOARD	10.00	X		X			0	0	0	
(48) W BROWN VICE PRESIDENT	40.00	X		X			138,819	0	0	
(49) T UTANO VICE PRESIDENT	40.00	X		X			186,241	0	0	
(50) T MCDANIEL VICE PRESIDENT	40.00	X		X			177,934	0	29,530	
(51) T LEVANE VICE PRESIDENT	10.00	X		X			0	0	0	
(52) R TAYLOR EXEC BOARD	10.00	X		X			0	0	0	
(53) M MAYES ADMIN VICE PRES	40.00	X		X			237,896	0	30,716	
(54) G PETERSON VP	40.00	X		X			142,853	0	30,716	
(55) A GRIFFIN VP	10.00	X		X			0	0	0	
(56) JP PATAFIO EXEC COUNCIL	10.00	X		X			0	0	0	
(57) A HEART EXEC COUNCIL	10.00	X		X			0	0	0	
(58) R BARNES EXEC BOARD	10.00	X		X			0	0	0	
(59) J ELVIRA EXEC BOARD	10.00	X		X			0	0	0	
(60) L WHICHARD EXEC BOARD	10.00	X		X			0	0	0	
(61) P REYNOLDS EXEC BOARD	10.00	X		X			0	0	0	
(62) J HAYES EXEC BOARD	10.00	X		X			0	0	0	
(63) R MARENCO EXEC BOARD	10.00	X		X			0	0	0	
(64) C GIFFORD EXEC BOARD	10.00	X		X			0	0	0	
(65) C ALBERT EXEC BOARD	10.00	X		X			0	0	0	
(66) R KELLEY EXEC BOARD	10.00	X		X			0	0	0	
(67) A BARBOSA EXEC BOARD	10.00	X		X			0	0	0	
(68) P DELVIA EXEC BOARD	10.00	X		X			0	0	0	
(69) A RANGOLAN COPE COORDINATOR	40.00			X			150,309	0	30,716	
(70) J O'DONNELL CHIEF OF STAFF/DIR OF ACCT	40.00			X			236,652	0	30,716	
(71) T DANIELS DIR OF CIV & HUMAN RIGHTS	40.00			X			158,409	0	30,716	
(72) D MOSES DIRECTOR OF IT	40.00			X			185,104	0	30,716	
(73) J GALARZA INTL STAFF REP	40.00			X			186,424	0	30,716	
(74) B DANAHER EXEC DIR OFFICE OF PRES	40.00			X			186,068	0	30,716	
(75) C MARTIN INT'L REP TRANSIT	40.00			X			214,432	0	30,716	
(76) R EBERHART DIR POLITICAL ACTION	40.00				X		124,912	0	30,716	
(77) A MCCOY ATD REP	40.00				X		139,787	0	30,716	
(78) J TORRES TRANSIT REP	40.00				X		140,673	0	30,716	
(79) S DOYLE ORGANIZER	40.00				X		144,290	0	30,716	
(80) Z TATZ SEN DIR GOVT AFFAIRS	40.00				X		143,720	0	30,716	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							4,853,385	0	699,978	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **26**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BUCH CONSTRUCTION INC 11292 BUCH WAY LAUREL, MD 20723	CONSTRUCTION ON NEW DC OFFICE	698,533
KIVVIT 200 VARICK STREET STE 201 NEW YORK, NY 10014	CONSULTING	483,568
PHILLIPS RICHARDS & RIND 9360 SW 72ND ST 283 MIAMI, FL 33173	ATTORNEYS	435,150
CAESARS ENTERTAINMENT PO BOX 6318 LAS VEGAS, NV 89193 KELLY PRESS	CONVENTION CENTER	317,765
1701 CABIN BRANCH RD CHEVERLY, MD 20785	PRINTING SERVICES	311,303

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
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Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f:\$	1g			
h Total. Add lines 1a-1f					

