

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
2020
Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **01-01-2020**, and ending **12-31-2020**

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-FORRESTER
 Doing business as

D Employer identification number
 53-0237789

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

E Telephone number
 (202) 429-1000

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

G Gross receipts \$ 148,881,606

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)
H(c) Group exemption number ▶

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

J Website: ▶ www.afscme.org

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)	3	36
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	464
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	172,382,454	142,425,706
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,678,552	3,155,895
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,417,950	3,300,005
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	179,478,956	148,881,606
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,733,322	8,535,060
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)	63,500,576	64,769,400
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)	53,081,440	51,351,579
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	125,315,338	124,656,039
19 Revenue less expenses. Subtract line 18 from line 12	54,163,618	24,225,567

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	282,946,848	305,576,576
21 Total liabilities (Part X, line 26)	98,881,940	111,905,153
22 Net assets or fund balances. Subtract line 21 from line 20	184,064,908	193,671,423

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: 2021-11-15

LEE SAUNDERS PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2021-11-15
 Check if self-employed PTIN: P00234075

Firm's name ▶ WITHUMSMITHBROWNPC Firm's EIN ▶ _____

Firm's address ▶ 4600 EAST WEST HWY 900 Phone no. (301) 272-6000
 BETHESDA, MD 208143423

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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, and Answer (Yes/No). Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	154
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

Main form area containing questions 2a through 16b with corresponding input fields and checkboxes.

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	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.)

		Yes	No
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

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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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-FORRESTER 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with 6 main columns (A-F) and sub-columns under (C). Rows include individual data and summary rows for 1b Sub-Total, 1c Total from continuation sheets, and 1d Total.

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

Table with 3 rows (3-5) 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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like WATERFRONT STRATEGIES and IQM CORPORATION.

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			0			
Program Service Revenue	2a MEMBERSHIP DUES AND ASSESSMENTS	Business Code 900099	141,992,481	141,992,481			
	b OFFICE SERVICE & OTHER REIMBURSEMENTS	900099	433,225	433,225			
	c						
	d						
	e						
	f All other program service revenue.						
	g Total. Add lines 2a-2f.		142,425,706				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,155,895			3,155,895	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		1,576,636			1,576,636	
	6a Gross rents	(i) Real	(ii) Personal				
		6b Less: rental expenses					
		6c Rental income or (loss)	0	0			
		d Net rental income or (loss)			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7b Less: cost or other basis and sales expenses					
		7c Gain or (loss)					
		d Net gain or (loss)			0		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	0				
		b Less: direct expenses	8b	0			
		c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities. See Part IV, line 19	9a	0				
b Less: direct expenses		9b	0				
c Net income or (loss) from gaming activities				0			
10a Gross sales of inventory, less returns and allowances	10a	0					
	b Less: cost of goods sold	10b	0				
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code					
11a EXPENSE REIMBURSEMENTS	900099	1,006,005	1,006,005				
b MISCELLANEOUS	900099	717,364			717,364		
c							
d All other revenue							
e Total. Add lines 11a-11d			1,723,369				
12 Total revenue. See instructions			148,881,606	143,431,711	5,449,895		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,454,060			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	81,000			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,245,619			
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	40,698,631			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,995,385			
9 Other employee benefits	12,533,447			
10 Payroll taxes	3,296,318			
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,448,869			
c Accounting	339,235			
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)	4,740,133			
12 Advertising and promotion	5,728,171			
13 Office expenses	5,778,518			
14 Information technology	1,871,349			
15 Royalties	0			
16 Occupancy	3,046,877			
17 Travel	2,949,947			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	305,790			
20 Interest	0			
21 Payments to affiliates	23,458,141			
22 Depreciation, depletion, and amortization	921,233			
23 Insurance	458,561			
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	168,310			
b MEMBERSHIP FEES & DUES	46,365			
c REIMB. SALARIES/LOST TIME	45,443			
d DUES REFUNDED	44,637			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	124,656,039			
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	599,108	1	532,641
	2 Savings and temporary cash investments	10,204,360	2	33,882,950
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	15,621,972	4	13,444,487
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	189,608	8	150,834
	9 Prepaid expenses and deferred charges	610,112	9	585,989
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 36,267,811		
	b Less: accumulated depreciation	10b 34,101,524	2,447,030	10c 2,166,287
	11 Investments—publicly traded securities	251,504,810	11	253,236,801
	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	1,769,848	15	1,576,587
16 Total assets. Add lines 1 through 15 (must equal line 33)	282,946,848	16	305,576,576	
Liabilities	17 Accounts payable and accrued expenses	12,564,143	17	12,224,178
	18 Grants payable	0	18	0
	19 Deferred revenue	83,739	19	39,955
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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	86,234,058	25	99,641,020
	26 Total liabilities. Add lines 17 through 25	98,881,940	26	111,905,153
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	184,064,908	27	193,671,423
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	184,064,908	32	193,671,423	
33 Total liabilities and net assets/fund balances	282,946,848	33	305,576,576	

