

Form **990**
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)

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.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES
% SELMA GOLDING
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1625 L STREET NW

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 200365687

D Employer identification number
53-0237789

E Telephone number
(202) 429-1000

F Name and address of principal officer
LEE SAUNDERS
1625 L STREET NW
WASHINGTON, DC 20036

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

I Tax-exempt status 501(c)(3) 501(c) (5) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ www.afscme.org

H(c) Group exemption number ▶

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1932

M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES (AFSCME) IS AN INTERNATIONAL LABOR ORGANIZATION REPRESENTING WORKERS IN THE PUBLIC SERVICE AND HEALTH CARE SECTORS

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	36
4 Number of independent voting members of the governing body (Part VI, line 1b)	0
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	497
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	159,826

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	172,216,688	153,318,570
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,212,005	2,707,309
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,275,824	4,232,749
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	177,704,517	160,258,628
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,021,772	10,250,672
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	70,533,848	68,363,672
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	52,628,779	59,496,239
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	130,184,399	138,110,583
19 Revenue less expenses Subtract line 18 from line 12	47,520,118	22,148,045
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	199,139,668	228,412,099
21 Total liabilities (Part X, line 26)	103,611,939	94,022,252
22 Net assets or fund balances Subtract line 21 from line 20	95,527,729	134,389,847

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 Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here Signature of officer: ***** Date: 2019-11-14
LEE SAUNDERS, PRESIDENT Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: Check if self-employed PTIN: P00234075
Firm's name: WITHUMSMITHBROWNPC Firm's EIN:
Firm's address: 4600 EAST WEST HWY 900 BETHESDA, MD 208143423 Phone no: (301) 272-6000

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

SEE SCHEDULE O

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 \$)
See Additional Data

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, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS filings.

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, Forms W-2G, and backup withholding rules.

<p>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</p>	<p>2a 497</p>			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>		2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>		3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>		3b	Yes	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>		4a		No
<p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>		5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>		5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>		5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>		6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>		6b		
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>				
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>		7a		
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>		7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>		7c		
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d _____</p>			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>		7e		
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>		7f		
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>		7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>		7h		
<p>8 Sponsoring organizations maintaining donor advised funds.</p>				
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>		8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>		9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>		9b		
<p>10 Section 501(c)(7) organizations. Enter</p>				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a _____</p>			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b _____</p>			
<p>11 Section 501(c)(12) organizations. Enter</p>				
<p>a Gross income from members or shareholders</p>	<p>11a _____</p>			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	<p>11b _____</p>			
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<p>12b _____</p>	12a		
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>		13a		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	<p>13b _____</p>			
<p>c Enter the amount of reserves on hand</p>	<p>13c _____</p>			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>		14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>		14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>		15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>		16		No

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 (36); 1b Enter the number of voting members included in line 1a, above, who are independent (0); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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? (Yes); 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? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (No); 13 Did the organization have a written whistleblower policy? (No); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (No); 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 taxable entity during the year? (No); 16b 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

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 (CA); 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: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 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 (SELMA GOLDING 1625 L STREET NW WASHINGTON, DC 20036 (202) 429-1000).

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

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 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			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, and 1d Total (add lines 1b and 1c).

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 182

Table with 3 rows (3, 4, 5) and 3 columns (Question, Yes, No) regarding compensation reporting.

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like FREEMAN EXPOSITIONS INC, SUMMIT GROUP LLC, etc.

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 24

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f for various contributions and 1g for noncash contributions, totaling 0.

Table for Program Service Revenue with 6 columns: Description, Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 2a-2f for membership dues, office service, and other program revenue, totaling 153,318,570.

Main revenue table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 3-12 for investment income, royalties, rental income, fundraising events, gaming activities, and miscellaneous revenue, totaling 160,258,628.

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	10,163,672			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	87,000			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	2,924,102			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	40,010,754			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	4,981,305			
9 Other employee benefits.	17,194,822			
10 Payroll taxes.	3,252,689			
11 Fees for services (non-employees)				
a Management.	0			
b Legal.	867,694			
c Accounting.	479,125			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	8,534,043			
12 Advertising and promotion.	0			
13 Office expenses.	5,469,433			
14 Information technology.	1,583,431			
15 Royalties.	0			
16 Occupancy.	3,121,534			
17 Travel.	10,589,643			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	3,051,807			
20 Interest.	0			
21 Payments to affiliates.	23,867,253			
22 Depreciation, depletion, and amortization.	978,423			
23 Insurance.	489,421			
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 PERSONAL PROPERTY TAXES	169,073			
b DUES REFUNDED	104,950			
c REIMB SALARIES/LOST TIME	111,025			
d MEMBERSHIP FEES & DUES	46,571			
e All other expenses	32,813			
25 Total functional expenses. Add lines 1 through 24e.	138,110,583			
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	427,914	1	494,254
	2 Savings and temporary cash investments	6,008,484	2	13,291,610
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	13,486,328	4	15,852,657
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	2,590,716	8	2,211,905
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	34,977,308		
	b Less accumulated depreciation	32,224,561		
	11 Investments—publicly traded securities	174,093,550	11	193,808,926
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	199,139,668	16	228,412,099	
Liabilities	17 Accounts payable and accrued expenses	6,363,998	17	12,701,855
	18 Grants payable	0	18	0
	19 Deferred revenue	4,700,000	19	1,844,888
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	92,547,941	25	79,475,509
	26 Total liabilities. Add lines 17 through 25	103,611,939	26	94,022,252
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	95,527,729	27	134,389,847
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	95,527,729	33	134,389,847
	34 Total liabilities and net assets/fund balances	199,139,668	34	228,412,099

