



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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  
▶ Information about Form 990 and its instructions is at [www.irs.gov/foi/m990](http://www.irs.gov/foi/m990)

OMB No 1545-0047

2015

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

**D** Employer identification number  
  
53-0237789  
  
**E** Telephone number  
  
(202) 429-1000  
  
**G** Gross receipts \$ 168,251,797

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

**J** Website: ▶ www.afscme.org

**K** Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other ▶

**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 ▶

**L** Year of formation 1932 **M** State of legal domicile DC

Part I		Summary	
Activities & Governance	<b>1</b> 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		
	<b>2</b> Check this box <input type="checkbox"/> 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)	<b>3</b>	34
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	0
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	599
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d )	138,451,171	163,741,345
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	180,976	294,821
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,628,617	4,215,631
		145,260,764	168,251,797
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	11,796,395	7,851,858
	<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)	72,159,090	73,570,699
	<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)	75,783,714	59,067,415
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	159,739,199	140,489,972
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	-14,478,435	27,761,825
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16)	95,845,800	135,000,127
	<b>21</b> Total liabilities (Part X, line 26)	93,197,627	97,251,210
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	2,648,173	37,748,917

**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

2016-11-14

Date

LEE SAUNDERS PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name  
RICHARD L RUVELSON

Firm's name ▶ BOND BEEBE PC

Firm's address ▶ 4600 EAST-WEST HIGHWAY SUITE 900  
BETHESDA, MD 208143423

Preparer's signature  
RICHARD L RUVELSON

Date

Check ☐ if self-employed

PTIN  
P00234075

Firm's EIN ▶

Phone no (301) 272-6000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

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

THE AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES (AFSCME) IS AN INTERNATIONAL LABOR ORGANIZATION REPRESENTING APPROXIMATELY 1,300,000 WORKERS IN THE PUBLIC SERVICE AND HEALTH CARE SECTORS AFSCME SUPPORTS THE ORGANIZING AND COLLECTIVE BARGAINING EFFORTS OF ITS MEMBERS AND PROMOTES INITIATIVES TO BENEFIT WORKING MEN AND WOMEN

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 \$ )

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

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 . . . . .	<b>1</b>	No
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b>	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 . . . . .	<b>3</b>	Yes
<b>4 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>4</b>	
<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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	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 . . . . .	<b>6</b>	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 . . . . .	<b>7</b>	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 . . . . .	<b>8</b>	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 . . . . .	<b>9</b>	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 . . . . .	<b>10</b>	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 . . . . .	<b>11a</b>	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 . . . . .	<b>11b</b>	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 . . . . .	<b>11c</b>	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 . . . . .	<b>11d</b>	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 . . . . .	<b>11e</b>	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 . . . . .	<b>11f</b>	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 . . . . .	<b>12a</b>	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 . . . . .	<b>12b</b>	Yes
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	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 . . . . .	<b>14b</b>	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 . . . . .	<b>15</b>	Yes
<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 . . . . .	<b>16</b>	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) . . . . .	<b>17</b>	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 . . . . .	<b>18</b>	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 . . . . .	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	

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

<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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . . 	<b>21</b>	Yes	
<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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . . 	<b>22</b>	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? <i>If "Yes," complete Schedule J</i> . . . . . 	<b>23</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<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>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		
<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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		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? <i>If "Yes," complete Schedule R, Part I</i> . . . . . 	<b>33</b>	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . . 	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		
<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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . . 	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	190	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	599	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

**Part VI Governance, Management, and Disclosure**

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	34	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	0	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	a The governing body?	Yes	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	Yes	
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		No
<b>13</b>	Did the organization have a written whistleblower policy?		No
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official		No
<b>15b</b>	b Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed **CA**

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**CHARLES JURGONIS 1625 L STREET NW WASHINGTON, DC 20036 (202) 429-1000**

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

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

Form **990** (2015)



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								3,928,569	0	1,991,776

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 170

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

## Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
BREDHOFF KAISER PLLC, 805 FIFTEENTH STREET NW WASHINGTON, DC 20005	LEGAL SERVICES	1,079,537
KELLY PRESS INC, 1701 CABIN BRANCH DRIVE CHEVERLY, MD 20785	PRINTING	678,676
GMMB INC, 3050 K STREET NW SUITE 100 WASHINGTON, DC 20007	CONSULTANT	552,114
BOND BEEBE PC, 4600 EAST-WEST HIGHWAY SUITE 900 BETHESDA, MD 20814	AUDIT & ACCOUNTING	433,114
SOFTCHOICE CORPORATION, 13760 NOEL ROAD SUITE 810 DALLAS, TX 75240	COMPUTER MAINTENANCE	267,097