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	148,881,606
2	Total expenses (must equal Part IX, column (A), line 25)	2	124,656,039
3	Revenue less expenses. Subtract line 2 from line 1	3	24,225,567
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	184,064,908
5	Net unrealized gains (losses) on investments	5	-881,969
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	-13,737,083
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	193,671,423

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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.		No
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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.		

Additional Data

Software ID:

Software Version:

EIN: 53-0237789

Name: AMERICAN FEDERATION OF STATE COUNTY
AND MUNICIPAL EMPLOYEES

Form 990 (2020)

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			
ELISSA MCBRIDE INT'L SECRETARY/TREASURER	35.0 0.0	X		X				300,600	0	533,122
MICHAEL SUKAL DIRECTOR, ORG & FIELD SERVICES	35.0 0.0				X			220,704	0	382,213
JESSICA WEINSTEIN EXECUTIVE ASST TO PRESIDENT	35.0 0.0				X			210,018	0	338,954
BRIAN WEEKS DIRECTOR, POLITICAL ACTION	35.0 0.0				X			204,933	0	334,061
LEE SAUNDERS INTERNATIONAL PRESIDENT	35.0 0.0	X		X				366,544	0	166,399
WILLIAM LURYE CHIEF OF STAFF/COUNSEL	35.0 0.0				X			277,027	0	211,987
STEVEN KREISBERG SPECIAL ASSISTANT, RESEARCH	35.0 0.0					X		209,453	0	246,825
STEVEN GRETSUK DIRECTOR, INFO SYSTEMS	35.0 0.0				X			198,290	0	215,627
RICHARD ABELSON CHAIRPERSON, JUDICIAL PANEL	35.0 0.0					X		247,290	0	152,265
PAMELA PERILLO ADMINISTRATIVE ASSISTANT I	35.0 0.0					X		213,350	0	170,032

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			
JUDITH RIVLIN GENERAL COUNSEL	35.0 0.0					X		226,689	0	154,193
SCOTT FREY COUNSELOR TO THE PRESIDENT	35.0 0.0					X		227,834	0	152,291
GREG DEVEREUX INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				116,300	0	0
DANNY DONOHUE INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				116,200	0	0
JOHN LYALL INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				116,200	0	0
HENRY NICHOLAS INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				116,200	0	0
PAUL SPINK INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				17,555	0	0
DEBBIE PARKS INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				17,500	0	0
GLENARD MIDDLETON SR INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				17,200	0	0
JOHANNA HESTER INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				16,900	0	0

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			
JODY BARR INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				16,800	0	0
STACY CHAMBERLAIN INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				16,800	0	0
CONSTANCE DERR INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				16,800	0	0
DANIEL DICLEMENTE INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				16,800	0	0
DENISE DUNCAN INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				16,800	0	0
DAVID FILLMAN INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				16,800	0	0
HENRY GARRIDO INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				16,800	0	0
DANNY HOMAN INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				16,800	0	0
KATHRYN LYBARGER INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				16,800	0	0
ROBERTA LYNCH INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				16,800	0	0

