

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2021**  
Open to Public Inspection

### A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

**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

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

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

**D** Employer identification number  
53-0237789

**E** Telephone number  
(202) 429-1000

**G** Gross receipts \$ 164,892,964

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

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. See instructions.

**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](http://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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	36
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	0
<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	463
<b>6</b> Total number of volunteers (estimate if necessary)	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	0
<b>9</b> Program service revenue (Part VIII, line 2g)	142,425,706	161,558,071
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,155,895	569,366
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,300,005	2,765,527
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	148,881,606	164,892,964

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,535,060	6,924,181
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	64,769,400	65,889,810
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	51,351,579	45,192,660
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	124,656,039	118,006,651
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	24,225,567	46,886,313

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	305,576,576	342,079,735
<b>21</b> Total liabilities (Part X, line 26)	111,905,153	101,365,290
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	193,671,423	240,714,445

### 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: 2022-11-15  
LEE SAUNDERS PRESIDENT  
Type or print name and title

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

**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**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .		No
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. . . . .		No
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  . . . . .	Yes	
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  . . . . .	Yes	
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  . . . . .		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  . . . . .		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  . . . . .		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  . . . . .		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V  . . . . .		No
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  . . . . .	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  . . . . .		No
<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  . . . . .		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  . . . . .		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  . . . . .	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  . . . . .	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  . . . . .		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  . . . . .	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . .		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . 	Yes	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		
<b>26</b>	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? If "Yes," complete Schedule L, Part II . . . . .		No
<b>27</b>	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? If "Yes," complete Schedule L, Part III . . . . .		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		
<b>37</b>	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? If "Yes," complete Schedule R, Part VI . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	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
<b>1a</b>	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b>	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	

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

Table with 4 main columns: Question/Description, Input Field (e.g., 2a, 2b), Yes/No, and a final empty column. Rows include questions about employee reporting (2a-2b), unrelated business income (3a-3b), foreign accounts (4a-4b), prohibited tax shelter transactions (5a-5c), charitable contributions (6a-6b), and various organizational requirements (7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b, 15, 16, 17).

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (36), 1b (0), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>					
	<b>h Total.</b> Add lines 1a-1f . . . . .			0			
<b>Program Service Revenue</b>	<b>2a</b> MEMBERSHIP DUES AND ASSESSMENTS	Business Code 900099	161,218,653	161,218,653			
	<b>b</b> OFFICE SERVICE & OTHER REIMBURSEMENTS	900099	339,418	339,418			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue.						
	<b>g Total.</b> Add lines 2a-2f. . . . .		161,558,071				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		533,845			533,845	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b> Royalties . . . . .		1,345,745			1,345,745	
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)	0	0			
	<b>d</b> Net rental income or (loss) . . . . .			0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		35,521			
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)		35,521			
	<b>d</b> Net gain or (loss) . . . . .			35,521		35,521	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .		0				
		<b>b</b> Less: direct expenses . . . . .		0			
<b>c</b> Net income or (loss) from fundraising events . . . . .				0			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		0					
	<b>b</b> Less: direct expenses . . . . .		0				
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		0					
	<b>b</b> Less: cost of goods sold . . . . .		0				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> EXPENSE REIMBURSEMENTS	900099	857,172	857,172				
<b>b</b> MISCELLANEOUS	900099	562,610			562,610		
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			1,419,782				
<b>12 Total revenue.</b> See instructions . . . . .			164,892,964	162,415,243		2,477,721	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	6,837,181			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	87,000			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,598,146			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	40,972,803			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	5,089,368			
<b>9</b> Other employee benefits . . . . .	13,918,177			
<b>10</b> Payroll taxes . . . . .	3,311,316			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	1,687,933			
<b>c</b> Accounting . . . . .	443,147			
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,058,246			
<b>12</b> Advertising and promotion . . . . .	1,679,207			
<b>13</b> Office expenses . . . . .	4,378,380			
<b>14</b> Information technology . . . . .	2,182,022			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	3,221,008			
<b>17</b> Travel . . . . .	3,836,505			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	85,937			
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	22,896,452			
<b>22</b> Depreciation, depletion, and amortization . . . . .	873,710			
<b>23</b> Insurance . . . . .	517,587			
<b>24</b> 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.)				
<b>a</b> PERSONAL PROPERTY TAXES	171,621			
<b>b</b> DUES REFUNDED	94,580			
<b>c</b> MEMBERSHIP FEES & DUES	51,950			
<b>d</b> REIMB. SALARIES/LOST TIME	13,731			
<b>e</b> All other expenses	644			
<b>25</b> Total functional expenses. Add lines 1 through 24e	118,006,651			
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	532,641	<b>1</b>	551,045
	<b>2</b> Savings and temporary cash investments . . . . .	33,882,950	<b>2</b>	80,785,282
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	13,444,487	<b>4</b>	12,681,197
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	150,834	<b>8</b>	132,769
	<b>9</b> Prepaid expenses and deferred charges . . . . .	585,989	<b>9</b>	779,330
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 36,621,325		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 34,905,335	2,166,287	<b>10c</b> 1,715,990
	<b>11</b> Investments—publicly traded securities . . . . .	253,236,801	<b>11</b>	243,811,410
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,576,587	<b>15</b>	1,622,712
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	305,576,576	<b>16</b>	342,079,735	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	12,224,178	<b>17</b>	4,522,590
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	39,955	<b>19</b>	39,955
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	99,641,020	<b>25</b>	96,802,745
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	111,905,153	<b>26</b>	101,365,290
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	193,671,423	<b>27</b>	240,714,445
	<b>28</b> Net assets with donor restrictions . . . . .	0	<b>28</b>	0
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	193,671,423	<b>32</b>	240,714,445	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	305,576,576	<b>33</b>	342,079,735	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	164,892,964
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	118,006,651
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	46,886,313
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	193,671,423
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-458,334
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	615,043
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	240,714,445