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 23

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . . ▶		0				
Program Service Revenue	2a	MEMBERSHIP DUES AND ASSESSMENTS	Business Code 900099	163,420,676	163,420,676			
	b	OFFICE SERVICE & OTHER REIMBURSEMENTS	900099	320,669	320,669			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . . ▶		163,741,345				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		277,821			277,821
4		Income from investment of tax-exempt bond proceeds . . ▶		0				
5		Royalties . . . . . ▶		3,506,644			3,506,644	
6a		(i) Real						
		(ii) Personal						
		Gross rents						
		Less rental expenses						
b								
c		Rental income or (loss)		0	0			
d		Net rental income or (loss) . . . . . ▶		0				
7a		(i) Securities						
		(ii) Other						
		Gross amount from sales of assets other than inventory						17,000
		Less cost or other basis and sales expenses						
b								
c		Gain or (loss)		17,000				
d		Net gain or (loss) . . . . . ▶		17,000			17,000	
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
a								
b		Less direct expenses . . . . .						
c		Net income or (loss) from fundraising events . . ▶		0				
9a		Gross income from gaming activities See Part IV, line 19 . . . . .						
a								
b	Less direct expenses . . . . .							
c	Net income or (loss) from gaming activities . . . ▶		0					
10a	Gross sales of inventory, less returns and allowances . . . . .							
a								
b	Less cost of goods sold . . . . .							
c	Net income or (loss) from sales of inventory . . ▶		0					
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS	900099	411,278			411,278		
b	EXPENSE REIMBURSEMENTS	900099	297,709	297,709				
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . . ▶		708,987					
12	Total revenue. See Instructions . . . . . ▶		168,251,797	164,039,054		4,212,743		

Part IX Statement of Functional Expenses

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

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

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	7,742,858			
2	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	99,000			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	10,000			
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	3,250,777			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages . . . . .	42,887,968			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	4,903,216			
9	Other employee benefits . . . . .	18,932,300			
10	Payroll taxes . . . . .	3,596,438			
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	1,463,869			
c	Accounting . . . . .	417,281			
d	Lobbying . . . . .	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees . . . . .	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	3,593,614			
12	Advertising and promotion . . . . .	191,313			
13	Office expenses . . . . .	6,466,094			
14	Information technology . . . . .	1,182,366			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	3,742,278			
17	Travel . . . . .	11,458,523			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	1,766,445			
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	26,889,945			
22	Depreciation, depletion, and amortization . . . . .	700,365			
23	Insurance . . . . .	501,022			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a	REIMBURSED SALARIES/LOST TIME	282,132			
b	PERSONAL PROPERTY TAXES	165,806			
c	DUES REFUNDED	147,577			
d	MEMBERSHIP FEES & DUES	41,463			
e	All other expenses	57,322			
25	Total functional expenses. Add lines 1 through 24e	140,489,972			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		141,745	<b>1</b>	160,783	
	<b>2</b>	Savings and temporary cash investments . . . . .		8,408,018	<b>2</b>	1,594,774	
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0	
	<b>4</b>	Accounts receivable, net . . . . .		11,103,574	<b>4</b>	14,041,370	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		0	<b>5</b>	0	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		0	<b>6</b>	0	
	<b>7</b>	Notes and loans receivable, net . . . . .		297,193	<b>7</b>	0	
	<b>8</b>	Inventories for sale or use . . . . .		263,159	<b>8</b>	217,787	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		1,380,365	<b>9</b>	808,023	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	31,822,571			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	29,810,113	1,975,025	<b>10c</b>	2,012,458
	<b>11</b>	Investments—publicly traded securities . . . . .		70,979,170	<b>11</b>	114,768,200	
	<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 . . . . .		1,297,551	<b>15</b>	1,396,732	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		95,845,800	<b>16</b>	135,000,127		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		3,894,943	<b>17</b>	7,001,164	
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0	
	<b>19</b>	Deferred revenue . . . . .		2,386,311	<b>19</b>	5,500,000	
	<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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		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 . . . . .		86,916,373	<b>25</b>	84,750,046	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		93,197,627	<b>26</b>	97,251,210	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets . . . . .		2,648,173	<b>27</b>	37,748,917	
	<b>28</b>	Temporarily restricted net assets . . . . .		0	<b>28</b>	0	
	<b>29</b>	Permanently restricted net assets . . . . .		0	<b>29</b>	0	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>		
	<b>33</b>	<b>Total net assets or fund balances . . . . .</b>		2,648,173	<b>33</b>	37,748,917	
<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>		95,845,800	<b>34</b>	135,000,127		

**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>	168,251,797
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	140,489,972
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	27,761,825
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,648,173
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-132,502
<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>	7,471,421
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	37,748,917