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			
CHRISTOPHER MABE INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				16,800	0	0
DOUGLAS MOORE INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				16,800	0	0
MICHAEL NEWMAN INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				16,800	0	0
RANDOLPH PERREIRA INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				16,800	0	0
STEVEN QUICK SR INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				16,800	0	0
LAWRENCE ROEHRIG INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				16,800	0	0
JOSEPH RUGOLA INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				16,800	0	0
ALAN SHANAHAN INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				16,800	0	0
MARY SULLIVAN INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				16,800	0	0
ANTHONY WELLS INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				16,800	0	0

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			
SE'ADOREIA BROWN INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				11,200	0	0
RICHARD CAPONI INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				11,200	0	0
NICHOLAS LAMORTE INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				11,200	0	0
FRANK MORONEY INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				11,200	0	0
BRAULIO TORRES INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				11,200	0	0
DELPHINE STEINER INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				9,847	0	0
DENISE BERKLEY INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				7,000	0	0
MARK BERNARD INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				7,000	0	0
RONALD BRIGGS INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				7,000	0	0
SHANNON DOUVIER INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				7,000	0	0

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			
CRAIG FORD INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				7,000	0	0
R SEAN GRAYSON INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				7,000	0	0
VICKI HALL INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				7,000	0	0
J D HENDERSON INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				7,000	0	0
JOSE MONTALVO INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				7,000	0	0
MIKE YESTRAMSKI INTERNATIONAL VICE PRESIDENT	3.0 0.0	X		X				7,000	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
2020
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
---	--

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) ▶ \$ 1,846,162

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		10,347,179
(2) AFSCME WORKING FAMILIES FUND	1625 L STREET NW WASHINGTON, DC 20036	91-2064198		37,722,829
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.

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? Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

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

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
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

OMB No. 1545-0047
2020
Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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? Yes 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? Yes 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 FASB 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 FASB 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 FASB 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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		28,590,296	26,774,959	1,815,337
e Other		7,677,515	7,326,565	350,950
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,166,287

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) ACCRUED POSTRETIREMENT BENEFIT	82,826,000
(3) INSURANCE RESERVE	5,980,404
(4) ACCRUED SEVERANCE PAY	2,343,611
(5) ACCRUED VACATION & SICK PAY	3,619,675
(6) DEFERRED COMPENSATION	1,406,515
(7) ESCROW FUNDS	3,312,655
(8) DEFERRED RENT ABATEMENT	152,160
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	99,641,020

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
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:	U.S. GAAP requires 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, 2020 and 2019, 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.

Note: To capture the full content of this document as Filed, 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

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.

OMB No. 1545-0047

2020

Open to Public Inspection

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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.

(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	▶	37
3	Enter total number of other organizations listed in the line 1 table	▶	39