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>		No
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 53-0237789

**Name:** AMERICAN FEDERATION OF STATE COUNTY  
AND MUNICIPAL EMPLOYEES

Form 990 (2021)

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### 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.

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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			
JAMES CULLEN ..... ASSISTANT TO REGIONAL DIRECTOR	35.0 ..... 0.0					X		329,202	0	861,118
J MICHAEL MESSINA ..... ASSOCIATE DIRECTOR, RESEARCH	35.0 ..... 0.0					X		459,289	0	597,957
LONITA WAYBRIGHT ..... DIRECTOR, BENEFITS	35.0 ..... 0.0					X		436,895	0	247,774
ELISSA MCBRIDE ..... INT'L SECRETARY TREASURER	35.0 ..... 0.0	X		X				305,734	0	328,205
MICHAEL SUKAL ..... DIRECTOR, ORG & FIELD SERVICES	35.0 ..... 0.0				X			225,187	0	374,252
LEE SAUNDERS ..... INTERNATIONAL PRESIDENT	35.0 ..... 0.0	X		X				382,542	0	190,113
JESSICA WEINSTEIN ..... EXECUTIVE ASST TO PRESIDENT	35.0 ..... 0.0				X			214,084	0	351,858
BRIAN WEEKS ..... DIR, POLITICAL ACTION	35.0 ..... 0.0				X			200,857	0	332,959
MARGARET MCCANN ..... ASSOCIATE GENERAL COUNSEL	35.0 ..... 0.0					X		283,286	0	219,000
YOLANDA MEDINA ..... DIRECTOR, EDUCATION	35.0 ..... 0.0					X		232,728	0	247,141

**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			
WILLIAM LURYE ..... CHIEF OF STAFF/COUNSEL	35.0 ..... 0.0				X			282,255	0	161,899
PAUL SPINK ..... INTERNATIONAL VICE PRESIDENT	3.0 ..... 0.0	X		X				17,597	0	0
JODY BARR ..... INTERNATIONAL VICE PRESIDENT	3.0 ..... 0.0	X		X				16,800	0	0
DENISE BERKLEY ..... INTERNATIONAL VICE PRESIDENT	3.0 ..... 0.0	X		X				16,800	0	0
MARK BERNARD ..... INTERNATIONAL VICE PRESIDENT	3.0 ..... 0.0	X		X				16,800	0	0
RONALD BRIGGS ..... 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
SHANNON DOUVIER ..... 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			
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
CRAIG FORD ..... 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
R SEAN GRAYSON ..... INTERNATIONAL VICE PRESIDENT	3.0 ..... 0.0	X		X				16,800	0	0
VICKI HALL ..... INTERNATIONAL VICE PRESIDENT	3.0 ..... 0.0	X		X				16,800	0	0
J DAVID HENDERSON ..... INTERNATIONAL VICE PRESIDENT	3.0 ..... 0.0	X		X				16,800	0	0
JOHANNA HESTER ..... 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



