

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): 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.

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 05-01-2020, and ending 04-30-2021

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

C Name of organization: SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS. Doing business as: 5757 WILSHIRE BOULEVARD 7TH FLOOR. City or town, state or province, country, and ZIP or foreign postal code: LOS ANGELES, CA 90036

D Employer identification number: 45-4931719. E Telephone number: (323) 954-1600. G Gross receipts \$ 121,801,171

F Name and address of principal officer: DAVID WHITE, 5757 WILSHIRE BOULEVARD 7TH FLOOR, LOS ANGELES, CA 90036

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. 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.SAGAFTRA.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 2012. M State of legal domicile: DE

Part I Summary

Table with 4 main sections: 1. Briefly describe the organization's mission or most significant activities: SAG-AFTRA MEMBERS WORK TOGETHER TO SECURE THE STRONGEST PROTECTIONS FOR MEDIA ARTISTS. 2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-7a: Summary statistics (voting members, independent members, employees, volunteers, revenue). 7b: Net unrelated business taxable income. 8-12: Revenue breakdown (Contributions, program service, investment, other). 13-19: Expenses breakdown (Grants, benefits, salaries, fundraising, other). 20-22: Net assets or fund balances (Total assets, total liabilities, net assets).

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 (ARIANNA OZZANTO CFO), Date (2022-03-14), Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date (2022-03-14), Check if self-employed, PTIN (P00666808), Firm's name (SINGERLEWAK LLP), Firm's EIN (95-2302617), Firm's address (10960 WILSHIRE BOULEVARD 7TH FLOOR, LOS ANGELES, CA 900243783), Phone no. (310) 477-3924

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III  **1** Briefly describe the organization's mission:

SEE SCHEDULE O.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
THE UNION HOLDS FUNDS IN TRUST FOR MEMBERS FROM SECONDARY MARKETS.**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
SAG-AFTRA HOLDS AN ANNUAL AWARD SHOW TO HONOR SCREEN ACTORS FOR THEIR ACCOMPLISHMENTS.**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
ACTIVITIES OF THE CONSERVATORY COMMITTEE PROVIDE EDUCATION IN THE CRAFT OF ACTING IN THE FORM OF SEMINARS, WORKSHOPS, LECTURES, ETC.(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
OPTIONAL PARTICIPATION FOR MEMBERS IN THE FILM SOCIETY, MEMBERS CAN JOIN FOR THE PURPOSE OF REVIEWING FILMS.**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )**4e** Total program service expenses ▶

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Table with 10 columns: Question ID, Question Text, Answer Box, and three columns for Yes/No/Other responses. Rows include questions 2a through 16, covering topics like employee reporting, foreign accounts, and charitable trusts.

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

Section A. Governing Body and Management

Table with 3 main columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 main columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently... 13 Did the organization have a written whistleblower... 14 Did the organization have a written document... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute... 16b If "Yes," did the organization follow a written...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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:
ARIANNA OZZANTO 5757 WILSHIRE BOULEVARD 7TH FLOOR LOS ANGELES, CA 90036 (323) 954-1600

