Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-31-2023

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

C Name of organization
AMER FED STATE COUNTY MUNI EMP AFL-CIO
NEW YORK CITY DISTRICT COUNCIL 37

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
125 BARCLAY STREET

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 100072156

D Employer identification number
13-5673101

E Telephone number
(212) 815-1427

G Gross receipts $ 55,889,775

F Name and address of principal officer:
MAF MISBAH UDDIN
125 BARCLAY STREET
NEW YORK,NY 100072156

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

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

H(c) Group exemption number

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

J Website: WWW.DC37.NET

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☑ Other UNION

L Year of formation: 1944

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
ASSISTS AFFILIATED LOCAL LABOR UNIONS IN ACHIEVING THEIR ORGANIZATIONAL, BARGAINING, LEGISLATIVE AND VARIOUS OTHER OBJECTIVES.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	329
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	150,000	150,000
	9	Program service revenue (Part VIII, line 2g)	44,551,852	54,888,172
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,380	8,580
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,284,481	819,825
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,992,713	55,866,577
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	10,905	16,208
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	35,280,239	34,662,704
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	15,197,183	15,897,402
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	50,488,327	50,576,314
	19	Revenue less expenses. Subtract line 18 from line 12	504,386	5,290,263

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	83,268,757	124,474,959
	21	Total liabilities (Part X, line 26)	103,548,742	118,941,975
	22	Net assets or fund balances. Subtract line 21 from line 20	-20,279,985	5,532,984

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date 2024-11-15
MAF MISBAH UDDIN TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2024-11-14		P00360279

Firm's name NOVAK FRANCELLA LLC — Firm's EIN 61-1436956

Firm's address 40 MONUMENT RD 5TH FLR BALA CYNWYD, PA 19004 — Phone no. (610) 668-9400

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ **Yes** ☐ **No**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ASSISTS AFFILIATED LOCAL LABOR UNIONS IN ACHIEVING THEIR ORGANIZATIONAL, BARGAINING, LEGISLATIVE AND VARIOUS OTHER OBJECTIVES.

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 $)

REPRESENTS APPROXIMATELY 120,022 MEMBERS AFFILIATED LOCAL LABOR UNIONS AND PUBLISHES THE PUBLIC EMPLOYEE PRESS NEWSPAPER.

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
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	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*	3	Yes	
4	**Section 501(c)(3) organizations.** 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*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	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	6		No
7	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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	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*	9		No
10	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*	10		No
11	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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
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*	11b	Yes	
c	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*	11c		No
d	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*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	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*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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*	14b		No
15	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*	15		No
16	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*	16		No
17	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.	17		No
18	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*	18		No
19	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*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	172		
b	Enter the number of Forms W-2G included on 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	

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

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** 329			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**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**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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? **Note.** 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**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	28		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b			No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed _____

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ 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:
ROGER DEPRADINE CONTROLLER 125 BARCLAY STREET NEW YORK,NY 10007 (212) 815-1427