**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			
ROBERTA LYNCH ..... INTERNATIONAL VICE PRESIDENT	3.0 ..... 0.0	X		X				16,800	0	0
CHRISTOPHER MABE ..... INTERNATIONAL VICE PRESIDENT	3.0 ..... 0.0	X		X				16,800	0	0
GLENARD MIDDLETON ..... INTERNATIONAL VICE PRESIDENT	3.0 ..... 0.0	X		X				16,800	0	0
JOSE MONTALVO ..... 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
DEBBIE PARKS ..... 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

**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			
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
MIKE YESTRAMSKI ..... INTERNATIONAL VICE PRESIDENT	3.0 ..... 0.0	X		X				16,800	0	0

**SCHEDULE C**  
**(Form 990)**  
  
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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047  
**2021**  
**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 ..... ▶ \$ 398,845

**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		9,693,017
(2) AFSCME WORKING FAMILIES FUND	1625 L STREET NW WASHINGTON, DC 20036	91-2064198		10,926,760
3				
4				
5				
6				



**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
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	Yes
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	No
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year .....	<b>2a</b>
<b>b</b> Carryover from last year .....	<b>2b</b>
<b>c</b> Total .....	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>
<b>4</b> 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? .....	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures. See Instructions .....	<b>5</b>

**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  
**2021**  
**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](http://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
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

**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:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

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

- a** Board designated or quasi-endowment ▶ .....
- b** Permanent endowment ▶ .....
- c** Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		28,838,060	27,556,992	1,281,068
<b>e</b> Other . . . . .		7,783,265	7,348,343	434,922
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,715,990

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	80,451,000
(3) INSURANCE RESERVE	6,098,367
(4) ACCRUED SEVERANCE PAY	1,615,279
(5) ACCRUED VACATION & SICK PAY	3,477,396
(6) DEFERRED COMPENSATION	1,434,415
(7) ESCROW FUNDS	3,568,262
(8) DEFERRED RENT ABATEMENT	158,026
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	96,802,745

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.

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

**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.

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

**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	



## 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, 2021 and 2020, 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 examinations by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. In addition, there has 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, 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**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 . . . . .	35
3	Enter total number of other organizations listed in the line 1 table . . . . .	46

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

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
PART I - LINE 2 - PROCEDURE FOR MONITORING USE OF GRANTS:	THE FEDERATION DOES NOT MONITOR THE USE OF FUNDS GRANTED FOR GENERAL GRANT AND ASSISTANCE PAYMENTS. THE AFSCME FAMILY SCHOLARSHIP IS AWARDED TO TEN HIGH SCHOOL SENIORS 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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Advancement Project 1220 L St NW Suite 850 Washington, DC 20005	95-4835230	501(C)(3)	10,000				General
AFL-CIO 815 16th St NW Attn Tammy McDaniel Washington, DC 20006	53-0228172	501(C)(5)	558,000				General

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Alliance for a Better Iowa PO Box 8267 Des Moines, IA 50301	87-2297827	501(C)(4)	25,000				General
Alliance For Justice 11 Dupont Circle NW Suite 200 Washington, DC 20036	52-1009973	501(C)(3)	25,000				Sponsorship

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
America Votes 1155 Conn Ave NW Suite 600 Washington, DC 20036	83-0364856	501(C)(4)	260,000				Public
American Constitution Society for Law & Policy 1333 H St NW 11th Floor Washington, DC 20005	52-2313694	501(C)(3)	10,000				General



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Americans for Financial Reform 1615 L St NW Suite 450 Washington, DC 20036	82-2543434	501(C)(4)	10,000				Sponsorship
APALA-Asian Pacific American Labor Alliance 815 16th St NW Washington, DC 20006	52-1777961	501(C)(5)	10,000				General

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Ballot Initiative Strategy Ctr 1815 Adams Mill Road Suite 300 Washington, DC 20009	04-3411708	501(C)(4)	230,000				Public
BCTGM INTERNATIONAL UNION 10401 Connecticut Ave Floor 4 Kensington, MD 20895	53-0231138	501(C)(5)	25,000				General

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Building Back Together 901 New York Ave NW Suite 530 Washington, DC 20001	86-2447747	501(C)(4)	500,000				General
California Legislative Black Caucus 921 11th St Suite 904 Caucus Policy Institute Sacramento, CA 95814	26-3911734	501(C)(3)	7,500				Sponsorship