Program Service Revenue		Business Code			
		2a MEMBERSHIP DUES	900099	26,670,430	26,670,430
b					
c					
d					
e					
f All other program service revenue.					
g Total. Add lines 2a-2f.		26,670,430			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,340,276	1,340,276		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6b Less: rental expenses				
		6c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	8,374,436			
		(ii) Other				
		7b Less: cost or other basis and sales expenses	7,327,012			
		7c Gain or (loss)	1,047,424			
	d Net gain or (loss)		1,047,424	1,047,424		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
		8b Less: direct expenses				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
	9b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less						

returns and allowances . . .	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue	Business Code				
11a CREDIT CARD ROYALTY INC	900099	87,601	87,601		
b CONTRIBUTIONS TO M.J.	900099	82,226	82,226		
c REIMBURSED EXPENSES	900099	26,967	26,967		
d All other revenue		12,215	12,215		
e Total. Add lines 11a-11d		209,009			
12 Total revenue. See instructions		29,267,139	29,267,139	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,970,207			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,344,577			
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,599,930			
9 Other employee benefits	1,787,537			
10 Payroll taxes	457,130			
11 Fees for services (non-employees):				
a Management				
b Legal	777,575			
c Accounting	119,600			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	298,869			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	67,763			
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	397,649			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	1,250,609			
22 Depreciation, depletion, and amortization	211,600			
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ORGANIZING & SERVICING	1,229,739			
b NEGOTIATION EXPENSES	1,004,207			
c CONVENTION EXPENSES	672,447			
d CONTRIBUTIONS TO ORGANI	582,246			
e All other expenses	2,151,803			
25 Total functional expenses. Add lines 1 through 24e	18,923,488			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash-non-interest-bearing		1		
	2 Savings and temporary cash investments	7,680,484	2	10,072,586	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,695,897			
	b Less: accumulated depreciation	476,629	1,353,977	10c	2,219,268
	11 Investments—publicly traded securities	34,773,217	11	40,077,602	
	12 Investments—other securities. See Part IV, line 11	8,763,864	12	11,493,244	
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	202,674	15	119,508	
16 Total assets: Add lines 1 through 15 (must equal line 33)	52,774,216	16	63,982,208		
Liabilities	17 Accounts payable and accrued expenses		17		
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
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	182,228	25	1,046,569		
26 Total liabilities. Add lines 17 through 25	182,228	26	1,046,569		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	52,591,988	27	62,935,639	
	28 Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	52,591,988	32	62,935,639	
33 Total liabilities and net assets/fund balances	52,774,216	33	63,982,208		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,267,139
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,923,488
3	Revenue less expenses. Subtract line 2 from line 1	3	10,343,651
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52,591,988
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	62,935,639

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>modified cash</u> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

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

Name of the organization TRANSPORT WORKERS UNION OF AMERICA	Employer identification number 13-1395075
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- Political campaign activity expenditures (see instructions) \$ _____
- Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$ _____
- Did the filing organization file **Form 1120-POL** for this year? Yes No
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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 of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2 Yes	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:

Supplemental Financial Statements

2020

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization TRANSPORT WORKERS UNION OF AMERICA

Employer identification number

13-1395075

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor informed consent.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for 'Held at the End of the Year' (2a-2d), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art collections and amounts received or held.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		40,250		40,250
b Buildings		746,675	12,589	734,086
c Leasehold improvements		791,643	52,776	738,867
d Equipment		512,158	75,564	436,594
e Other		605,171	335,700	269,471
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,219,268

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) AFL-CIO HOUSING INVESTMENT TRUST	11,111,400	C
(B) MORTGAGE RECEIVABLE - LOCAL 568	208,000	C
(C) MORTGAGE RECEIVABLE - LOCAL 526	51,742	C
(D) MORTGAGE RECEIVABLE - LOCAL 527	103,821	C
(E) INVESTMENT IN TWU REALTY CORP	1,000	C
(F) LOAN RECEIVABLE - WORKERS TRANSPORT	17,281	C
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	11,493,244	