**Part XII**   **Financial Statements and Reporting**

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

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEE SAUNDERS ..... PRESIDENT	35 0 ..... 0 0	X		X				334,212	0	95,059
LAURA REYES ..... SECRETARY-TREASURER	35 0 ..... 0 0	X		X				270,387	0	109,839
KEN ALLEN ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				17,700	0	0
RICHARD L CAPONI ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				5,367	0	0
KENNETH DEITZ ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				16,800	0	0
GREG DEVEREUX ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				17,800	0	0
DANNY DONOHUE ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				16,800	0	0
DAVID R FILLMAN ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				17,100	0	0
MICHAEL FOX ..... INTL VICE PRESIDENT (RETIRED)	3 0 ..... 0 0	X		X				9,800	0	0
KATHLEEN P GARRISON ..... 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			
MATTIE R HARRELL ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				17,000	0	0
JOHANNA P HESTER ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				16,800	0	0
DANNY J HOMAN ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				16,800	0	0
MELVIN HUGHES SR ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				18,164	0	0
SALVATORE LUCIANO ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				16,800	0	0
JOHN A LYALL ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				16,800	0	0
KATHRYN LYBARGER ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				17,300	0	0
ROBERTA LYNCH ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				16,800	0	0
CHRISTOPHER A MABE ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				16,800	0	0
GLENARD S MIDDLETON SR ..... 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			
RALPH MILLER ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				16,800	0	0
GARY MITCHELL ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				16,800	0	0
VICTORIA E MITCHELL ..... 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
FRANK MORONEY ..... 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
HENRY NICHOLAS ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				16,800	0	0
RANDOLPH P 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
LILLIAN ROBERTS ..... INTL VICE PRESIDENT (RETIRED)	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			
EDWARD RODRIQUEZ ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				16,800	0	0
LAWRENCE A ROEHRIG ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				16,800	0	0
JOSEPH RUGOLA ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				16,800	0	0
ELIOT SEIDE ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				17,400	0	0
MARY SULLIVAN ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				17,100	0	0
BRAULIO TORRES ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0	X		X				16,800	0	0
JEANETTE WYNN ..... INTL VICE PRESIDENT (RETIRED)	3 0 ..... 0 0	X		X				16,800	0	0
PAUL BOOTH ..... EXECUTIVE ASST TO PRESIDENT	35 0 ..... 0 0				X			256,691	0	116,493
STEPHAN FANTAUZZO ..... CHIEF OF STAFF TO PRESIDENT	35 0 ..... 0 0				X			256,274	0	98,431
CHARLES JURGONIS ..... DIRECTOR, FINANCIAL SERVICES	35 0 ..... 0 0				X			226,589	0	91,625

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 LUYE ..... GENERAL COUNSEL	35 0 ..... 0 0				X			220,174	0	95,938
STEVEN GRETSUK ..... DIRECTOR, INFO SYSTEMS	35 0 ..... 0 0				X			211,815	0	150,998
MICHAEL SUKAL ..... DIRECTOR, ORG & FIELD SERVICES	35 0 ..... 0 0				X			200,447	0	142,593
JESSICA WEINSTEIN ..... ASSISTANT TO THE PRESIDENT	35 0 ..... 0 0				X			193,666	0	109,920
WILLIAM WILKINSON ..... ASSISTANT DIRECTOR, RESEARCH	35 0 ..... 0 0					X		323,850	0	64,910
RICHARD ABELSON ..... CHAIRPERSON, JUDICAL PANEL	35 0 ..... 0 0					X		218,689	0	504,632
EDGAR DE JESUS ..... AREA ORGANIZING DIRECTOR	35 0 ..... 0 0					X		192,421	0	116,387
JOSEPH GUZYNSKI ..... REGIONAL DIRECTOR	35 0 ..... 0 0					X		189,670	0	143,336
ELISSA MCBRIDE ..... DIRECTOR, EDUCATION	35 0 ..... 0 0					X		188,953	0	151,615
RAGLAN GEORGE JR ..... INTERNATIONAL VICE PRESIDENT	3 0 ..... 0 0						X	70,000	0	0

**SCHEDULE C**  
**(Form 990 or 990-EZ)**  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
**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	
2	Political expenditures	\$ 680,576
3	Volunteer hours	

**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		9,396,954
(2) AFSCME SPECIAL ACCOUNT	1625 L STREET NW WASHINGTON, DC 20036	91-2064198		7,466,033
3				
4				
5				
6				

Part II-A

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

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

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

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

**Part II-B**

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a)		(b)
	Yes	No	Amount
<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).