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	160,258,628
2	Total expenses (must equal Part IX, column (A), line 25)	2	138,110,583
3	Revenue less expenses Subtract line 2 from line 1	3	22,148,045
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	95,527,729
5	Net unrealized gains (losses) on investments	5	594,462
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	16,119,611
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	134,389,847

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 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
 Separate basis Consolidated basis Both consolidated and separate basis
- b** 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
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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
- 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?
- b** 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

	Yes	No
2a		No
2b	Yes	
2c		No
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 53-0237789

Name: AMERICAN FEDERATION OF STATE COUNTY
AND MUNICIPAL EMPLOYEES

Form 990 (2018)

Form 990, Part III, Line 4a:

SUPPORTED AFFILIATED LOCAL UNIONS AND DISTRICT COUNCILS IN ORGANIZING AND NEGOTIATIONS, REPRESENTED UNION MEMBERS AND AFFILIATED ORGANIZATIONS BEFORE THE U S CONGRESS, PROVIDED RESEARCH SERVICES FOR CONTRACT AND BUDGET ANALYSIS, PROVIDED SERVICES TO MEMBERS IN THE AREAS OF EDUCATION, PUBLIC POLICY, LEGISLATION, AND OTHER ISSUES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
LEE SAUNDERS PRESIDENT	35 0 0 0	X		X				358,630	0	4,041
ELISSA MCBRIDE SECRETARY-TREASURER	35 0 0 0	X		X				288,566	0	505,399
SEADOREIA BROWN INTERNATIONAL VICE PRESIDENT	3 0 0 0	X		X				18,400	0	0
RICHARD L CAPONI INTERNATIONAL VICE PRESIDENT	3 0 0 0	X		X				16,800	0	0
STACY CHAMBERLAIN INTERNATIONAL VICE PRESIDENT	3 0 0 0	X		X				18,000	0	0
CONSTANCE DERR INTERNATIONAL VICE PRESIDENT	3 0 0 0	X		X				17,600	0	0
GREG DEVEREUX INTERNATIONAL VICE PRESIDENT	3 0 0 0	X		X				18,100	0	0
DANNY DONOHUE INTERNATIONAL VICE PRESIDENT	3 0 0 0	X		X				16,800	0	0
DENISE DUNCAN INTERNATIONAL VICE PRESIDENT	3 0 0 0	X		X				17,600	0	0
DAVID R FILLMAN INTERNATIONAL VICE PRESIDENT	3 0 0 0	X		X				18,300	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HENRY GARRIDO INTERNATIONAL VICE PRESIDENT	30 00	X		X				16,800	0	0
JOHANNA P HESTER INTERNATIONAL VICE PRESIDENT	30 00	X		X				16,900	0	0
DANNY J HOMAN INTERNATIONAL VICE PRESIDENT	30 00	X		X				18,500	0	0
NICHOLAS LAMORTE INTERNATIONAL VICE PRESIDENT	30 00	X		X				16,900	0	0
SALVATORE LUCIANO INT'L VICE PRESIDENT (FORMER)	30 00	X		X				114,200	0	0
JOHN A LYALL INTERNATIONAL VICE PRESIDENT	30 00	X		X				17,600	0	0
KATHRYN LYBARGER INTERNATIONAL VICE PRESIDENT	30 00	X		X				16,800	0	0
ROBERTA LYNCH INTERNATIONAL VICE PRESIDENT	30 00	X		X				17,600	0	0
CHRISTOPHER A MABE INTERNATIONAL VICE PRESIDENT	30 00	X		X				17,100	0	0
GLENARD S MIDDLETON SR INTERNATIONAL VICE PRESIDENT	30 00	X		X				17,600	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS MOORE INTERNATIONAL VICE PRESIDENT	30 00	X		X				16,800	0	0
FRANK MORONEY INTERNATIONAL VICE PRESIDENT	30 00	X		X				17,600	0	0
MICHAEL NEWMAN INTERNATIONAL VICE PRESIDENT	30 00	X		X				17,600	0	0
HENRY NICHOLAS INTERNATIONAL VICE PRESIDENT	30 00	X		X				17,600	0	0
RANDOLPH P PERREIRA INTERNATIONAL VICE PRESIDENT	30 00	X		X				17,600	0	0
STEVEN QUICK SR INTERNATIONAL VICE PRESIDENT	30 00	X		X				17,700	0	0
LAWRENCE A ROEHRIG INTERNATIONAL VICE PRESIDENT	30 00	X		X				16,800	0	0
JOSEPH RUGOLA INTERNATIONAL VICE PRESIDENT	30 00	X		X				16,800	0	0
ELIOT SEIDE INT'L VICE PRESIDENT (FORMER)	30 00	X		X				79,500	0	0
ALAN SHANAHAN INTERNATIONAL VICE PRESIDENT	30 00	X		X				18,000	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL SPINK INTERNATIONAL VICE PRESIDENT	3 0 0 0	X		X				17,600	0	0
MARY SULLIVAN INTERNATIONAL VICE PRESIDENT	3 0 0 0	X		X				16,800	0	0
BRAULIO TORRES INTERNATIONAL VICE PRESIDENT	3 0 0 0	X		X				18,372	0	0
ANTHONY WELLS INTERNATIONAL VICE PRESIDENT	3 0 0 0	X		X				17,718	0	0
JODY BARR INTERNATIONAL VICE PRESIDENT	3 0 0 0	X		X				8,960	0	0
DANIEL DICLEMENTE INTERNATIONAL VICE PRESIDENT	3 0 0 0	X		X				17,087	0	0
DEBBIE PARKS INTERNATIONAL VICE PRESIDENT	3 0 0 0	X		X				17,833	0	0
JOHN WESTMORELAND INTERNATIONAL VICE PRESIDENT	3 0 0 0	X		X				9,160	0	0
WILLIAM LURYE CHIEF OF STAFF/COUNSEL	35 0 0 0				X			260,751	0	177,271
MICHAEL SUKAL DIRECTOR, ORG & FIELD SERVICES	35 0 0 0				X			212,249	0	226,896