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	38	79,000			
(2) Gerald W. McEntee Scholarship	1	2,000			
(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 WHO WILL CONTINUE THEIR STUDIES IN COLLEGE. TO OBTAIN THE AWARD, AN APPLICATION MUST BE COMPLETED AND ALL ELIBILITY REQUIREMENTS AS OUTLINED 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 Better Wisconsin Together 6516 Monona Drive 244 Madison, WI 53716	84-3646174	501(C)(4)	275,000				General
A Philip Randolph Institute 815 16th Street NW 3rd Floor Washington, DC 20006	13-6180232	501(C)(4)	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
AFL-CIO Secretary Treasurer 815 16th Street NW Washington, DC 20006	53-0228172	501(C)(5)	470,500				General
Alliance For Justice 11 Dupont Circle NW Suite 200 Washington, DC 20036	52-1009973	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
America Votes 1155 Conn Ave NW Suite 600 Washington, DC 20036	83-0364856	501(C)(4)	378,333				Public
American Constitution Society for Law & Policy 1333 H Street NW 11th Floor Washington, DC 20005	52-2313694	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
Arizona Wins 1450 E Indian School Rd Phoenix, AZ 85014	80-0668995	501(C)(4)	60,000				Sponsorship
Asian Pacific American Institute For Congressional 1001 Conn Ave NW Suite 320 Washington, DC 20036	52-1917903	501(C)(3)	5,500				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
Badger State Research Inc 1360 Regent Street 112 Madison, WI 53718	84-4415472	501(C)(4)	50,000				Sponsorship
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 Legislative Black Caucus 921 11th Street 904 Sacramento, CA 95814	26-3911734	501(C)(3)	10,000				Sponsorship
California Works 330 Encinitas Blvd Suite 101 Encinitas, CA 92024	46-4000406	501(C)(3)	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
Californians for Retirement Security 1127 11th Street Suite 346 Sacramento, CA 95831	90-0331627	501(C)(4)	10,000				General
Campaign for Accountability 611 Penn Ave SE Suite 337 Washington, DC 20003	81-4080431	501(C)(3)	75,000				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
Capital & Main 1910 W Sunset Blvd Suite 740 Los Angeles, CA 90026	81-0895767	501(C)(3)	30,000				General
Center For American Progress 1333 H Street NW Washington, DC 20005	30-0126510	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
Citizen Action of Wisconsin 912 N Hawley Road Milwaukee, WI 53213	34-1609764	501(C)(4)	50,000				Public
Citizens For Tax Justice 1616 P Street NW 200 Washington, DC 20036	52-1156415	501(C)(4)	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
CLEAN Missouri 510 E 115th Terr Kansas City, MO 64131	82-0715881		20,000				General
Coalition Of Black Trade Unionists 1155 Connecticut Ave Suite 500 Washington, DC 20036	52-1128179	501(C)(5)	20,000				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)	21,500				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
Colorado Coming Together 820 S Monaco Parkway Suite 227 Denver, CO 80024	85-2055702	501(C)(4)	50,000				General
Committee For Education Funding 1341 G Street NW FL 5 Washington, DC 20005	52-0891509	501(C)(4)	7,500				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 on States 1575 I Street NW Ste 425 Washington, DC 20005	26-3815183	501(C)(4)	25,000				General
Congressional Black Caucus Foundation Inc 1720 Mass Ave NW Washington, DC 20036	52-1160561	501(C)(3)	35,000				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 Black Caucus Institute 413 New Jersey Ave SE Washington, DC 20003	52-2270607	501(C)(4)	15,000				Sponsorship
Congressional Hispanic Caucus Institute Inc 1128 16th Street NW Washington, DC 20036	52-0114225	501(C)(4)	7,500				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
Democracy Alliance 1575 Eye Street NW Ste 425 Washington, DC 20005	20-2130918	501(C)(4)	147,348				General
Economic Policy Institute 1225 Eye Street NW Suite 600 Washington, DC 20005	52-1368964	501(C)(3)	150,000				Think