	<b>Yes</b>	<b>No</b>
<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)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► 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.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

Employer identification number  
53-0237789

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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)  
☐ Protection of natural habitat  
☐ Preservation of open space

☐ Preservation of an historically important land area  
☐ Preservation of a certified historic structure

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

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

1a

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

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1  
► \$

(ii)

Assets included in Form 990, Part X  
► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1  
► \$

b

Assets included in Form 990, Part X  
► \$

Part III

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

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

3a(i)

3a(ii)

Yes

No

3b

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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)	Accumulated (c)depreciation	(d)Book value
1a	Land . . . . .			
b	Buildings . . . . .			
c	Leasehold improvements . . . . .			
d	Equipment . . . . .	24,496,754	23,112,365	1,384,389
e	Other . . . . .	7,325,817	6,697,748	628,069
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . ▶			2,012,458

Schedule D (Form 990) 2015





Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	184,855,731
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	-132,502
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	16,736,436
e	Add lines 2a through 2d . . . . .	2e	16,603,934
3	Subtract line 2e from line 1 . . . . .	3	168,251,797
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total revenue. Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . .	5	168,251,797

Part XII

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

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

1	Total expenses and losses per audited financial statements . . . . .	1	143,786,980
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	3,297,008
e	Add lines 2a through 2d . . . . .	2e	3,297,008
3	Subtract line 2e from line 1 . . . . .	3	140,489,972
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	140,489,972

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
PART X, LINE 2 - FIN 48 FOOTNOTE	Accounting principles generally accepted in the United States of America require management to evaluate income tax positions taken and accrue an income tax liability if the Federation has 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, 2015, there are no uncertain positions taken or expected to be taken that would require accrual of a liability in the consolidated financial statements. AFSCME and its affiliated entities are subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

**Part XIII**    **Supplemental Information** *(continued)*

Return Reference	Explanation
PART XII, LINE 2D - EXPENSES INCLUDED ON FINANCIALS, NOT ON FORM 990	\$ (7,547,000) POSTRETIREMENT-RELATED CHANGES \$ 10,768,429 EXPENSES - RELATED ORGANIZATIONS \$ 75,579 LOSS RECOGNIZED UNDER THE EQUITY METHOD OF ACCOUNTING ----- \$ 3,297,008 =====

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

- **Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.**  
► **Attach to Form 990.**

► **Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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 Activities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 )					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total					
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)					

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )			Europe (Including Iceland and Greenland)	PSI AID FUND NEPAL	10,000	CHECK			
( 2 )									
( 3 )									
( 4 )									

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶

3

Enter total number of other organizations or entities . . . . . ▶

1

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐

Yes

☒

No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 53-0237789

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

---

### **Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

# 2015

**Open to Public  
Inspection**

53-0237789

**(h) Purpose of grant or assistance**

Schedule I (Form 990) 2015



**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 non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FAMILY SCHOLARSHIP PROGRAM	37	74,000			
(2) JERRY CLARK MEMORIAL SCHOLARSHIP	4	20,000			
(3) Gerald W McEntee Scholarship	1	5,000			

**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 THAT WILL CONTINUE THEIR STUDIES IN COLLEGE TO OBTAIN THE AWARD, AN APPLICATION MUST BE COMPLETED AND ALL ELIBILITY REQUIREMENTS AS SPELLED OUT IN THE APPLICATION MUST BE PROVIDED ALL APPLICATIONS ARE THEN EXAMINED BY A SCHOLARSHIP SELECTION COMMITTEE THAT MAKES FINAL 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 JERRY CLARK MEMORIAL SCHOLARSHIP IS AWARDED TO TWO STUDENTS THAT MAJORS IN SOCIAL SCIENCES THE APPLICATION IS COMPLETED BY STUDENTS IN THEIR SOPHOMORE YEAR THE APPLICATIONS ARE EXAMINED BY A SELECTED COMMITTEE BASED ON A FULLY COMPLETED APPLICATION AND PROPERLY RECEIVED DATA AS REQUIRED FROM THE COLLEGE OR UNIVERSITY FOR VERIFICATION PURPOSES UPON THE AWARDDING OF THE SCHOLARSHIP FOR THE STUDENT'S JUNIOR YEAR OF STUDIES, THEY ARE ELIGIBLE FOR RENEWAL OF THE SCHOLARSHIP PROVIDED THE STUDENTS REMAINS ENROLLED IN A FULL-TIME COURSE OF STUDY AS A SOCIAL SCIENCE MAJOR 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 AWARDDING, 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
A Philip Randolph Institute 815 16th Street NW 3rd Floor Washington DC, DC 20006	13-6180232	501c4	10,000				Sponsorship
AFL-CIO Secretary Treasurer 815 16th Street NW Washington, DC 20006	53-0228172	501c5	439,000				General Support
Alliance For Justice 11 Dupont Circle NW Suite 200 Washington, DC 20036	52-1009973	501c3	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
Alliance For Retired Americans 815 16th Street NW 4th Floor North Washington, DC 20006	52-2277805	501c4	67,500				General Support
America Votes 1155 Connecticut Avenue NW Suite 600 Washington, DC 20036	83-0364856	501C4	375,000				Public Interest
America Works USA 1401 K Street NW Suite 200 Washington, DC 20005	45-2315353	501c4	500,000				General Support