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JESSICA WEINSTEIN EXEC ASST TO PRESIDENT	35 0 0 0				X			200,526	0	196,669
NICOLE POLLARD EXEC ASST TO PRESIDENT	35 0 0 0				X			193,844	0	232,805
BRIAN WEEKS DIR POLITICAL ACTION	35 0 0 0				X			192,746	0	214,474
STEVEN GRETSUK DIRECTOR, INFO SYSTEMS	35 0 0 0					X		223,924	0	209,743
RICHARD ABELSON CHAIRPERSON, JUDICIAL PANEL	35 0 0 0					X		237,365	0	-23,055
JUDITH RIVLIN GENERAL COUNSEL	35 0 0 0					X		212,803	0	155,382
JAMES HOWELL REGIONAL DIRECTOR	35 0 0 0					X		203,660	0	142,655
CATHY GERMAN FIELD AUDITOR III (FORMER)	35 0 0 0					X		288,938	0	51,505
GEORGE POPYACK INT'L VICE PRESIDENT (FORMER)	0 0 0 0						X	105,000	0	0
DAVID WARRICK INT'L VICE PRESIDENT (FORMER)	0 0 0 0						X	70,000	0	0

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047
2018
Open to Public Inspection

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 AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES	Employer identification number 53-0237789
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ 2,508,305

3 Volunteer hours for political campaign activities (see instructions) _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a 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).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 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) AFSCME PEOPLE CONTRIBUTIONS CMTE	1625 L STREET NW WASHINGTON, DC 20036	52-1456472		10,317,013
(2) AFSCME SPECIAL ACCOUNT	1625 L STREET NW WASHINGTON, DC 20036	91-2064198		31,842,369
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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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) 2015	(b) 2016	(c) 2017	(d) 2018	(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	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
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
PART I-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES	CONSISTED OF MEMBER TO MEMBER COMMUNICATIONS

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 the latest information.

OMB No 1545-0047
2018
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Name of the organization
AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES

Employer identification number
53-0237789

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.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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** Temporarily restricted 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 | Yes | No |
| (ii) related organizations | | |
| 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				
b Buildings				
c Leasehold improvements				
d Equipment		27,489,252	25,105,638	2,383,614
e Other		7,488,055	7,118,922	369,133
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,752,747

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
ACCRUED POSTRETIREMENT BENEFIT	63,463,000
INSURANCE RESERVE	5,874,199
ACCRUED SEVERANCE PAY	2,805,114
ACCRUED VACATION & SICK PAY	3,045,332
DEFERRED COMPENSATION	1,525,000
ESCROW FUNDS	2,676,769
DEFERRED RENT ABATEMENT	86,095
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	79,475,509