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Capital & Main 1910 W Sunset Blvd Suite 740 Los Angeles, CA 90026	81-0895767	501(C)(3)	40,000				General
Center For American Progress 1333 H St 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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Christopher P Gardner Foundation 1900 E Northern Parkway Suite T-10 Baltimore, MD 21239	26-0635671	501(C)(3)	25,000				Sponsorship
Citizens For Tax Justice 1616 P St 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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Coalition Of Black Trade Unionists 1155 Conn Ave NW Suite 500 Washington, DC 20036	52-1128179	501(C)(5)	10,000				Sponsorship
Coalition Of Labor Union Women 815 16th St NW 2nd Floor South Washington, DC 20006	13-2956518	501(C)(3)	10,000				Sponsorship

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Coalition On Human Needs 1015 18th St NW Suite 1101 Washington, DC 20036	26-5680984	501(C)(3)	20,000				Sponsorship
Colorado AFL-CIO 2460 West 26th Avenue Denver, CO 802115401	84-0457306	501(C)(5)	50,000				General

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

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



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

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

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Congressional Hispanic Caucus Institute Inc 1128 16th St NW Washington, DC 20036	52-0114225	501(C)(4)	10,000				Sponsorship
Democracy Alliance 1575 Eye St NW Ste 425 Washington, DC 20005	20-2130918	501(C)(4)	145,000				Sponsorship

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Emerge America 44 Montgomery St Suite 2310 San Francisco, CA 94104	90-0787684	527	30,000				General
EPI Policy Center 1225 Eye St NW Washington, DC 20005	20-1173919	501(C)(4)	150,000				Think

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Equity PAC dba No Way On A Campaign PO Box 53 Manchaca, TX 78652	36-4492343		25,000				General
Fair Elections Center 1825 K St nw Washington, DC 20006	81-5447067	501(C)(3)	50,000				General

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Fiscal Policy Institute 1 Lear Jet Lane Latham, NY 12110	14-1737256	501(C)(3)	35,000				General
For Our Future PO Box 85279 Washington, DC 20035	81-2638345	501(C)(4)	1,250,000				General

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Gain Power PO Box 15381 Washington, DC 20003			10,000				General
Good Jobs First 1616 P St NW Suite 210 Washington, DC 20036	82-0542649	501(C)(3)	50,000				Public

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Harvard University 79 J F Kennedy St Box 21 Cambridge, MA 021380000	04-2103580	501(C)(3)	10,000				Scholarship
Iona College 715 North Ave Joyce Advancement House New Rochelle, NY 10801	13-3508093	501(C)(3)	10,000				Scholarship

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Jobs With Justice 1616 P St NW Suite 150 Washington, DC 20036	52-1865575	501(C)(3)	75,000				Public
Labor Council For Latin Amer Advancement 815 16th St 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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Living United for Change in Arizona 5716 North 19th Ave Phoenix, AZ 85015	27-1398645	501(C)(4)	65,000				General
Morehouse College 830 Westview Dr SW Atlanta, GA 30314	58-0566205	501(C)(3)	100,000				Scholarship

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

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NAACP 815 16th St NW Washington, DC 20006	53-0187504	501(C)(3)	200,000				General
NAACP Empowerment Programs Inc 4805 Mt Hope Dr Baltimore, MD 21215	13-1084135	501(C)(3)	30,000				General

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National Action Network 106 W 145 th St New York, NY 10039	11-3269182	501(C)(4)	40,000				General
National Employment Law Project 75 Maiden Lane Suite 601 New York, NY 10038	13-2758558	501(C)(3)	25,000				General

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
National Public Pension Coalition 1900 L St NW Suite 900 Washington, DC 20036	20-5939282	501(C)(4)	135,000				Public
National Women's Law Center 11 Dupont Cir NW Suite 800 Washington, DC 20036	52-1213010	501(C)(3)	25,000				General

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National Women's Soccer League Players Association 77 Central Ave Suite E Asheville, NC 28801	82-2748582	501(C)(5)	25,000				Sponsorship
NCSL Foundation for State Legislatures 7700 East First Place Denver, CO 80230	74-2232576	501(C)(3)	12,500				Sponsorship