**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
American Association of Classified School Employee 555 New Jersey Avenue NW Washington, DC 20001	31-1000006	501C6	12,000				Education
American Constitution Society for Law & Policy 1333 H Street NW 11th Floor Washington, DC 20005	52-2313694	501c3	10,000				Sponsorship
American Family Voices 1250 Eye Street NW Suite 250 Washington DC, DC 20005	52-2257357	501c4	6,000				General Support

**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 United for Change 455 Massachusetts Ave NW Suite 400 Washington, DC 20001	03-0556312	501c4	1,000,000				General Support
APALA- Asian Pacific American Labor Alliance 815 16th Street NW Washington, DC 20006	52-1777961	501c5	10,000				Sponsorship
Ballot Initiative Strategy Ctr 1815 Adams Mill Road NW Suite 300 Washington, DC 20009	04-3411708	501c4	90,000				Public Policy

**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
Baylor University 50 Room 97048 Waco, TX 76798	74-1159753	501c3	13,640				SCHOLARSHIP PROGRAM
Bill Press Partners LLC 217 8th Street SE Washington, DC 20003	20-2926202		25,000				General Support
Blogger Power dba Netroots Nation 4741 Central Street Suite 377 Kansas, MO 64112	20-4465717	501c3	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
California Legislative Black Caucus Policy Institu 921 11th Street Suite 904 Sacramento, CA 95814	26-3911734	501c3	50,000				Sponsorship
California Works Speaker Toni Atkins Ballot Measu 330 Encinitas Boulevard Suite 101 Encinitas, CA 92024	46-4000406		75,000				Program Support
Californians for Fair Tax Policy 1100 O Street Suite 200 Sacramento, CA 95814	47-5223978		10,000				Program Support

**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
Campaign For America's Future 1825 K Street NW Suite 400 Washington, DC 20006	52-1861766	501c4	10,000				Sponsorship
Center For American Progress 1333 H Street NW Washington, DC 20005	30-0126510	501c3	250,000				Sponsorship
Center for Economic and Policy Research 1611 Connecticut Avenue NW Suite 400 Washington, DC 20009	52-2204029	501C3	35,000				General Support



**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
Center for Effective Government 2040 S Street NW 2nd Floor Washington, DC 20009	52-1302617	501c3	25,000				General Support
Citizens For Tax Justice 1616 P Street NW Suite 200 Washington, DC 20036	52-1156415	501c4	100,000				Public Interest
Coalition Of Black Trade Unionists 1155 Connecticut Avenue NW Suite 500 Washington, DC 20036	52-1128179	501c5	7,500				General Support

**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 Street NW Suite 1101 Washington, DC 20036	26-5680984	501c3	11,500				General Support
Coalition to Stop Fast Track 815 16th Street NW Washington, DC 20006	47-2965424		100,000				Program Support
ColorOfChangeorg Education Fund 1714 Franklin Street Suite 100-136 Oakland, CA 94612	45-5569879	501c3	25,000				General Support

**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 Street NW 5th Floor Washington, DC 20005	52-0891509	501c4	10,000				General Support
Committee on States 1575 I Street NW Suite 425 Washington, DC 20005	26-3815183		525,000				General Support
Congressional Black Caucus Foundation Inc 1720 Massachusetts Avenue NW Washington, DC 20036	52-1160561	501c3	35,000				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 Black Caucus Institute 413 New Jersey Avenue SE WASHINGTON, DC 20003	52-2270607	501c4	25,000				Sponsorship
Congressional Hispanic Caucus Institute Inc 1128 16th Street NW Washington, DC 20036	52-0114225		6,000				Sponsorship
Democracy Alliance 1575 I Street NW Suite 425 Washington, DC 20005	20-2130918		135,000				General Support

**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
Economic Policy Institute 1225 Eye Street NW Suite 600 Washington, DC 20005	52-1368964	501c3	174,000				Think Tank
Fair Elections Legal Network LLC 1825 K Street NW Suite 450 Washington, DC 20006	20-5087102		85,500				Public Interest
Florida Alliance 650 Ocean Drive Suite 350 Key Biscayne, FL 33149	26-4663278		50,000				Program Support