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) BARBER RONALDO VICE PRESIDENT	5.00			X				49,675	0	0
(2) BENN DILCY VICE PRESIDENT	5.00			X				68,372	0	0
(3) CAMPBELL HARRISON VICE PRESIDENT	5.00			X				55,706	0	0
(4) CAMPBELL RAWLE VICE PRESIDENT	5.00			X				18,080	0	0
(5) CHARLES CARMEN VICE PRESIDENT	5.00			X				22,522	0	0
(6) CUSTANCE THOMAS VICE PRESIDENT	5.00			X				43,630	0	0
(7) DAVIDMAN LEONARD VICE PRESIDENT	5.00			X				17,334	0	0
(8) DE MARCO MICHAEL VICE PRESIDENT	5.00			X				54,765	0	0
(9) DELEON CARMEN VICE PRESIDENT	5.00			X				26,253	0	0
(10) DUONG OLIVIA VICE PRESIDENT	5.00			X				18,306	0	0
(11) FERNANDEZ JUAN VICE PRESIDENT	5.00			X				37,264	0	0
(12) FRANCOIS I SHAUN D PRESIDENT	35.00			X				52,435	0	0
(13) GARRIDO HENRY EXECUTIVE DIRECTOR	35.00			X				365,253	0	32,366
(14) GERVASI ROBERT VICE PRESIDENT	5.00			X				18,000	0	0
(15) GLOVER MARGARET VICE PRESIDENT	5.00			X				18,140	0	0
(16) HYSLOP JOHN SECRETARY	35.00			X				54,103	0	0
(17) IFILL DENNIS VICE PRESIDENT	5.00			X				27,044	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) LEONARD P PAUL VICE PREIDENT (P)	5.00			X				18,080	0	0
(19) MCPHERSON LINDA VICE PRESIDENT	5.00			X				18,080	0	0
(20) MORAND LAURA VICE PRESIDENT	5.00			X				49,675	0	0
(21) NESBIT DONALD VICE PRESIDENT	5.00			X				27,124	0	0
(22) OSHINS JEFFREY VICE PRESIDENT	5.00			X				27,308	0	0
(23) PULEO JOSEPH VICE PRESIDENT	5.00			X				22,522	0	0
(24) ROSARIO MAGALY VICE PRESIDENT	5.00			X				61,609	0	0
(25) STEIN PETER VICE PRESIDENT	5.00			X				52,594	0	0
(26) TROMAN MICHAEL VICE PRESIDENT	5.00			X				27,332	0	0
(27) UDDIN MAF TREASURER	35.00			X				291,516	0	36,414
(28) VARIALE VINCENT VICE PRESIDENT	35.00			X				43,630	0	0
(29) WELLS ANTHONY VICE PRESIDENT	35.00			X				27,044	0	0
(30) BOYD DAVID DIVISION DIRECTOR	35.00				X			170,290	0	14,458
(31) BURKE JOHN DIVISION DIRECTOR	35.00				X			179,327	0	29,912
(32) DEPRADINE ROGER CONTROLLER	35.00				X			184,100	0	29,975
(33) EDWARDS JAHMILA ASSOC DIRECTOR	35.00				X			254,453	0	30,903
(34) GRAY-NELSON ERICA SR ASST GENERAL COUNSEL	35.00				X			187,583	0	30,021
(35) INGRAM-EDMONDS BARBARA DIR OF LBR TRANS STRGC IN	35.00				X			190,648	0	30,061
(36) KADLUB AMY DIRECTOR OF HR	35.00				X			180,988	0	14,598
(37) LOVAGLIO-MILLER ROSE DIRECTOR	35.00				X			231,757	0	30,604
(38) MENDUINA MICHELE DIVISION DIRECTOR	35.00				X			196,033	0	14,796
(39) MULLIGAN KENNY DIVISION DIRECTOR	35.00				X			224,715	0	30,511
(40) MUNK MICHAEL MANAGER PC NETWORK	35.00				X			165,000	0	29,723
(41) PENNIX MICHAEL APPLICATIONS MANAGER	35.00				X			159,800	0	29,667
(42) POINTDUJOUR JACQUELINE ASST. DIV. DIRECTOR	35.00				X			154,612	0	29,586
(43) ROACH ROBIN GENERAL COUNSEL	35.00				X			231,282	0	15,261
(44) SANTANA MARIANELA DIVISION DIRECTOR	35.00				X			186,271	0	30,003
(45) STUMPEL WILLIAM DATABASE ANALYST	35.00				X			181,426	0	29,939
(46) SYKES STEVEN ASSOC GENERAL COUNSEL	35.00				X			194,943	0	30,118
(47) TERRELONGE BARBARA FIELD OPERATIONS DIRECTOR	35.00				X			202,475	0	15,280
(48) THOENS KURT ASSOCIATE DIRECTOR IT	35.00				X			172,517	0	29,822
(49) TINEO ODETTY DIR. OF POLITICAL ACTION	35.00				X			207,609	0	30,285
(50) WILGENKAMP CHRIS DIRECTOR OF TECHNOLOGY	35.00				X			203,102	0	14,890
(51) ZIEMBA TRACEY ASST DIVISION DIRECTOR	35.00				X			156,908	0	3,755
(52) DOUGLAS EDWARD ASST DIVISION DIRECTOR	35.00					X		160,807	0	14,730
(53) GREEN MICHELLE ASSOC DIRECTOR	35.00					X		155,500	0	29,597
(54) KNIGHT MADONNA ASST DIVISION DIRECTOR	35.00					X		154,612	0	29,586
(55) MCCARROLL THOMAS INFRASTRUCTURE MANAGER	35.00					X		150,524	0	29,532
(56) WILLIAMS DEBORAH DIRECTOR OF SAFETY & HEALT	35.00					X		151,478	0	14,249
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								6,602,156	0	730,642

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 76

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DG3 NORTH AMERICA INC PO BOX 412972 BOSTON, MA 02241	PRINTING & COMMUNICATION	812,983
COHEN WEISS AND SIMON LLP 900 THIRD AVE NEW YORK, NY 10022	LEGAL	608,103
KRANTZ SECURE TECHNOLOGIES 228 EAST 45TH STREET NEW YORK, NY 10017	INFORMATION TECHNOLOGY	477,179
BLUE HILL DATA SERVICES 2 BLUE HILL PLZ PEARL RIVER, NY 10965	INFORMATION TECHNOLOGY	240,780
ARETE ADVISORS LLC PO BOX 27073 NEWARK, NJ 07101	INFORMATION TECHNOLOGY	155,610

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 13

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 OtherAmt 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	150,000			
	g Noncash contributions included in lines 1a - 1f:$ 1g				
	h **Total.** Add lines 1a-1f	150,000			