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	201,841,656
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	594,462
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	40,988,566
e	Add lines 2a through 2d	2e	41,583,028
3	Subtract line 2e from line 1	3	160,258,628
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	160,258,628

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	168,136,792
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	30,026,209
e	Add lines 2a through 2d	2e	30,026,209
3	Subtract line 2e from line 1	3	138,110,583
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	138,110,583

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 53-0237789

Name: AMERICAN FEDERATION OF STATE COUNTY
AND MUNICIPAL EMPLOYEES

Supplemental Information

Return Reference	Explanation
PART X, LINE 2 - FIN 48 FOOTNOTE	Accounting principles generally accepted in the United States of America require management to evaluate income tax positions taken and accrue an income tax liability if AFSCME or its affiliated entities have taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has evaluated the income tax positions taken and concluded that as of December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability in the consolidated financial statements. AFSCME and its affiliated entities are subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. In addition, there have been no tax related interest or penalties for the years presented in these consolidated financial statements. Should such penalties and interest be incurred, AFSCME's policy is to recognize them as miscellaneous expense.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - REVENUES INCLUDED ON FINANCIALS, NOT ON FORM 990	\$ 40,988,566 RELATED ORGANIZATION'S REVENUES

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - EXPENSES INCLUDED ON FINANICALS, NOT ON FORM 990	\$(15,852,000) POSTRETIREMENT-RELATED CHANGES \$ 46,145,820 RELATED ORGANIZATION'S EXPENSES \$ (267,611) NET CHANGE IN ALLOWANCE FOR BAD DEBTS ----- \$ 30,026,211 =====

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES

Employer identification number 53-0237789

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 25
3 Enter total number of other organizations listed in the line 1 table 56

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Family Scholarship Program	41	82,000			
(2) Gerald W McEntee Scholarship	1	5,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I - LINE 2 - PROCEDURE FOR MONITORING USE OF GRANTS	THE FEDERATION DOES NOT MONITOR THE USE OF FUNDS GRANTED FOR GENERAL GRANT AND ASSISTANCE PAYMENTS THE AFSCME FAMILY SCHOLARSHIP IS AWARDED TO TEN HIGH SCHOOL SENIORS WILL CONTINUE THEIR STUDIES IN COLLEGE TO OBTAIN THE AWARD, AN APPLICATION MUST BE COMPLETED AND ALL ELIBILITY REQUIREMENTS AS OUT IN THE APPLICATION MUST BE PROVIDED ALL APPLICATIONS ARE THEN EXAMINED BY A SCHOLARSHIP SELECTION COMMITTEE THAT MAKES DETERMINATION OF THE WINNERS THE AWARD IS RENEWABLE FOR A MAXIMUM OF FOUR YEARS, PROVIDED THE STUDENT REMAINS ENROLLED IN A FULL-TIME COURSE OF STUDY AS VERIFIED TO THE COMMITTEE THE GERALD W MCENTEE SCHOLARSHIP IS AWARDED TO A MEMBER OF AFSCME THAT EXEMPLIFIES COMMITMENT TO STRENGTHENING THE UNION THROUGH ORGANIZING, DEFENDING WORKERS RIGHTS, BUILDING POLITICAL POWER FOR WORKING FAMILIES AND SUPPORTING PUBLIC SERVICES AFSCME DOES NOT MONITOR THE USE OF THE FUNDS UPON AWARDING, BUT DOES LIMIT THE MEMBER TO ONLY A ONE-TIME AWARD

Additional Data

Software ID:
Software Version:
EIN: 53-0237789
Name: AMERICAN FEDERATION OF STATE COUNTY
AND MUNICIPAL EMPLOYEES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A Philip Randolph Institute 815 16th Street NW 3rd Floor Washington, DC 20006	13-6180232		10,000				Sponsorship
AFL-CIO Secretary Treasurer 815 16th Street NW Washington, DC 20006	53-0228172	501(c)(5)	351,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alliance For Justice 11 Dupont Circle NW Suite 200 Washington, DC 20036	52-1009973		10,000				Sponsorship
Alliance For Retired Americans 815 16th Street NW 4th Floor North Washington, DC 20006	52-2277805	501(c)(4)	45,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alliance for Youth Organizing 333 SE 2nd Ave Portland, OR 97214	46-2465621	501(c)(3)	10,000				General
America Votes 1155 Conn Ave NW Suite 600 Washington, DC 20036	83-0364856	501(c)(4)	333,333				Public

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Constitution Society for Law & Policy 1333 H Street NW 11th Floor Washington, DC 20005	52-2313694	501(c)(3)	10,000				General
Americans for Financial Reform 1615 L Street NW Suite 450 Washington, DC 20036	82-2543434	501(c)(4)	10,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APALA- Asian Pacific American Labor Alliance 815 16th Street NW Washington, DC 20006	52-1777961	501(c)(5)	10,000				General
Ballot Initiative Strategy Ctr 1815 Adams Mill Road Suite 300 Washington, DC 20009	04-3411708	501(c)(4)	180,000				Public