**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
Gay & Lesbian Victory Fund 1133 15th Street NW Suite 350 Washington, DC 20005	52-1729701		6,000				Program Support
Good Jobs First 1616 P Street NW Suite 210 Washington, DC 20036	82-0542649	501c3	30,000				Public Policy
Harvard University 1350 Massachusetts Avenue Suite 953 Cambridge, MA 02138	04-2103580	501c3	10,000				Education

**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
Innovation Ohio 35 E Gay Street Suite 260 Columbus, OH 43215	27-4562062	501c4	50,000				General Support
Jobs With Justice 1616 P Street NW Suite 150 Washington, DC 20036	52-1865575	501c3	75,000				Public Interest
Midwest Academy 27 E Monroe Street 11th Floor Chicago, IL 60603	36-2776406	501c3	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
Moveonorg Civic Action PO Box 96141 Washington, DC 200906141	06-1553389	501c4	10,000				Program Support
National Action Network 106 W 145th Street New York, NY 10039	11-3269182	501c4	50,000				General Support
National Public Pension Coalition 1900 L Street NW Suite 900 Washington, DC 20036	20-5939282	501c4	164,000				Public Interest



**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
NCSL Foundation for State Legislatures 7700 E First Place Denver, CO 80230	74-2232576	501c3	12,500				Sponsorship
NETWORK 25 E Street NW Suite 200 Washington, DC 20001	52-0984255	501c4	30,000				General Support
New Venture Fund 1201 Connecticut Avenue NW Suite 300 Washington, DC 20036	20-5806345	501c3	25,000				General Support

**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
North Carolina State Conference of the NAACP PO Box 335 Durham, NC 27702	56-6061662	501c3	50,000				Sponsorship
Partnership for Working Families 1825 K Street NW Suite 210 Washington, DC 20006	71-0914032	501c3	300,000				General Support
Peggy Browning Fund 100 S Broad Street Suite 1208 Philadelphia, PA 19110	23-2887086	501c3	10,000				General Support

**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
Planned Parenthood Federation of America 1110 Vermont Avenue NW Suite 300 Washington, DC 20001	13-3539048	501c4	10,000				Sponsorship
Pride At Work 815 16th Street NW Washington, DC 20006	52-2217817		10,000				Sponsorship
Progressive Congress 600 Pennsylvania Ave SE Washington, DC 20003	20-3714244	501c3	100,000				General Support

**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
Progress Now 5922 Excelsior Boulevard St Louis Park, MN 55416	20-8720230	501c4	50,000				Public Policy
Roosevelt Institute 570 Lexington Avenue 5th Floor New York, NY 10022	23-7213592	501c3	110,000				Sponsorship
Samuel Dewitt Proctor Conference Inc 4533 S Lake Park Avenue Chicago, IL 60653	06-1707903	501c3	30,000				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
Service Employees International Union 1800 Massachusetts Avenue NW Washington, DC 20036	36-0852885	501c5	106,915				General Support
Texas Future Project LLC PO Box 684554 Austin, TX 78768	46-4235661		25,000				General Support
The Accountability Project 888 16th Street NW Suite 650 Washington, DC 20006	32-0470290	501c4	200,000				General Support

**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
The Advocacy Fund 570 Lexington Avenue 5th Floor New York, NY 10022	94-3153687	501c4	25,000				General Support
The American Prospect Inc 1225 Eye Street NW Suite 600 Washington, DC 20005	52-1617061	501c3	25,000				General Support
The Leadership Conference On Civil & Human Rights 1629 K Street NW 10th Floor Washington, DC 20006	52-0789800	501c4	45,000				General Support

**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
The Nation Institute 162 W 54th Street Suite 4A-C New York, NY 10019	13-6216903	501c3	10,000				Sponsorship
The National Women's Law Center 11 Dupont Circle NW Suite 800 Washington, DC 20036	52-1213010	501c3	10,000				Sponsorship
The National Women's Law Center Action Fund 11 Dupont Circle NW Suite 800 Washington DC, DC 20036	46-0639645	501c4	15,000				General Support

**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
United Students Against Sweatshops 1155 Connecticut Avenue NW Suite 500 Washington, DC 20036	52-2094677	501c3	15,000				Sponsorship
US Action 1101 17th Street NW Suite 1220 Washington, DC 20036	52-2143105	501c4	100,000				General Support
Working America 815 16th Street NW Washington, DC 20006	20-0263611	501c4	1,130,600				Program Support



**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
SEAFARERS INTERNATIONAL UNION 5201 AUTH WAY CAMP SPRINGS, MD 20746	11-1975660	501c5	10,000				EL FARO ASSISTANCE

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.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