Program Service Revenue	Business Code				
2a MEMBER DUES	900099	46,061,101	46,061,101		
b REIMBURSED COSTS	900099	6,259,018	6,259,018		
c MISCELLANEOUS INCOME	900099	2,568,053	2,568,053		
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f.	54,888,172				

Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts)			10,338			10,338
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
		(i) Real	(ii) Personal			
6a Gross rents	6a	819,825				
b Less: rental expenses	6b	0				
c Rental income or (loss)	6c	819,825				
d Net rental income or (loss)				819,825		819,825
		(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a	21,440				
b Less: cost or other basis and sales expenses	7b	23,198				
c Gain or (loss)	7c	-1,758				
d Net gain or (loss)				-1,758		-1,758
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events . .						
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities . .						
10a Gross sales of inventory, less returns and allowances . .	10a					
b Less: cost of goods sold . .	10b					
c Net income or (loss) from sales of inventory . .						
		Business Code				
11a						
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d						
12 **Total revenue.** See instructions			55,866,577	54,888,172	0	828,405

OtherRevenueMiscAmt

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members	16,208			
5 Compensation of current officers, directors, trustees, and key employees	6,438,629			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,388,562			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,104,080			
9 Other employee benefits	5,818,928			
10 Payroll taxes	1,912,505			
11 Fees for services (non-employees):				
a Management				
b Legal	835,356			
c Accounting	88,500			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	21,440			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	186,048			
12 Advertising and promotion	24,223			
13 Office expenses	1,514,572			
14 Information technology	2,463,881			
15 Royalties				
16 Occupancy	3,248,009			
17 Travel	1,537,819			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	211,083			
20 Interest	666,282			
21 Payments to affiliates	1,080,152			
22 Depreciation, depletion, and amortization	2,827,294			
23 Insurance	192,911			
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 PUBLICATIONS	297,967			
b MISC EXPENSES	253,011			
c POLITICAL & LEGISLATION	239,196			
d ALL OTHER EXPENSES	140,134			
e All other expenses	69,524			
25 **Total functional expenses.** Add lines 1 through 24e	50,576,314			
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 ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		10,067,687	1	15,547,684
	2	Savings and temporary cash investments		19,094,940	2	15,576,054
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		9,921,069	4	15,082,222
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,154,610	9	1,183,290
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 65,280,022			
	b	Less: accumulated depreciation	10b 14,433,363	20,484,411	10c	50,846,659
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		22,538,121	12	25,152,852
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	1,078,279
	15	Other assets. See Part IV, line 11		7,919	15	7,919
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		83,268,757	16	124,474,959
Liabilities	17	Accounts payable and accrued expenses		6,023,409	17	5,194,574
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		12,899,980	24	46,999,980
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		84,625,353	25	66,747,421
	26	**Total liabilities.** Add lines 17 through 25		103,548,742	26	118,941,975
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		-20,279,985	27	5,532,984
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		-20,279,985	32	5,532,984
	33	Total liabilities and net assets/fund balances		83,268,757	33	124,474,959

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	55,866,577
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,576,314
3	Revenue less expenses. Subtract line 2 from line 1	3	5,290,263
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-20,279,985
5	Net unrealized gains (losses) on investments	5	2,637,928
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	17,884,778
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	5,532,984

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2023

Name of the organization	**Employer identification number**
AMER FED STATE COUNTY MUNI EMP AFL-CIO NEW YORK CITY DISTRICT COUNCIL 37	13-5673101

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
AMER FED STATE COUNTY MUNI EMP AFL-CIO
NEW YORK CITY DISTRICT COUNCIL 37

Employer identification number
13-5673101

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
AMER FED STATE COUNTY MUNI EMP AFL-CIO
NEW YORK CITY DISTRICT COUNCIL 37

Employer identification number
13-5673101

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
AMER FED STATE COUNTY MUNI EMP AFL-CIO
NEW YORK CITY DISTRICT COUNCIL 37

Employer identification number
13-5673101

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $ _____**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

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	Employer identification number
AMER FED STATE COUNTY MUNI EMP AFL-CIO NEW YORK CITY DISTRICT COUNCIL 37	13-5673101