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
California State Polytechnic University 3801 W Temple Ave Pomona, CA 91768	20-4927897	501(c)(3)	6,000				Scholarship
Campaign for Accountability 611 Penn Ave SE 337 Washington, DC 20003	81-4080431	501(c)(3)	50,000				Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center For American Progress 1333 H Street NW Washington, DC 20005	30-0126510	501(c)(3)	100,000				General
Center For American Progress Action Fund 1333 H Street NW Washington, DC 20005	30-0192708	501(c)(4)	50,000				Public

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Citizens For Tax Justice 1616 P Street NW Suite 200 Washington, DC 20036	52-1156415		100,000				Public
Clean Air Clean Energy Washington 603 Stewart Street Suite 819 Seattle, WA 98101	82-4455863		25,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLINIC 8757 Georgia Ave Suite 850 Silver Spring, MD 20910			10,000				General
Coalition Of Black Trade Unionists 1155 Connecticut Ave Suite 500 Washington, DC 20036	52-1128179	501(c)(5)	10,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Coalition Of Labor Union Women 815 16th Street NW 2nd Floor South Washington, DC 20006	13-2956518	501(c)(3)	10,000				General
Coalition On Human Needs 1015 18th Street NW Suite 1101 Washington, DC 20036	26-5680984	501(c)(3)	11,500				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Committee For Education Funding 1341 G Street NW 5th Floor Washington, DC 20005	52-0891509	501(c)(4)	10,000				General
Committee on States 1575 I Street NW Ste 425 Washington, DC 20005	26-3815183		25,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Congressional Black Caucus Foundation Inc 1720 Mass Ave NW Washington, DC 20036	52-1160561	501(c)(3)	35,000				Sponsorship
Congressional Black Caucus Institute 413 New Jersey Ave SE Washington, DC 20003	52-2270607	501(c)(4)	15,000				Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Congressional Hispanic Caucus Institute Inc 1128 16th Street NW Washington, DC 20036	52-0114225		6,000				Sponsorship
Democracy Alliance 1575 Eye Street NW Suite 425 Washington, DC 20005	20-2130918		145,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Elizabethtown College One Alpha Drive Elizabethtown, PA 17022			6,000				Scholarship
EPI Policy Center 1225 Eye Street NW Washington, DC 20005	20-1173919	501(c)(4)	150,000				Think Tank

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fair Elections Center 1825 K Street Washington, DC 20006	81-5447067	501(c)(3)	50,000				General
Fiscal Policy Institute 1 Lear Jet Lane Latham, NY 12110	14-1737256	501(c)(3)	35,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Floridians for Tax Fairness 2633 Centennial Blvd Suite 200 Tallahassee, FL 32308	83-1803485		450,000				Program
For Our Future PO Box 85279 Washington, DC 20035	81-2638345	501(c)(4)	5,000,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Georgetown University 37th O Street Washington, DC 20057	53-0196603		6,000				Scholarship
Gonzaga University 502 East Boone Avenue Spokane, WA 99258			6,000				Scholarship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Good Jobs First 1616 P Street NW Suite 210 Washington, DC 20036	82-0542649	501(c)(3)	35,000				Public
Greater Wisconsin Committee PO Box 861 Madison, WI 53701	20-0938084	501(c)(4)	130,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Harvard University 79 JFK Street Box 21 Cambridge, MA 021380000	04-2103580		10,000				Scholarship
Healthy Montana 2625 Winnie Avenue Helena, MT 59601	81-0287203		25,000				Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Innovation Ohio 35 E Gay Street Suite 260 Columbus, OH 43215	27-4562062	501(c)(4)	50,000				General
Jobs With Justice 1616 P Street NW Suite 150 Washington, DC 20036	52-1865575	501(c)(3)	100,000				Public

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kansas Values Institute PO Box 2124 Topeka, KS 66601	45-2621342		25,000				Program
Keystone Research Center - KRC 412 N 3rd Street Harrisburg, PA 17101	25-1776998	501(c)(3)	25,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAANE 464 Lucas Avenue Suite 202 Los Angeles, CA 90017	95-4459427		30,000				General
Labor Council For Latin Amer Advancement (LCLAA) 815 16th Street NW 3rd Floor Washington, DC 20006	52-1002207	501(c)(4)	10,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Million Voters Project Action Fund No on 5 Yes on 777 S Figueroa St Suite 4050 Los Angeles, CA 90017	82-4522877		62,500				General
Moveonorg Civic Action PO Box 96141 Washington, DC 200906141	06-1553389	501(c)(4)	10,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAACP 815 16th Street NW Washington, DC 20006	53-0187504		125,500				General
National Action Network 106 W 145th St New York, NY 10039	11-3269182	501(c)(4)	40,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Employment Law Project 75 Maiden Lane 601 New York, NY 10038	13-2758558		25,000				General
National Public Pension Coalition 1900 L Street NW Suite 900 Washington, DC 20036	20-5939282	501(c)(4)	160,000				Public