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NEO Philanthropy Action Fund Inc 45 West 36th St 6th Floor New York, NY 10018	80-0444461	501(C)(4)	15,000				General
New Leaders Council 1050 Conn Ave NW 66004 Washington, DC 20035	56-2581640	501(C)(3)	50,000				General

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New Yorkers For Fiscal Fairness 212 Great Oaks Blvd Albany, NY 12203	14-1791695	501(C)(4)	25,000				General
Ohio Progressive Collaborative 341 South Third St Columbus, OH 43215	82-2146860	501(C)(4)	133,750				General

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Opportunity City PAC 545 East Town St Columbus, OH 43215	87-1935716		15,000				General
Organizing Empowerment FUND PO Box 288 McFarland, WI 53558	85-1997265	501(C)(3)	15,000				General



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Partnership for Working Families 1825 K St Suite 210 Washington, DC 20006	71-0914032	501(C)(3)	100,000				General
Peggy Browning Fund 100 S Broad St Suite 1208 Philadelphia, PA 19110	23-2887086	501(C)(3)	10,000				General

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Pride At Work 815 16th St NW Washington, DC 20006	52-2217817	501(C)(4)	10,000				General
Progressive Caucus Action Fund 1900 L St NW 9th Floor Washington, DC 20036	27-0805235	501(C)(4)	100,000				General

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ProgressNow 5922 Excelsior Blvd St Louis Pk, MN 55416	20-8720230	501(C)(4)	350,000				General
ProgressNow Colorado 1536 Wynkoop St 203 Denver, CO 80202	65-1244918	501(C)(4)	20,000				General

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Public Citizen 1600 20th St NW Washington, DC 20009	23-7104508	501(C)(4)	10,000				General
Rainbow PUSH Coalition Inc 930 East 50th St Chicago, IL 60615	36-4131441	501(C)(3)	10,000				Sponsorship

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Repairers of the Breach 2822 Cashwell Dr 196 Goldsboro, NC 27524	46-3332424	501(C)(3)	100,000				General
Roosevelt Institute 570 Lexington Ave 5th Floor New York, NY 10022	23-7213592	501(C)(3)	10,000				Sponsorship

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SIX Action PO Box 260230 Madison, WI 537260230	20-3169871	501(C)(4)	50,000				General
Sixteen Thirty Fund 1575 Eye St NW Suite 425 Washington, DC 20005	26-4486735	501(C)(4)	50,000				Sponsorship

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So Others Might Eat (some) 71 O St NW Washington, DC 20001	23-7098123	501(C)(3)	10,000				Sponsorship
State Innovation Exchange PO Box 260230 Madison, WI 53726	46-1368531	501(C)(3)	100,000				General

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Strategic Victory Fund PO Box 685 Raleigh, NC 276020685	84-2526354		250,000				General
Texas Future Cooperative PO Box 660052 Austin, TX 78766	84-3489184		50,000				General



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The American Prospect Inc 1225 Eye St NW Suite 600 Washington, DC 20005	52-1617061	501(C)(3)	20,000				General
The Latino Legislative Caucus Foundation 777 S Figueroa St Suite 4050 Los Angeles, CA 90017	20-1993440	501(C)(3)	7,500				Sponsorship

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The Leadership Conference On Civil & Human 1629 K St NW 10th Floor Washington, DC 20006	52-0789800	501(C)(4)	35,000				Sponsorship
The National Inst on Retirement Security 1612 K St NW Suite 500 Washington, DC 20006	20-8705822	501(C)(4)	24,100				General

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The New Georgia Project Action Fund Inc 830 Glenwood Ave SE Suite 510-221 Atlanta, GA 30316	82-0934131	501(C)(4)	75,000				General
The Pennsylvania State University 506 Keller Bldg The Labor School University Pk, PA 16802	47-3769205	501(C)(3)	25,000				Scholarship

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

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Unite Here 1775 K St NW Washington, DC 20006	91-1929678	501(C)(5)	39,336				Sponsorship
United Home Care Workers of PA LLC 1500 N Second St Harrisburg, PA 17102	45-5011662	501(C)(5)	212,500				General

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United Way of Kentucky PO Box 4653 Louisville, KY 402040653	31-1106795	501(C)(3)	10,000				Sponsorship
Vital Enterprises 1509 47th St Des Moines, IA 50311	82-3476180		10,000				Sponsorship

<b>Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b>							
<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Voto Latino Inc 1300 L St NW Suite 975 Washington, DC 20005	45-5477218	501(C)(4)	75,000				General