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

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

2 Political campaign activity expenditures. See instructions ▶ $ 174,650

3 Volunteer hours for political campaign activities. See instructions

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ 174,650

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 ▶ $ 174,650

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

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1) FRIENDS OF JAMAAL T BAILEY	5 PENN PLAZA SUITE 2325 NEW YORK,NY 10001	47-3665290	1,000	
(2) ALEX BORES FOR NEW YORK	65 COLUMBIA STREET 21-D NEW YORK,NY 10002	92-1586796	1,000	
(3) ANDREW FOR NEW YORK	725 70TH STREET C-1 BROOKLYN,NY 11228	82-2697939	1,000	
(4) ASSEMBLYMAN JEFFREY DINOWITZ 2024	640 W 231 ST APT 4B BRONX,NY 10463	92-1705998	1,250	
(5) AYALA 2023	430 EASE 118TH STREET 6-H NEW YORK,NY 10035	87-4175894	1,050	
(6) BICHOTTE FOR ASSEMBLY	PO BOX 340604 BROOKLYN,NY 11234	45-4480977	1,500	
(7) BRONX DEMOCRATIC COUNTY COMMITTEE	3666 VARIAN AVE BRONX,NY 10466	13-1704072	5,000	
(8) CARLINA 2021	PO BOX 1462 NEW YORK,NY 10009	83-0796278	750	
(9) CARMEN FOR NYC 2023	140 WADSWORTH AVE 43 NEW YORK,NY 10033	87-4577863	50	
(10) CATALINA FOR NEW YORK	PO BOX 720353 JACKSON HEIGHTS,NY 11372	83-3772168	2,250	
(11) CHANTEL JACKSON FOR NY	775 CONCOURSE VILLAGE EAST 16-A BRONX,NY 10451	83-3340859	1,000	
(12) CHARLES FALL FOR NY	173 MAPLE PARKWAY STATEN ISLAND,NY 10303	82-5380494	500	
(13) COONEY FOR NEW YORK	PO BOX14575 ROCHESTER,NY 14614	92-2403453	1,000	
(14) CRYSTAL HUDSON FOR BROOKLYN	145 SAINT FELIX STREET BROOKLYN,NY 11217	87-3375380	750	
(15) CUNNINGHAM FOR ASSEMBLY	218 20TH STREET 2 BROOKLYN,NY 11232	88-4372403	2,000	
(16) DARCEL FOR THE BRONX	3 FOXWOOD DRIVE TOMPKINS COVE,NY 10986	92-3986395	1,500	
(17) DEMOCRATIC ORG OF QUEENS COUNTY	1501 PROSPECT TERRACE PEEKSKILL,NY 10566	91-2067778	2,500	
(18) DINAPOLI FOR NEW YORK	PO BOX 1776 MINEOLA,NY 11501	92-1776448	8,500	
(19) FRIENDS OF AL TAYLOR	PO BOX 321728 NEW YORK,NY 10032	82-1263690	1,000	
(20) FRIENDS OF ALICIA HYNDMAN	PO BOX 128157 ST ALBANS,NY 11412	47-4138729	500	
(21) FRIENDS OF AMANDA SEPTIMO	2120 WALLACE AVENUE 1B BRONX,NY 10462	81-2703507	1,000	
(22) FRIENDS OF ANDREA STEWART-COUSINS	10 SALK DRIVE ELMSFORD,NY 10523	73-1706257	5,000	
(23) FRIENDS OF BANKING ON BANKS	669 VAN SICLEN AVE GROUND FL BROOKLYN,NY 11207	92-0263960	1,050	
(24) FRIENDS OF CARL E HEASTIE	35 DAVENPORT AVE APT 1A NEW ROCHELLE,NY 10805	03-0453925	3,000	
(25) FRIENDS OF DONOVAN RICHARDS	121-07 234TH STREET ROSEDALE,NY 11422	93-2498448	2,000	
(26) FRIENDS OF ERIK M DILAN	70 RICHMOND STREET BROOKLYN,NY 11208	92-1554138	500	
(27) FRIENDS OF FERNANDEZ	2199 CRUGER AVE E-04 BRONX,NY 10462	83-3208103	1,000	
(28) FRIENDS OF JAMAAL T BAILEY	80-22 254TH STREET GLEN OAKS,NY 11004	47-3665290	1,500	
(29) FRIENDS OF KARINES REYES	643 BOLTON AVENUE BRONX,NY 10473	82-4363911	1,500	
(30) FRIENDS OF KENNY BURGOS	933 ELDER AVENUE BRONX,NY 10473	84-5124069	1,500	
(31) FRIENDS OF KEVIN PARKER	PO BOX 100131 BROOKLYN,NY 11210	11-3586139	3,000	
(32) FRIENDS OF KEVIN THOMAS	PO BOX 488 LEVITTOWN,NY 11756	82-4927326	500	
(33) FRIENDS OF MIKE GIANARIS	38-11 DITMARS BLVD 108 ASTORIA,NY 11105	11-3548396	1,500	
(34) FRIENDS OF NILY	PO BOX 656642 FRESH MEADOWS,NY 11365	45-4960402	500	
(35) FRIENDS OF SAM BERGER	138-22 76TH AVENUE FLUSHING,NY 11367	93-2320316	1,500	
(36) FRIENDS OF SUSAN ZHUANG	29 BAY 25TH STREET BROOKLYN,NY 11214	88-4301692	1,050	
(37) FRIENDS OF TOBY STAVISKY	PO BOX 1547 L STAVISKY POST OFFICE FLUSHING,NY 11354	93-2830136	500	