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NCSL Foundation for State Legislatures 7700 East First Place Denver, CO 80230	74-2232576	501(c)(3)	12,500				Sponsorship
No on Prop 5 Sponsored by Educators Public Safet 555 Capitol Mall Suite 400 Sacramento, CA 95814	81-1143717		300,000				Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
No on Prop 6 Stop the Attack on 1787 Tribute Road Suite K Sacramento, CA 95815	82-3812581		62,500				Program
North Star Policy Institute 175 Aurora Avenue St Paul, MN 55103	47-5343844	501(c)(3)	25,000				Think Tank

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ohio Progressive Collaborative 341 South Third Street Columbus, OH 43215	82-2146860	501(c)(4)	75,000				General
Partnership for Working Families 1825 K Street 210 Washington, DC 20006	71-0914032	501(c)(3)	100,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Peggy Browning Fund 100 S Broad Street Suite 1208 Philadelphia, PA 19110	23-2887086		10,000				General
Policy Matters Ohio 3631 Perkins Avenue Cleveland, OH 44114	34-1921881	501(c)(3)	25,000				Public

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pride At Work 815 16th Street NW Washington, DC 20006	52-2217817		10,000				Sponsorship
Progressive Congress 600 Penn Ave SE Suite 340 Washington, DC 20003	20-3714244		100,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ProgressNow 5922 Excelsior St Louis Park, MN 55416	20-8720230	501(c)(4)	300,000				General
Repairers of the Breach 2822 Cashwell Dr 196 Goldsboro, NC 27524	46-3332424	501(c)(3)	100,000				Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Roosevelt Institute 570 Lexington Ave 5th Floor New York, NY 10022	23-7213592	501(c)(3)	10,000				Sponsorship
Samuel Dewitt Proctor Conference Inc 4533 S Lake Park Ave Chicago, IL 60653	06-1707903	501(c)(3)	25,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sit-In Movement Inc DBA International Civil Right 134 South Elm St Greensboro, NC 27401	56-1856093		5,400				General
Sixteen Thirty Fund 1575 Eye St NW Suite 425 Washington, DC 20005	26-4486735	501(c)(4)	150,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
State Innovation Exchange PO Box 260230 Madison, WI 53726	46-1368531	501(c)(3)	25,000				General
Texas AFL-CIO 1106 Lavaca Street 200 Austin, TX 78701			75,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Texas Civil Rights Project 1405 Montopolis Dr Austin, TX 78741	74-1995879		25,000				Sponsorship
Texas Future Project LLC PO Box 684554 Austin, TX 78768	46-4235661		25,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The American Prospect Inc 1225 Eye St NW Suite 600 Washington, DC 20005	52-1617061	501(c)(3)	25,000				General
The Leadership Conference On Civil & Human Rights 1629 K St NW 10th Floor Washington, DC 20006	52-0789800	501(c)(4)	35,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The National Inst on Retirement Security 1612 K St NW Suite 500 Washington, DC 20006	20-8705822	501(c)(3)	11,300				Public
The National Women's Law Center 11 Dupont Circle Suite 800 Washington, DC 20036	52-1213010	501(c)(3)	10,000				Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The National Women's Law Center Action Fund 11 Dupont Circle Suite 800 Washington, DC 20036	46-0639645	501(c)(4)	20,000				General
UNITE HERE Education & Support Fund 275 7th Ave New York, NY 10001	52-2351515		50,000				General

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of South Alabama 1200 Meisler Hall 390 Alumni Circle Mobile, AL 36688			6,000				Scholarship
Villanova University 800 Lancaster Ave Villanova, PA 19085	23-1352688	501(c)(3)	6,000				Scholarship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
We the People of Florida Inc 3182 Munroe Drive Miami, FL 33133	82-2690024	501(c)(4)	120,000				Program
Williams College 995 Main Street Third Floor Williamstown, MA 012670000			6,000				Scholarship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Working America 815 16th St NW Washington, DC 20006	20-0263611	501(c)(4)	1,050,000				Program

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
AMERICAN FEDERATION OF STATE COUNTY
AND MUNICIPAL EMPLOYEES

Employer identification number
53-0237789

Part I Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in 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</p>	1b	Yes			
<p>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 in line 1a?</p>	2	Yes			
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes			
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a				
	5b				
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a				
	6b				
<p>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.</p>	7				
<p>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.</p>	8				
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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				
See Additional Data Table							

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
PART I, LINE 1A - ITEMS PROVIDED TO PERSONS LISTED FORM 990, PART VII	FIRST-CLASS TRAVEL ----- TWO OFFICERS (AND CERTAIN EXECUTIVE STAFF AS AUTHORIZED) MAY TRAVEL FIRST CLASS ON OFFICIAL UNION BUSINESS WHICH IS NOT DEEMED TAXABLE COMPENSATION. TAX INDEMNIFICATION AND GROSS-UP/HOUSING ALLOWANCE ----- REIMBURSEMENT FOR HOUSING, TRANSPORTATION AND PER DIEM (INCLUDING TAX GROSS-UP) PROVIDED FOR OUT OF TOWN ASSIGNMENT GREATER THAN ONE YEAR AND IS INCLUDABLE IN TAXABLE COMPENSATION.