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,046,569

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.**

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
TRANSPORT WORKERS UNION OF AMERICA

Employer identification number

13-1395075

Part I Questions Regarding Compensation

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.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

Only 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:

- a** The organization?
- b** Any related organization? 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:

- a** The organization?
- b** Any related organization? 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 in lines 5 and 6? If "Yes," describe in Part III.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		No
4b		No
4c		No
5a		
5b		
6a		
6b		
7		
8		
9		

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 are not 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 AGARCIA EXEC VICE PRES	(i)	294,620	0	13,157	0	30,716	338,493	0
	(ii)	0	0	0	0	-	-	0
2 J LAFRAGOLA SECY/TREASURER	(i)	294,620	0	9,093	0	30,716	334,429	0
	(ii)	0	0	0	0	-	-	0
3 J SAMUELSEN PRESIDENT	(i)	302,966	0	2,900	0	25,412	331,278	0
	(ii)	0	0	0	0	-	-	0
4 M MAYES ADMIN VICE PRES	(i)	233,057	0	4,839	0	30,716	268,612	0
	(ii)	0	0	0	0	-	-	0
5 J O'DONNELL CHIEF OF STAFF/DIR OF ACCT	(i)	233,057	0	3,595	0	30,716	267,368	0
	(ii)	0	0	0	0	-	-	0
6 C MARTIN INT'L REP TRANSIT	(i)	208,600	0	5,832	0	30,716	245,148	0
	(ii)	0	0	0	0	-	-	0
7 C TATE ADMIN VICE PRESIDENT	(i)	233,057	0	9,590	0	0	242,647	0
	(ii)	0	0	0	0	-	-	0
8 T JAMES EXEC BOARD	(i)	183,796	0	6,298	0	30,716	220,810	0
	(ii)	0	0	0	0	-	-	0
9 J FELTZ VICE PRESIDENT	(i)	183,795	0	5,449	0	30,716	219,960	0
	(ii)	0	0	0	0	-	-	0
10 J GALARZA INTL STAFF REP	(i)	183,796	0	2,628	0	30,716	217,140	0
	(ii)	0	0	0	0	-	-	0
11 B DANAHER EXEC DIR OFFICE OF PRES	(i)	184,718	0	1,350	0	30,716	216,784	0
	(ii)	0	0	0	0	-	-	0
12 D MOSES DIRECTOR OF IT	(i)	183,796	0	1,308	0	30,716	215,820	0
	(ii)	0	0	0	0	-	-	0
13 T MCDANIEL VICE PRESIDENT	(i)	175,488	0	2,446	0	29,530	207,464	0
	(ii)	0	0	0	0	-	-	0
14 T DANIELS DIR OF CIV & HUMAN RIGHTS	(i)	149,371	0	9,038	0	30,716	189,125	0
	(ii)	0	0	0	0	-	-	0
15 T UTANO VICE PRESIDENT	(i)	183,795	0	2,446	0	0	186,241	0
	(ii)	0	0	0	0	-	-	0
16 A RANGOLAN COPE COORDINATOR	(i)	149,371	0	938	0	30,716	181,025	0
	(ii)	0	0	0	0	-	-	0
17 S DOYLE ORGANIZER	(i)	142,458	0	1,832	0	30,716	175,006	0
	(ii)	0	0	0	0	-	-	0
18 Z TATZ SEN DIR GOVT AFFAIRS	(i)	143,394	0	326	0	30,716	174,436	0
	(ii)	0	0	0	0	-	-	0
19 G PETERSON VP	(i)	140,769	0	2,084	0	30,716	173,569	0
	(ii)	0	0	0	0	-	-	0
20 K SMITH EXEC COUNCIL	(i)	139,428	0	3,289	0	30,716	173,433	0
	(ii)	0	0	0	0	-	-	0
21 J TORRES TRANSIT REP	(i)	137,064	0	3,609	0	30,716	171,389	0
	(ii)	0	0	0	0	-	-	0
22 A MCCOY ATD REP	(i)	137,064	0	2,723	0	30,716	170,503	0
	(ii)	0	0	0	0	-	-	0
23 A SUTTON VICE PRESIDENT	(i)	137,064	0	1,754	0	30,716	169,534	0
	(ii)	0	0	0	0	-	-	0
24 B DELUCIA EXEC BOARD	(i)	137,064	0	922	0	30,716	168,702	0
	(ii)	0	0	0	0	-	-	0
25 R EBERHART DIR POLITICAL ACTION	(i)	124,584	0	328	0	30,716	155,628	0
	(ii)	0	0	0	0	-	-	0