(38) GRACE LEE FOR NEW YORK	5154 E 86TH STREET STE 802 NEW YORK,NY 10028	92-3381562	500	
(39) HOYLMAN FOR SENATE	80 8TH AVENUE STE 1802 NEW YORK,NY 10011	45-5433601	500	
(40) JABARI FOR STATE SENATE	PO BOX 380388 BROOKLYN,NY 11238	84-3058626	1,000	
(41) JAMES FOR NY	PO BOX 476 NEW YORK,NY 10034	83-0521736	5,000	
(42) JAMES FOR NY 2026	325 W 38TH ST STE 1108 NEW YORK,NY 10018	92-1963630	4,000	
(43) JENNIFER GUTIERREZ 2023	80 MINNA ST 2 BROOKLYN,NY 11213	87-3502235	500	
(44) JUMAANE NYC	PO BOX 100323 BROOKLYN,NY 11210	83-4052777	1,500	
(45) KHALEEL ANDERSON FOR THE PEOPLE	PO BOX 900641 FAR ROCKAWAY,NY 11690	83-3806968	500	
(46) KINGS COUNTY DEMOCRATIC COUNTY COMM	111 ATLANTIC AVE STE 1-R BROOKLYN,NY 11201	11-0675303	5,000	
(47) LANDER 2025	354 E 91ST STREET 408 NEW YORK,NY 10128	82-4132423	2,100	
(48) LATOYA JOYNER FOR ASSEMBLY	PO BOX 801 NEW YORK,NY 10037	47-3354887	1,000	
(49) LINDA LEE 2023	57-09 226TH STREET OAKLAND GARDENS,NY 11436	87-4638338	1,050	
(50) LYN FOR NYC 2023	21-18 41ST ST 1ST FL ASTORIA,NY 11105	88-3156295	1,050	
(51) MANHATTAN DEMOCRATIC COUNTY COMMITTEE	190 WEST 1435TH STREET NEW YORK,NY 10030	13-1544962	2,000	
(52) MANNY FOR NY	82 WADSWORTH AVENUE 4 NEW YORK,NY 10033	85-3680565	1,500	
(53) MARITZA DAVILA FOR ASSEMBLY	244 FIFTH AVE STE 2166 NEW YORK,NY 10001	46-2889071	500	
(54) MARK LEVINE 2025	16 W 23RD STREET 3RD FL NEW YORK,NY 10010	92-0360847	1,600	
(55) MCINTOSH FOR NEW YORK CITY	9502 KINGS HIGHWAY 606 BROOKLYN,NY 11212	13-5673101	1,050	
(56) MERCEDES FOR NEW YORK	9203 FLATLANDS AVE BROOKLYN,NY 11236	84-4267390	500	
(57) MONIQUE 4 NY	461 E 46TH STREET BROOKLYN,NY 11203	87-2378201	2,200	
(58) NANTHASIA 2023	219-22 138TH ROAD LAURELTON,NY 11413	88-1925061	750	
(59) NEW YORKERS FOR GONZALEZ	325 W 38TH ST STE 1108 NEW YORK,NY 10018	88-0954135	2,500	
(60) NEW YORKERS FOR LEROY COMRIE	PO BOX 120568 ST ALBANS,NY 11412	30-0303334	1,000	
(61) NYS AFL-CIO	100 SOUTH SWAN STREET ALBANY,NY 12210	14-1923720	2,400	
(62) NYS DEMOCRATIC ASSEMBLY CAMPAIGN COMM	107 WASHINGTON AVE STE 1LL ALBANY,NY 12210	13-3041656	25,000	
(63) NYS DEMOCRATIC SENATE CAMPAIGN COMMITTEE	111 WASHINGTON AVE STE 409 ALBANY,NY 12210	11-2924245	17,500	
(64) PEOPLE FOR JGR	PO BOX 1079 JACKSON HGHTS,NY 11372	92-3126126	500	
(65) PEOPLE FOR VANESSA L GIBSON	115 E 96TH STREET APT 12A NEW YORK,NY 10128	88-1790802	1,000	
(66) RAMOS FOR STATE SENATE	75-22 37TH AVENUE 113 JACKSON HEIGHTS,NY 11372	82-3641913	2,500	
(67) RE-ELECT ASSYMBR LATRICE WALKER	9 GREENWAY DRIVE FARMINGDALE,NY 11735	47-5504232	1,000	
(68) RE-ELECT POWERS QUEENS	16 W 23RD STREET 3RD FL NEW YORK,NY 10010	80-0650440	600	
(69) REYNOSO BK	400 JAY STREET PMB 159 BROOKLYN,NY 112015100	92-2343282	1,000	
(70) RILEY 2023	3441 ELY AVENUE BRONX,NY 10469	88-2461955	550	
(71) SANCHEZ 2023	3030 KINGSBRIDGE TERRACE BRONX,NY 10463	93-4224521	1,050	
(72) SANDY NURSE FOR COUNCIL	515 E 86TH STREET 802 NEW YORK,NY 10028	88-1724657	750	
(73) STACEY PHEFFER AMATO FOR ASSEMBLY	PO BOX 184 ROCKAWAY BEACH,NY 11693	81-2909650	1,000	
(74) TAPIA FOR THE BRONX	245 E 180TH STREET 2C BRONX,NY 10457	87-6682838	15,000	
(75) VELAZQUEZ 2023	244 5TH AVE SUITE 2015 NEW YORK,NY 10001	88-1187511	1,050	
(76) WON FOR COUNCIL	4537 43RD ST 1 SUNNYSIDE,NY 11104	88-3134006	750	
(77) YUSEF SALAAM	485 LENOX AVENUE 6G NEW YORK,NY 10037	92-0941321	1,000	
(78) YUSEF SALAAM FOR THE PEOPLE TIE	485 LENOX AVE 6-G NEW YORK,NY 10037	93-4545020	1,000	
(79) ZACCARO FOR NYS	1056 NEIL AVENUE 2F BRONX,NY 10461	87-3988578	1,000	
(80) ZELLNOR FOR SENATE	244 FIFTH AVE SUITE 2166 NEW YORK,NY 10001	82-2893592	2,000	