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 NW Washington, DC 20006	81-5447067	501(C)(3)	50,000				General
First Responders Children's Foundation 38 East 32nd Street Suite 602 New York, NY 100165566	05-0536854	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
Fiscal Policy Institute 1 Lear Jet Lane Latham, NY 12110	14-1737256	501(C)(3)	35,000				General
Good Jobs First 1616 P Street NW Suite 210 Washington, DC 20036	82-0542649	501(C)(3)	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
Harvard University 79 JFK St Box 21 Cambridge, MA 021380000	04-2103580	501(C)(3)	10,000				Scholarship
Jobs With Justice 1616 P Street NW Suite 150 Washington, DC 20036	52-1865575	501(C)(3)	75,000				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	501(C)(3)	25,000				Program
Labor Council For Latin Amer Advancement 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
Marylanders for Question 1 214 Longwood Road Baltimore, MD 21210	85-3166048		25,000				Program
Montana State AFL-CIO 810 Hialeah Court Helena, MT 59601	81-0171147	501(C)(5)	20,000				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	501(C)(3)	125,000				General
National Action Network 106 W 145 th Street New York, NY 10039	11-3269182	501(C)(4)	140,000				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 Suite 601 New York, NY 10038	13-2758558	501(C)(3)	25,000				General
National Public Pension Coalition 1900 L Street NW Suite 900 Washington, DC 20036	20-5939282	501(C)(4)	135,000				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
National Women's Law Center 11 Dupont Circle NW Suite 800 Washington, DC 20036	52-1213010	501(C)(3)	10,000				Sponsorship
National Women's Law Center Action Fund 11 Dupont Circle NW Suite 800 Washington, DC 20036	46-0639645	501(C)(3)	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
NCSL Foundation for State Legislatures 7700 E First Place Denver, CO 80230	74-2232576	501(C)(3)	12,500				Sponsorship
Northern Virginia Area Labor Federation PO Box 565 Annandale, VA 220030565	54-1569127	501(C)(5)	7,000				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
Ohio Progressive Collaborative 341 S Third Street Columbus, OH 43215	82-2146860	501(C)(4)	100,000				General
Partnership for Working Families 1825 K Street Suite 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	501(C)(3)	10,000				General
Pride At Work 815 16th Street NW Washington, DC 20006	52-2217817	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
Progress Texas 500 San Marcos St Suite 110 Austin, TX 78702	80-0687741	501(C)(4)	50,000				General
Progressive Caucus Action Fund 1900 L Street NW 9th Floor Washington, DC 20036	27-0805235	501(C)(4)	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 Excelsr Blvd St Louis Pk, MN 55416	20-8720230	501(C)(4)	250,000				General
ProgressNow Colorado 1536 Wynkoop Street 203 Denver, CO 80202	65-1244918	501(C)(4)	110,000				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
Reconnecting McDowell 1615 Washington St E Suite 300 Charleston, WV 25311	45-5298982	501(C)(3)	10,000				Sponsorship
Repairers of the Breach 2822 Cashwell Drive Suite 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 Avenue 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)	200,000				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
Sixteen Thirty Fund 1575 Eye Street NW Suite 425 Washington, DC 20005	26-4486735	501(C)(4)	50,000				General
State Innovation Exchange PO Box 260230 Madison, WI 53726	46-1368531	501(C)(3)	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 Leadership Project PO Box 223 Raleigh, NC 27602	83-4006980	501(C)(3)	500,000				General
Strategic Victory Fund PO Box 685 Raleigh, NC 276020685	84-2526354	501(C)(4)	1,000,000				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
Texas Civil Rights Project 1405 Montopolis Dr Austin, TX 78741	74-1995879	501(C)(3)	25,000				General
The American Prospect Inc 1225 Eye Street NW Suite 600 Washington, DC 20005	52-1617061	501(C)(3)	20,000				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 Leadership Conference On Civil & Human Rights 1629 K Street NW 10th Floor Washington, DC 20006	52-0789800	501(C)(4)	35,000				General
The National Inst on Retirement Security 1612 K Street NW Suite 500 Washington, DC 20006	20-8705822	501(C)(3)	11,900				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 Northwest Accountability Project 1725 I Street Washington, DC 20006	32-0478413	501(C)(3)	32,500				General
UNITE HERE Education & Support Fund 275 7th Avenue New York, NY 10001	52-2351515	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
United Home Care Workers of PA LLC 1500 N Second St Harrisburg, PA 17102	45-5011662	501(C)(5)	200,000				General
Voto Latino Inc 1300 L Street NW Suite 975 Washington, DC 20005	45-5477218	501(C)(4)	200,000				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
Working America 815 16th Street NW Washington, DC 20006	20-0263611	501(C)(4)	939,000				Program
Yes on 16 Opportunity for all Coalition 555 Capitol Mall Suite 400 Sacramento, CA 95814	84-4965287		250,000				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
Yes on National Popular Vote 656 Rock Ridge Dr Lafayette, CO 80026	84-2501310	501(C)(4)	50,000				Program
Yes On Prop 15 555 Capitol Mall Suite 1425 Sacramento, CA 95814	82-4522877		500,000				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