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
<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. <div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	Yes	
<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 in line 1a?	Yes	
<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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<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: <b>a</b> Receive a severance payment or change-of-control payment?	Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<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: <b>a</b> The organization?		
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III		
<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: <b>a</b> The organization?		
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
<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		
<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)?		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A - ITEMS PROVIDED TO PERSONS LISTED FORM 990, PART VII	FIRST-CLASS TRAVEL ----- TWO OFFICERS (AND CERTAIN EXECUTIVE STAFF AS AUTHORIZED) MAY TRAVEL FIRST CLASS ON OFFICIAL UNION BUSINESS WHICH IS NOT DEEMED TAXABLE COMPENSATION. TAX INDEMNIFICATION AND GROSS-UP/HOUSING ALLOWANCE ----- REIMBURSEMENT FOR HOUSING, TRANSPORTATION AND PER DIEM (INCLUDING TAX GROSS-UP) FOR OUT OF TOWN ASSIGNMENT GREATER THAN ONE YEAR. CONSIDERED TAXABLE COMPENSATION.
PART I, LINE 4A - SEVERANCE PAYMENTS	SEVERANCE PAYMENTS ----- WILLIAM WILKINSON \$166,762
PART II, COLUMN C - DEFERRED COMPENSATION	THE AMOUNT IN THE DEFERRED COMPENSATION COLUMN REPRESENTS THE ANNUAL INCREASE IN ACTUARIAL VALUE OF A QUALIFIED DEFINED BENEFIT PLAN, AS CALCULATED BY THE PLAN ACTUARY.

Additional Data

Software ID:

Software Version:

EIN: 53-0237789

Name: AMERICAN FEDERATION OF STATE COUNTY  
AND MUNICIPAL EMPLOYEES

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1LEE SAUNDERSPRESIDENT	(i)	307,597		26,615	64,083	36,010	434,305	0
	(ii)	0			0	0	0	0
1LAURA REYES SECRETARY-TREASURER	(i)	258,440		11,947	78,863	35,265	384,515	0
	(ii)	0			0	0	0	0
2RAGLAN GEORGE JR INTERNATIONAL VICE PRESIDENT	(i)	70,000			0	0	70,000	0
	(ii)	0			0	0	0	0
3PAUL BOOTH EXECUTIVE ASST TO PRESIDENT	(i)	238,434		18,257	85,517	34,846	377,054	0
	(ii)	0			0	0	0	0
4STEPHAN FANTAUZZO CHIEF OF STAFF TO PRESIDENT	(i)	245,035		11,239	67,455	34,976	358,705	0
	(ii)	0			0	0	0	0
5CHARLES JURGONIS DIRECTOR, FINANCIAL SERVICES	(i)	212,112		14,477	60,649	34,531	321,769	0
	(ii)	0			0	0	0	0
6WILLIAM LURYE GENERAL COUNSEL	(i)	211,992		8,182	64,962	34,441	319,577	0
	(ii)	0			0	0	0	0
7STEVEN GRETSUK DIRECTOR, INFO SYSTEMS	(i)	205,048		6,767	120,022	34,328	366,165	0
	(ii)	0			0	0	0	0
8MICHAEL SUKAL DIRECTOR, ORG & FIELD SERVICES	(i)	193,940		6,507	111,617	34,096	346,160	0
	(ii)	0			0	0	0	0
9JESSICA WEINSTEIN ASSISTANT TO THE PRESIDENT	(i)	190,095		3,571	78,944	34,022	306,632	0
	(ii)	0			0	0	0	0
10WILLIAM WILKINSON ASSISTANT DIRECTOR, RESEARCH	(i)	131,388		192,462	33,934	33,070	390,854	0
	(ii)	0			0	0	0	0
11RICHARD ABELSON CHAIRPERSON, JUDICAL PANEL	(i)	208,580		10,109	494,294	13,827	726,810	0
	(ii)	0			0	0	0	0
12EDGAR DE JESUS AREA ORGANIZING DIRECTOR	(i)	128,985		63,436	85,411	33,070	310,902	0
	(ii)	0			0	0	0	0
13JOSEPH GUZYNSKI REGIONAL DIRECTOR	(i)	156,028		33,642	112,360	33,589	335,619	0
	(ii)	0			0	0	0	0
14ELISSA MCBRIDE DIRECTOR, EDUCATION	(i)	182,472		6,481	120,639	33,962	343,554	0
	(ii)	0			0	0	0	0