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.		
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-.		

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.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2019	**(b)** 2020	**(c)** 2021	**(d)** 2022	**(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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
AMER FED STATE COUNTY MUNI EMP AFL-CIO
NEW YORK CITY DISTRICT COUNCIL 37

Employer identification number
13-5673101

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☐ **No**

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

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

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

Part V Endowment Funds.

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

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

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

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

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

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

		Yes	No
(i) Unrelated organizations	**3a(i)**		
(ii) Related organizations	**3a(ii)**		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,820,406		1,820,406
b Buildings		60,462,515	11,908,635	48,553,880
c Leasehold improvements				
d Equipment		2,997,101	2,524,728	472,373
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				50,846,659

Part VII **Investments - Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMON COLLECTIVE TRUST	25,152,852	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	25,152,852	

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
PENSION WITHDRAWAL LIABILITY	3,797,017
ACCUMULATED SEVERANCE, VACATION & SICK PAY	10,642,224
ACCRUED POSTRETIREMENT BENEFITS	39,469,420
DUE TO AFFILATES	11,796,467
LEASE LIABILITY	1,042,293
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	66,747,421

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

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	52,224,047
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	2,637,928		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	2,637,928
3	Subtract line **2e** from line **1**			3	49,586,119
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	21,440		
b	Other (Describe in Part XIII.)	4b	6,259,018		
c	Add lines **4a** and **4b**			4c	6,280,458
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	55,866,577

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	44,295,856
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	44,295,856
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	21,440		
b	Other (Describe in Part XIII.)	4b	6,259,018		
c	Add lines **4a** and **4b**			4c	6,280,458
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	50,576,314

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part lV, 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:	MANAGEMENT IS REQUIRED TO EVALUATE TAX POSITIONS TAKEN BY THE COUNCIL AND RECOGNIZE A TAX LIABILITY IF THE COUNCIL HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE U.S. FEDERAL, STATE, OR LOCAL TAXING AUTHORITIES. THE COUNCIL IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. TYPICALLY, TAX YEARS WILL REMAIN OPEN FOR THREE YEARS; HOWEVER, THIS MAY DIFFER DEPENDING UPON THE CIRCUMSTANCES OF THE COUNCIL.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	REIMBURSED COSTS FROM AFFILIATED TRUST FUNDS 6,259,018.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	REIMBURSED COSTS FROM AFFILIATED TRUST FUNDS 6,259,018.

Additional Data

Return to Form

Software ID:

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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
AMER FED STATE COUNTY MUNI EMP AFL-CIO
NEW YORK CITY DISTRICT COUNCIL 37