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2021

**Open to Public Inspection**

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

**Employer identification number**  
53-0237789

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input checked="" type="checkbox"/> Tax idemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax 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)			
<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)				
<p><b>b</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</p>	<b>1b</b>	Yes			
<p><b>2</b> 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? . . . . .</p>	<b>2</b>	Yes			
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	Yes			
	<b>4b</b>		No		
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>				
	<b>5b</b>				
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>				
	<b>6b</b>				
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	<b>7</b>				
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	<b>8</b>				
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>				





**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:	LONITA WAYBRIGHT \$285,949 MICHAEL MESSINA \$249,422 MARGARET MCCANN \$177,781 JAMES CULLEN \$159,993
PART II, COLUMN C - DEFERRED COMPENSATION:	DEFERRED COMPENSATION REPRESENTS THE ANNUAL INCREASE IN ACTUARIAL VALUE OF A QUALIFIED DEFINED BENEFIT PLAN, AS CALCULATED BY THE PLAN ACTUARY AND DOES NOT REPRESENT AN ACTUAL OUTLAY OF COMPENSATION TO THE OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES.

**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, 1099-MISC compensation, and/or 1099-NEC			(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				
<b>1</b> MICHAEL MESSINA ASSOCIATE DIRECTOR, RESEARCH	(i)	169,417	0	289,872	560,801	37,156	1,057,246	0
	(ii)	0	0	0	0	0	0	0
<b>1</b> LONITA WAYBRIGHT DIRECTOR, BENEFITS	(i)	99,576	0	337,319	229,196	18,578	684,669	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> LEE SAUNDERS INTERNATIONAL PRESIDENT	(i)	347,811	0	34,731	152,957	37,156	572,655	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> JAMES CULLEN ASSISTANT TO REGIONAL DIRECTOR	(i)	136,185	0	193,017	827,058	34,060	1,190,320	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> ELISSA MCBRIDE INT'L SECRETARY TREASURER	(i)	295,639	0	10,095	291,049	37,156	633,939	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> MARGARET MCCANN ASSOCIATE GENERAL COUNSEL	(i)	99,864	0	183,422	211,769	7,508	502,563	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> WILLIAM LURYE CHIEF OF STAFF/COUNSEL	(i)	269,785	0	12,470	124,743	37,434	444,432	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> YOLANDA MEDINA DIRECTOR, EDUCATION	(i)	184,187	0	48,541	209,985	37,434	480,147	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> MICHAEL SUKAL DIRECTOR, ORG & FIELD SERVICES	(i)	220,167	0	5,020	337,096	37,434	599,717	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> JESSICA WEINSTEIN EXECUTIVE ASST TO PRESIDENT	(i)	210,148	0	3,936	314,702	37,434	566,220	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> BRIAN WEEKS DIR, POLITICAL ACTION	(i)	196,690	0	4,167	295,803	37,434	534,094	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**Name of the organization  
AMERICAN FEDERATION OF STATE COUNTY  
AND MUNICIPAL EMPLOYEES

Employer identification number

53-0237789

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART III, LINE 1 - ORGANIZATION'S MISSION:	THE AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES (AFSCME) IS AN INTERNATIONAL LABOR ORGANIZATION REPRESENTING MORE THAN 1,350,000 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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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:	\$ 3,555,159 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**

<b>Return Reference</b>	<b>Explanation</b>
PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS:	\$ (2,293,000) NET PERIODIC POSTRETIREMENT BENEFIT COST 5,439,000 POSTRETIREMENT-RELATED CHANGES (104,078) EQUITY METHOD CHANGE OF ACCOUNTING LOSS (2,426,879) BAD DEBT ALLOWANCE --- ----- \$ 615,043

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2021**

**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](http://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
<b>(1)</b> 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.

(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
See Additional Data Table							

**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
<b>(1)</b> 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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> 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	5,301,767	ALLOCATION
(2) AFSCME EMPLOYEES PENSION PLAN TRUST FUND	O	324,913	BILLINGS
(3) AFSCME WORKING FAMILIES FUND	Q	857,172	BILLINGS
(4) AFSCME EMPLOYEES SALARY SAVINGS PENSION TRUST	R	1,680,165	WITHHOLDINGS



**Part VII**   **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

<b>Return Reference</b>	<b>Explanation</b>

**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	