Part III Supplemental Information

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

Return Reference	Explanation
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Additional Data

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Software ID:

Software Version:

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

2020**Open to Public
Inspection**Name of the organization
TRANSPORT WORKERS UNION OF AMERICA

Employer identification number

13-1395075

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY THE DIRECTOR OF ACCOUNTING AND THE INT'L SECRETARY / TREASURER. THE INT'L SECRETARY / TREASURER IS A MEMBER OF THE GOVERNING BODY AND IS RESPONSIBLE FOR SIGNING FORM 990 AS WELL.
FORM 990, PART VI, SECTION B, LINE 12C	THE TRANSPORT WORKERS UNION ENFORCES THE WRITTEN CONFLICT OF INTEREST POLICY BY INFORMING EMPLOYEES OF THE REPORTING REQUIREMENTS AND THEIR LEGAL OBLIGATION TO FILE FORM LM-30 WITH THE DOL DISCLOSING ALL DEALINGS AND INTERACTIONS WITH VENDORS. THE TRANSPORT WORKERS UNION HAS ALSO ADOPTED A ZERO TOLERANCE POLICY IN REGARD TO THESE MATTERS.
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. ADDITIONALLY, THE GOVERNING DOCUMENTS & FORM LM-2 ARE AVAILABLE ON THE DOL WEBSITE UNDER THE FREEDOM OF INFORMATION ACT.
FORM 990, PART IX, LINE 24E	UNION NEWSPAPER 288,573. INSURANCE 267,271. DATA PROCESSING EXPENSES 250,070. AUTO 242,987. RESEARCH AND OTHER FEES 208,407. DELEGATES & COMMITTEES 177,183. SUBSCRIPTIONS 142,746. TELEPHONE 141,504. PROMOTIONAL MATERIALS FOR MEMBERS 133,958. STATIONERY & SUPPLIES 102,846. EQUIPMENT RENTAL 81,019. MISCELLANEOUS 60,299. POSTAGE 33,714. PRINTING 19,436. PPP SUPPLIES FOR MEMBERS 1,790.

Additional Data

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047
2020
Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
TRANSPORT WORKERS UNION OF AMERICA

Employer identification number
13-1395075

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) TWU LLC 1220 19TH ST NW STE 600 WASHINGTON, DC 20036 26-3743555	DORMANT	DE			N/A
(2) MJQ REALTY LLC 1220 19TH ST NW STE 600 WASHINGTON, DC 20036 83-1658825	TO OWN REAL ESTATE FOR UNION PURPOSES	NY			N/A

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) TWU REALTY CORP 1220 19TH ST NW STE 600 WASHINGTON, DC 20036 83-0340737	DORMANT	TX	501(C)(25)		N/A	Yes	
(2) TWU RESERVE FUND 1220 19TH ST NW STE 600 WASHINGTON, DC 20036 82-3936748	ADMINISTER ASSETS FOR CERTAIN MEMBERS OF TRANSPORT WORKERS UNION OF AMERICA	DC	501(C)(5)		N/A	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MJQ REALTY LLC	D	23,387	REVIEW OF INVOICES

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference

Explanation

Schedule R (Form 990) 2020

Additional Data[Return to Form](#)**Software ID:****Software Version:**