Return Reference	Explanation
PART I, LINE 4A - SEVERANCE PAYMENTS	SEVERANCE PAYMENTS ----- CATHY GERMAN \$146,902

Return Reference	Explanation
PART II, COLUMN C - DEFERRED COMPENSATION	\$1,372,835 INCLUDED IN DEFERRED COMPENSATION REPRESENTS THE ANNUAL INCREASE IN ACTUARIAL VALUE OF A QUALIFIED DEFINED BENEFIT PLAN, AS CALCULATED BY THE PLAN ACTUARY



Additional Data

Software ID:

Software Version:

EIN: 53-0237789

Name: AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
LEE SAUNDERS PRESIDENT	(i)	324,877		33,753	-31,125	35,166	362,671	0
	(ii)	0			0	0	0	0
ELISSA MCBRIDE SECRETARY-TREASURER	(i)	276,010		12,556	470,233	35,166	793,965	0
	(ii)	0			0	0	0	0
GEORGE POPYACK INT'L VICE PRESIDENT (FORMER)	(i)	0		105,000	0	0	105,000	0
	(ii)	0			0	0	0	0
WILLIAM LURYE CHIEF OF STAFF/COUNSEL	(i)	251,997		8,754	142,105	35,166	438,022	0
	(ii)	0			0	0	0	0
STEVEN GRETSUK DIRECTOR, INFO SYSTEMS	(i)	215,918		8,006	174,577	35,166	433,667	0
	(ii)	0			0	0	0	0
MICHAEL SUKAL DIRECTOR, ORG & FIELD SERVICES	(i)	205,378		6,871	191,730	35,166	439,145	0
	(ii)	0			0	0	0	0
JESSICA WEINSTEIN EXEC ASST TO PRESIDENT	(i)	195,974		4,552	161,503	35,190	397,219	0
	(ii)	0			0	0	0	0
RICHARD ABELSON CHAIRPERSON, JUDICIAL PANEL	(i)	223,382		13,983	-46,948	23,916	214,333	0
	(ii)	0			0	0	0	0
JUDITH RIVLIN GENERAL COUNSEL	(i)	205,298		7,505	120,216	35,190	368,209	0
	(ii)	0			0	0	0	0
JAMES HOWELL REGIONAL DIRECTOR	(i)	192,387		11,273	107,489	35,166	346,315	0
	(ii)	0			0	0	0	0
CATHY GERMAN FIELD AUDITOR III (FORMER)	(i)	120,890		168,048	39,553	11,975	340,466	0
	(ii)	0			0	0	0	0
NICOLE POLLARD EXEC ASST TO PRESIDENT	(i)	188,227		5,617	221,094	11,734	426,672	0
	(ii)	0			0	0	0	0
BRIAN WEEKS DIR POLITICAL ACTION	(i)	187,848		4,898	179,308	35,190	407,244	0
	(ii)	0			0	0	0	0
DAVID WARRICK INT'L VICE PRESIDENT (FORMER)	(i)	0		70,000	0	0	70,000	0
	(ii)	0			0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2018**Open to Public
Inspection**

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.

Department of the Treasury

Name of the organization

AMERICAN FEDERATION OF STATE COUNTY
AND MUNICIPAL EMPLOYEES

Employer identification number

53-0237789

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 1 - ORGANIZATION'S MISSION	THE AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES (AFSCME) IS AN INTERNATIONAL LABOR ORGANIZATION REPRESENTING MORE THAN 1,300,000 WORKERS IN THE PUBLIC SERVICE AND HEALTH CARE SECTORS AFSCME SUPPORTS THE ORGANIZING AND COLLECTIVE BARGAINING EFFORTS OF ITS MEMBERS AND PROMOTES INITIATIVES TO BENEFIT WORKING MEN AND WOMEN

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 1 - EXECUTIVE COMMITTEE	<p>The International Executive Board shall create from its membership an Executive Committee. The Executive Committee shall be composed of the International President, who shall serve as Chairperson, the International Secretary-Treasurer, who shall serve as Secretary, and three other members, who shall be elected by and from the members of the International Executive Board. The Executive Committee shall meet on the call of the International President. Except as hereafter limited, the Executive Committee shall have the power to act on all matters on which the International Executive Board is empowered to act, subject to the approval of the International Executive Board at its next meeting. The Executive Committee shall not have the power to levy special assessments or to fill vacancies in the membership of the International Executive Board.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 6 - MEMBERS	AFSCME is comprised of members with the right to elect their delegates, who elect the governing body