2020

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
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax idemnification 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)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input 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		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	
b Any related organization?	5b	
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	
b Any related organization?	6b	
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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.
PART I, LINE 4A - SEVERANCE PAYMENTS:	PAMELA PERILLO \$117,372
PART II, COLUMN C - DEFERRED COMPENSATION:	\$ 2,277,722 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				
1 ELISSA MCBRIDE INT'L SECRETARY/TREASURER	(i)	289,967		10,633	496,301	36,821	833,722	0
	(ii)	0			0	0	0	0
1 MICHAEL SUKAL DIRECTOR, ORG & FIELD SERVICES	(i)	215,782		4,922	345,392	36,844	602,940	0
	(ii)	0			0	0	0	0
2 JESSICA WEINSTEIN EXECUTIVE ASST TO PRESIDENT	(i)	206,140		3,878	302,133	36,844	548,995	0
	(ii)	0			0	0	0	0
3 BRIAN WEEKS DIRECTOR, POLITICAL ACTION	(i)	200,991		3,942	297,240	36,844	539,017	0
	(ii)	0			0	0	0	0
4 LEE SAUNDERS INTERNATIONAL PRESIDENT	(i)	341,326		25,218	129,578	36,821	532,943	0
	(ii)	0			0	0	0	0
5 WILLIAM LURYE CHIEF OF STAFF/COUNSEL	(i)	264,630		12,397	175,166	36,844	489,037	0
	(ii)	0			0	0	0	0
6 STEVEN KREISBERG SPECIAL ASSISTANT, RESEARCH	(i)	202,591		6,862	210,004	36,821	456,278	0
	(ii)	0			0	0	0	0
7 STEVEN GRETSUK DIRECTOR, INFO SYSTEMS	(i)	151,681		46,609	190,131	25,519	413,940	0
	(ii)	0			0	0	0	0
8 RICHARD ABELSON CHAIRPERSON, JUDICIAL PANEL	(i)	235,370		11,920	115,444	36,821	399,555	0
	(ii)	0			0	0	0	0
9 PAMELA PERILLO ADMINISTRATIVE ASSISTANT I	(i)	65,307		148,043	139,050	30,982	383,382	0
	(ii)	0			0	0	0	0
10 JUDITH RIVLIN GENERAL COUNSEL	(i)	215,891		10,798	117,372	36,821	380,882	0
	(ii)	0			0	0	0	0
11 SCOTT FREY COUNSELOR TO THE PRESIDENT	(i)	202,591		25,243	115,470	36,821	380,125	0
	(ii)	0			0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
AMERICAN FEDERATION OF STATE COUNTY
AND MUNICIPAL EMPLOYEES**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection****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 1,350,000 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:	\$ 2,277,722 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:	\$ (2,427,000) NET PERIODIC POSTRETIREMENT BENEFIT COST (11,186,000) POSTRETIREMENT-RELATED CHANGES (86,485) EQUITY METHOD CHANGE OF ACCOUNTING LOSS (37,598) BAD DEBT ALLOWANCE ---- ----- \$(13,737,083)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
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					

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	5,221,629	ALLOCATION
(2) AFSCME EMPLOYEES PENSION PLAN TRUST FUND	O	299,449	BILLINGS
(3) AFSCME WORKING FAMILIES FUND	Q	1,006,005	BILLINGS
(4) AFSCME EMPLOYEES SALARY SAVINGS PENSION TRUST	R		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	