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**2015****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 VI, SECTION A, LINE 1 - EXECUTIVE COMMITTEE	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.
PART VI, SECTION A, LINE 6 - MEMBERS	AFSCME is comprised of members with the right to elect their delegates, who elect the governing body.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART VI, SECTION A, LINE 7A - ELECTING OF BOARD MEMBERS	ALL SOVEREIGN POWERS OF THE FEDERATION ARE VESTED IN THE DELEGATION WHO COMPRISE THE CONVENTION, WHEN IN SESSION THE FEDERATION HOLDS A BI-ANNUAL CONVENTION THAT IS ATTENDED BY DELEGATES THE DELEGATES ELECT THE OFFICERS OF THE FEDERATION EVERY FOUR YEARS THESE OFFICERS COMPRISE THE INTERNATIONAL EXECUTIVE BOARD
PART VI, SECTION B, LINE 11B - REVIEW PROCESS OF FORM 990	THE FORM 990 IS REVIEWED IN DETAIL BY MANAGEMENT AND STAFF PRIOR TO SIGNATURE AND SUBMISSION TO THE INTERNAL REVENUE SERVICE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART VI, SECTION C, LINE 19 - DISCLOSURE OF DOCUMENTS, POLICIES & F/S	THE FEDERATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY NOR CONSOLIDATED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC
PART VII, SECTION A, COLUMN (F) - ESTIMATED AMOUNT OF OTHER COMPENSATION	\$1,578,750 OF COLUMN F AMOUNT REPRESENTS THE INCREASE IN ACTUARIAL VALUE IN DEFINED BENEFITS CALCULATED BY THE PLAN ACTUARY THESE AMOUNTS REPORTED ARE NOT ACTUAL OUTLAYS TO THE OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	\$7,547,000 POSTRETIREMENT-RELATED CHANGES \$ (75,579) LOSS RECOGNIZED UNDER THE EQUITY METHOD OF ACCTG ----- \$7,471,421 TOTAL OTHER CHANGE IN NET ASSETS =====

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) AFSCME PUBLIC SERVICE WORKERS LLC 1625 L STREET NW WASHINGTON, DC 20036 20-4455454	INVESTMENT	DE		225,000	AFSCME

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(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
AFSCME PUBLIC SERVICE (1)WORKERS CORP  1625 L STREET NW WASHINGTON, DC 20036 20-4449100	INVESTMENT	DE	AFSCME	C-CORP			100 000 %	Yes	

**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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .

**b** Gift, grant, or capital contribution to related organization(s) . . . . .

**c** Gift, grant, or capital contribution from related organization(s) . . . . .

**d** Loans or loan guarantees to or for related organization(s) . . . . .

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

**j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .

**k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .

**l** Performance of services or membership or fundraising solicitations for related organization(s)  
. . . . .

**m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

**r** Other transfer of cash or property to related organization(s) . . . . .

**s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>		No
<b>1q</b>	Yes	
<b>1r</b>	Yes	
<b>1s</b>		No

<b>2</b> 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	5,093,383	ALLOCATION
(2)AFSCME EMPLOYEES PENSION PLAN TRUST FUND	O	239,386	BILLINGS
(3)AFSCME SPECIAL ACCOUNT	Q	297,709	BILLINGS
(4)AFSCME EMPLOYEES SALARY SAVINGS PENSION TRUST	R	1,718,280	WITHHOLDINGS

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

[illegible]

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

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

Return Reference	Explanation
------------------	-------------

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
AFSCME PEOPLE CONTRIBUTIONS COMMITTEE 1625 L STREET NW WASHINGTON, DC 20036 52-1456472	POLITICAL	DC	527		AFSCME	Yes	
AFSCME FALLEN HEROES FUND 1625 L STREET NW WASHINGTON, DC 20036 52-2344511	CHARITABLE	DC	501(c)(3)	7	AFSCME	Yes	
AFSCME TRAINING AND EDUCATION INSTITUTE 1625 L STREET NW WASHINGTON, DC 20036 52-1148573	TRAINING	DC	501(c)(3)	7	AFSCME	Yes	
AFSCME BUILDING CORPORATION 1625 L STREET NW WASHINGTON, DC 20036 52-1010116	HOLDING CO	DC	501(c)(2)		AFSCME	Yes	
AFSCME SPECIAL ACCOUNT 1625 L STREET NW WASHINGTON, DC 20036 91-2064198	POLITICAL	DC	527		AFSCME	Yes	
AFSCME PEOPLE - NON FEDERAL 1625 L STREET NW WASHINGTON, DC 20036 91-2066788	POLITICAL	DC	527		AFSCME	Yes	
AFSCME PEOPLE - MICHIGAN NONFEDERAL 1625 L STREET NW WASHINGTON, DC 20036 91-2063597	POLITICAL	DC	527		AFSCME	Yes	
AFSCME EMPLOYEES PENSION PLAN TRUST FUND 1625 L STREET NW WASHINGTON, DC 20036 53-0237789	PENSION PLAN	DC	401(a)		AFSCME		No
AFSCME EMPLOYEES SALARY SVGS PLAN TR FD 1625 L STREET NW WASHINGTON, DC 20036 53-0237789	PENSION PLAN	DC	401(k)		AFSCME		No