Employer identification number
13-5673101

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GARRIDO HENRY EXECUTIVE DIRECTOR	(i)	365,253	0	0	0	32,366	397,619	0
	(ii)	0	0	0	0	- 0	- 0	0
2 UDDIN MAF TREASURER	(i)	291,516	0	0	5,021	31,393	327,930	0
	(ii)	0	0	0	0	- 0	- 0	0
3 EDWARDS JAHMILA ASSOC DIRECTOR	(i)	254,453	0	0	0	30,903	285,356	0
	(ii)	0	0	0	0	- 0	- 0	0
4 LOVAGLIO-MILLER ROSE DIRECTOR	(i)	231,757	0	0	0	30,604	262,361	0
	(ii)	0	0	0	0	- 0	- 0	0
5 MULLIGAN KENNY DIVISION DIRECTOR	(i)	224,715	0	0	0	30,511	255,226	0
	(ii)	0	0	0	0	- 0	- 0	0
6 ROACH ROBIN GENERAL COUNSEL	(i)	231,282	0	0	0	15,261	246,543	0
	(ii)	0	0	0	0	- 0	- 0	0
7 TINEO ODETTY DIR. OF POLITICAL ACTION	(i)	207,609	0	0	0	30,285	237,894	0
	(ii)	0	0	0	0	- 0	- 0	0
8 SYKES STEVEN ASSOC GENERAL COUNSEL	(i)	194,943	0	0	0	30,118	225,061	0
	(ii)	0	0	0	0	- 0	- 0	0
9 INGRAM-EDMONDS BARBARA DIR OF LBR TRANS STRGC IN	(i)	190,648	0	0	0	30,061	220,709	0
	(ii)	0	0	0	0	- 0	- 0	0
10 WILGENKAMP CHRIS DIRECTOR OF TECHNOLOGY	(i)	203,102	0	0	0	14,890	217,992	0
	(ii)	0	0	0	0	- 0	- 0	0
11 TERRELONGE BARBARA FIELD OPERATIONS DIRECTOR	(i)	202,475	0	0	0	15,280	217,755	0
	(ii)	0	0	0	0	- 0	- 0	0
12 GRAY-NELSON ERICA SR ASST GENERAL COUNSEL	(i)	187,583	0	0	0	30,021	217,604	0
	(ii)	0	0	0	0	- 0	- 0	0
13 SANTANA MARIANELA DIVISION DIRECTOR	(i)	186,271	0	0	0	30,003	216,274	0
	(ii)	0	0	0	0	- 0	- 0	0
14 DEPRADINE ROGER CONTROLLER	(i)	184,100	0	0	0	29,975	214,075	0
	(ii)	0	0	0	0	- 0	- 0	0
15 STUMPEL WILLIAM DATABASE ANALYST	(i)	181,426	0	0	0	29,939	211,365	0
	(ii)	0	0	0	0	- 0	- 0	0
16 MENDUINA MICHELE DIVISION DIRECTOR	(i)	196,033	0	0	0	14,796	210,829	0
	(ii)	0	0	0	0	- 0	- 0	0
17 BURKE JOHN DIVISION DIRECTOR	(i)	179,327	0	0	0	29,912	209,239	0
	(ii)	0	0	0	0	- 0	- 0	0
18 THOENS KURT ASSOCIATE DIRECTOR IT	(i)	172,517	0	0	0	29,822	202,339	0
	(ii)	0	0	0	0	- 0	- 0	0
19 KADLUB AMY DIRECTOR OF HR	(i)	180,988	0	0	0	14,598	195,586	0
	(ii)	0	0	0	0	- 0	- 0	0
20 MUNK MICHAEL MANAGER PC NETWORK	(i)	165,000	0	0	0	29,723	194,723	0
	(ii)	0	0	0	0	- 0	- 0	0

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 PENNIX MICHAEL APPLICATIONS MANAGER	(i)	159,800	0	0	0	29,667	189,467	0
	(ii)	0	0	0	0	- 0	- 0	0
22 GREEN MICHELLE ASSOC DIRECTOR	(i)	155,500	0	0	0	29,597	185,097	0
	(ii)	0	0	0	0	- 0	- 0	0
23 BOYD DAVID DIVISION DIRECTOR	(i)	170,290	0	0	0	14,458	184,748	0
	(ii)	0	0	0	0	- 0	- 0	0
24 KNIGHT MADONNA ASST DIVISION DIRECTOR	(i)	154,612	0	0	0	29,586	184,198	0
	(ii)	0	0	0	0	- 0	- 0	0
25 POINTDUJOUR JACQUELINE ASST. DIV. DIRECTOR	(i)	154,612	0	0	0	29,586	184,198	0
	(ii)	0	0	0	0	- 0	- 0	0
26 MCCARROLL THOMAS INFRASTRUCTURE MANAGER	(i)	150,524	0	0	0	29,532	180,056	0
	(ii)	0	0	0	0	- 0	- 0	0
27 DOUGLAS EDWARD ASST DIVISION DIRECTOR	(i)	160,807	0	0	0	14,730	175,537	0
	(ii)	0	0	0	0	- 0	- 0	0
28 WILLIAMS DEBORAH DIRECTOR OF SAFETY & HEALT	(i)	151,478	0	0	0	14,249	165,727	0
	(ii)	0	0	0	0	- 0	- 0	0
29 ZIEMBA TRACEY ASST DIVISION DIRECTOR	(i)	156,908	0	0	0	3,755	160,663	0
	(ii)	0	0	0	0	- 0	- 0	0

Part III Supplemental Information

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

Return Reference	Explanation

Additional Data

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
AMER FED STATE COUNTY MUNI EMP AFL-CIO
NEW YORK CITY DISTRICT COUNCIL 37