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 7A - ELECTING OF BOARD MEMBERS	ALL SOVEREIGN POWERS OF THE FEDERATION ARE VESTED IN THE DELEGATION WHO COMPRISE THE CONVENTION, WHEN IN SESSION THE FEDERATION HOLDS A BI-ANNUAL CONVENTION THAT IS ATTENDED BY DELEGATES THE DELEGATES ELECT THE OFFICERS OF THE FEDERATION EVERY FOUR YEARS THESE OFFICERS COMPRISE THE INTERNATIONAL EXECUTIVE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 11B - REVIEW PROCESS OF FORM 990	THE FORM 990 IS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM AND A DRAFT COPY IS SUBMITTED FOR DETAIL REVIEW BY MANAGEMENT AND STAFF, ANY COMMENTS FROM MANAGEMENT AND STAFF ARE SUBMITTED BACK TO THE INDEPENDENT CPA FIRM FOR REVISION AND UPON APPROVAL OF THE FINAL DRAFT, THE AUTHORIZED SIGNATURE FORM IS SENT TO THE INDEPENDENT CPA FIRM TO SUBMIT THE RETURN TO THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION C, LINE 19 - DISCLOSURE OF DOCUMENTS, POLICIES & F/S	THE FEDERATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY NOR CONSOLIDATED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VII, SECTION A, COLUMN (F) - ESTIMATED AMOUNT OF OTHER COMPENSATION	\$1,372,835 INCLUDED IN ESTIMATED AMOUNT OF OTHER COMPENSATION REPRESENTS THE INCREASE IN ACTUARIAL VALUE IN DEFINED BENEFITS AS CALCULATED BY THE PLAN ACTUARY THESE AMOUNTS REPORTED ARE NOT ACTUAL OUTLAYS TO THE OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	\$ 15,852,000 POSTRETIREMENT-RELATED CHANGES 267,611 BAD DEBT ALLOWANCE ----- \$ 16,119,611

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

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
AMERICAN FEDERATION OF STATE COUNTY
AND MUNICIPAL EMPLOYEES

Employer identification number

53-0237789

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) AFSCME PUBLIC SERVICE WORKERS LLC 1625 L STREET NW WASHINGTON, DC 20036 20-4455454	INVESTMENT	DE		225,000	AFSCME

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.

See Additional Data Table

(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

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
(1) AFSCME PUBLIC SERVICE WORKERS CORP 1625 L STREET NW WASHINGTON, DC 20036 20-4449100	INVESTMENT	DE	AFSCME	C-CORP					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)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
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)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
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) AFSCME EMPLOYEES PENSION PLAN TRUST FUND	B	5,203,832	ALLOCATION
(2) AFSCME EMPLOYEES PENSION PLAN TRUST FUND	O	281,115	BILLINGS
(3) AFSCME SPECIAL ACCOUNT	Q	1,502,986	BILLINGS
(4) AFSCME EMPLOYEES SALARY SAVINGS PENSION TRUST	R	1,340,670	WITHHOLDINGS

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 53-0237789
Name: AMERICAN FEDERATION OF STATE COUNTY
AND MUNICIPAL EMPLOYEES

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
1625 L STREET NW WASHINGTON, DC 20036 52-1456472	POLITICAL	DC	527		AFSCME	Yes	
1625 L STREET NW WASHINGTON, DC 20036 52-2344511	CHARITABLE	DC	501(c)(3)	7	AFSCME	Yes	
1625 L STREET NW WASHINGTON, DC 20036 52-1148573	TRAINING	DC	501(c)(3)	7	AFSCME	Yes	
1625 L STREET NW WASHINGTON, DC 20036 52-1010116	HOLDING CO	DC	501(c)(2)		AFSCME	Yes	
1625 L STREET NW WASHINGTON, DC 20036 91-2064198	POLITICAL	DC	527		AFSCME	Yes	
1625 L STREET NW WASHINGTON, DC 20036 91-2066788	POLITICAL	DC	527		AFSCME	Yes	
1625 L STREET NW WASHINGTON, DC 20036 91-2063597	POLITICAL	DC	527		AFSCME	Yes	
1625 L STREET NW WASHINGTON, DC 20036 53-0237789	PENSION PLAN	DC	401(a)		AFSCME		No
1625 L STREET NW WASHINGTON, DC 20036 53-0237789	PENSION PLAN	DC	401(k)		AFSCME		No
1625 L STREET NW WASHINGTON, DC 20036 81-1265780	POLITICAL	DC	527		AFSCME	Yes	