Employer identification number
13-5673101

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION/DISTRICT COUNCIL HAS MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A	THE EXECUTIVE BOARD MEMBERS ARE ELECTED BY THE GENERAL MEMBERSHIP OF THE LOCALS MAKING UP THE DISTRICT COUNCIL.
FORM 990, PART VI, SECTION A, LINE 7B	THE AFFILIATED LABOR UNIONS OF THE DISTRICT COUNCIL HOLD PERIODIC MEMBERSHIP MEETINGS IN WHICH DECISIONS OF THE EXECUTIVE BOARD ARE APPROVED BY THE MEMBERSHIP.
FORM 990, PART VI, SECTION A, LINE 8B	THE DISTRICT COUNCIL HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE EXECUTIVE BOARD.
FORM 990, PART VI, SECTION B, LINE 11B	THE RETURN IS REVIEWED AND APPROVED BY THE CONTROLLER, TREASURER AND THE DIRECTOR BEFORE IT IS FILED. A COPY OF THE RETURN IS AVAILABLE TO THE EXECUTIVE BOARD MEMBERS UPON REQUEST.
FORM 990, PART VI, SECTION B, LINE 12C	IN ORDER TO MONITOR THE CONFLICT OF INTEREST POLICY, THE DISTRICT COUNCIL EMPLOYS THE USE OF INTERNAL AND EXTERNAL ETHICS OFFICERS. UPON STARTING EMPLOYMENT, NEW EMPLOYEES ARE GIVEN A COPY OF THE ETHICS POLICY. ADDITIONALLY, THE ETHICS POLICY IS PUBLISHED ANNUALY IN THE DISTRICT COUNCL'S MEMBERSHIP NEWSPAPER. ANY AND ALL INCIDENTS ARE REPORTED TO AND MONITORED BY INTERNAL AND EXTERNAL ETHICS OFFICERS.
FORM 990, PART VI, SECTION B, LINE 15	STAFF COMPENSATION IS SET BY DEPARTMENT DIRECTORS. STAFF AND OFFICERS' COMPENSATION ARE APPROVED BY THE EXECUTIVE BOARD. INCREASES ARE GENERALLY EQUIVALENT TO UNION MEMBER'S SALARY INCREASES PURSUANT TO THE COLLECTIVE BARGAINING CONTRACT IN FORCE.
FORM 990, PART VI, SECTION C, LINE 19	THE DISTRICT COUNCIL'S CONSTITUTION AND CONFLICT OF INTEREST POLICY ARE AVILABLE UPON REQUEST AND ARE POSTED ON THE INTERNET. THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL EMPLOYEES, THE EXECUTIVE BOARD AND DELEGATES. THE CONSTITUTION IS DISTRIBUTED AT VARIOUS WORKSHOPS. THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND ARE MADE AVAILABLE AT PERIODIC DELEGATE MEETINGS.
FORM 990, PART XI, LINE 9:	NET PERIODIC POSTRETIREMENT BENEFITS COST ADJUSTMENT 17,884,778.
FORM 990 PART XII LINE 2C	THE EXECUTIVE BOARD ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

Additional Data

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
AMER FED STATE COUNTY MUNI EMP AFL-CIO
NEW YORK CITY DISTRICT COUNCIL 37

Employer identification number
13-5673101

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1)DISTRICT COUNCIL 37 HEALTH & SECURITY PLAN TRUST 125 BARCLAY STREET NEW YORK, NY 10007 13-6209963	PROVIDE HEALTH & WELFARE BENEFITS	NY	501(C)(9)				No
(2)DISTRICT COUNCIL 37 BENEFITS FUND TRUST 125 BARCLAY STREET NEW YORK, NY 10007 13-2988369	COLLECT & DISTRIBUTE FUNDS FOR HEALTH & WELFARE BENENFITS	NY	501(C)(5)				No
(3)DISTRICT COUNCIL 37 EDUCATION FUND 125 BARCLAY STREET NEW YORK, NY 10007 13-2686582	TRAINING MEMBERS	NY	501(C)(3)				No
(4)DISTRICT COUNCIL 37 MUNICIPAL EMPLOYEES LEGAL SERVICES 125 BARCLAY STREET NEW YORK, NY 10007	LEGAL SERVICES	NY	501(C)(5)				No

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

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

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

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

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

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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) DISTRICT COUNCIL 37 BENEFITS FUND TRUST	Q	22,967	ACCRUAL BASIS
(2) DISTRICT COUNCIL 37 EDUCATION FUND	Q	446,219	ACCRUAL BASIS
(3) DISTRICT COUNCIL 37 MUNICIPAL EMPLOYEES LEGAL SERVICES	Q	327,735	ACCRUAL BASIS
(4) DISTRICT COUNCIL 37 HEALTH & SECURITY PLAN TRUST	Q	5,462,097	ACCRUAL BASIS

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

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

(a) Name, address, and EIN of entity	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Predominant income (related, unrelated, excluded from tax under sections 512-514)	**(e)** Are all partners section 501(c)(3) organizations?		**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Disproportionate allocations?		**(i)** Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	**(j)** General or managing partner?		**(k)** Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	

Part VII Supplemental Information

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

Return Reference	Explanation

Schedule R (Form 990) 2023

Additional Data

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