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GABRIELLE CARTERIS ..... NATIONAL PRESIDENT	1.00 .....	X		X				0	0	0
(2) REBECCA DAMON ..... EXECUTIVE VICE PRESIDENT	1.00 .....	X		X				0	0	0
(3) CAMRYN MANHEIM ..... NATIONAL SECRETARY-TREASURER	1.00 .....	X		X				0	0	0
(4) MICHELE PROUDE ..... NATIONAL VICE PRESIDENT, MID-SIZED LOCALS	1.00 .....	X		X				0	0	0
(5) WILLIAM CHARLTON ..... NATIONAL VICE PRESIDENT, ACTORS/PERFORMERS	1.00 .....	X		X				0	0	0
(6) BOB BUTLER ..... NATIONAL VICE PRESIDENT, BROADCASTERS	1.00 .....	X		X				0	0	0
(7) CLYDE KUSATSU ..... NATIONAL VICE PRESIDENT, LOS ANGELES	1.00 .....	X		X				0	0	0
(8) LIZ ZAZZI ..... NATIONAL VICE PRESIDENT, NEW YORK	1.00 .....	X		X				0	0	0
(9) DAN NAVARRO ..... NATIONAL VICE PRESIDENT, REC. ARTISTS/SINGERS	1.00 .....	X		X				0	0	0
(10) SUZANNE BURKHEAD ..... NATIONAL VICE PRESIDENT, SMALL LOCALS	1.00 .....	X		X				0	0	0
(11) DON AHLES ..... NATIONAL BOARD MEMBER	1.00 .....	X						0	0	0
(12) ED ASNER ..... NATIONAL BOARD MEMBER	1.00 .....	X						0	0	0
(13) JANE AUSTIN ..... NATIONAL BOARD MEMBER	1.00 .....	X						0	0	0
(14) JENNIFER BEALS ..... NATIONAL BOARD MEMBER	1.00 .....	X						0	0	0
(15) RANDAL BERGER ..... NATIONAL BOARD MEMBER	1.00 .....	X						0	0	0
(16) NITASHA BHAMBREE ..... NATIONAL BOARD MEMBER	1.00 .....	X						0	0	0
(17) RODGER BRAND ..... NATIONAL BOARD MEMBER	1.00 .....	X						0	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)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Former highest compensated employee			
(18) JOHN CARTER BROWN NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(19) YVETTE NICOLE BROWN NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(20) NEVE CAMPBELL NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(21) ANDREW CAPLE-SHAW NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(22) JOANNA CASSIDY NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(23) JOE DWANGERT NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(24) MAUREEN DONNELLY NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(25) STEVE DRESSLER NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(26) NANCY DUERR NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(27) HAL EISNER NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(28) DEBBIE EVANS NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(29) GREG EVIGAN NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(30) MARIE FINK NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(31) FRANCES FISHER NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(32) NICK FONDULIS NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(33) ILYSSA FRADIN NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(34) HECTOR GARCIA NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(35) JASON GEORGE NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(36) MARGIE GHIGO NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(37) TRACI GODFREY NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(38) LAMONTE GOODE NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(39) ELLIOT GOULD NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(40) ABIGAIL GRENLEY NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(41) STEPHEN MCKINLEY HENDERSON NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(42) MICHELLE HURD NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(43) DAVID JOLLIFFE NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(44) PHOEBE JONAS NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(45) EZRA KNIGHT NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(46) MIKE KRAYCIK NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(47) DIANE LADD NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(48) ELAINE LEGARO NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(49) JODI LONG NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(50) MEL MACKARON NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(51) MARY MCDONALD-LEWIS NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(52) JOSEPH MELENDEZ NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(53) MATTHEW MODINE NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(54) BILL MOOTOS NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(55) ESAI MORALES NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(56) DEBRA NELSON NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(57) JENNY O'HARA NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(58) VINCENT PASTORE NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(59) JANICE PENDARVIS NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(60) ROBERT PINE NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(61) JAY POTTER NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(62) LINDA POWELL NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(63) CHERI PRESTON NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(64) JASPER RANDALL NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(65) STONEY RICHARDS NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(66) PATRICIA RICHARDSON NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(67) SCOTT ROGERS NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(68) DON SANCHEZ NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(69) ROB SCHNEIDER NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(70) SARAH SEEDS NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(71) SUSAN SNYDER NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(72) JEFF SPURGEON NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(73) JONATHAN TAYLOR THOMAS NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(74) PETER TOCCO NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(75) SHEILA TRAISTER NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(76) STACEY TRAVIS NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(77) PAMELA WEAVER NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(78) BEN WHITEHAIR NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(79) OLGA WILHELMINE NATIONAL BOARD MEMBER	1.00	X				0	0	0	
(80) PETE ANTICO ALTERNATE	1.00	X				0	0	0	
(81) ROB ARCHER ALTERNATE	1.00	X				0	0	0	
(82) MARC BARON ALTERNATE	1.00	X				0	0	0	
(83) JESSICA BARTH ALTERNATE	1.00	X				0	0	0	
(84) EVAN BASS ALTERNATE	1.00	X				0	0	0	
(85) AVIS BOONE ALTERNATE	1.00	X				0	0	0	
(86) CHRISTINE BRUNO ALTERNATE	1.00	X				0	0	0	
(87) CHARLEAN CARMON ALTERNATE	1.00	X				0	0	0	
(88) NATALIA CASTELLANOS ALTERNATE	1.00	X				0	0	0	
(89) ELLEN CRAWFORD ALTERNATE	1.00	X				0	0	0	
(90) RIK DESKIN ALTERNATE	1.00	X				0	0	0	
(91) SONNY G ALTERNATE	1.00	X				0	0	0	
(92) JANETTE GAUTIER ALTERNATE	1.00	X				0	0	0	
(93) MICHELLE JUBILEE GONZALEZ ALTERNATE	1.00	X				0	0	0	
(94) PAMELA GUEST ALTERNATE	1.00	X				0	0	0	
(95) RICHARD HADFIELD ALTERNATE	1.00	X				0	0	0	
(96) BRIAN HAMILTON ALTERNATE	1.00	X				0	0	0	
(97) LINDA HARCHARIC ALTERNATE	1.00	X				0	0	0	
(98) SAMANTHA HARTSON ALTERNATE	1.00	X				0	0	0	
(99) KATHRYN HOWELL ALTERNATE	1.00	X				0	0	0	
(100) MATT KAVANAUGH ALTERNATE	1.00	X				0	0	0	
(101) VERANIA KENTON ALTERNATE	1.00	X				0	0	0	
(102) JIM KERR ALTERNATE	1.00	X				0	0	0	
(103) CLAYTON LANDEY ALTERNATE	1.00	X				0	0	0	
(104) DONNA LYNN LEAVY ALTERNATE	1.00	X				0	0	0	
(105) JOANNA LEEDS ALTERNATE	1.00	X				0	0	0	
(106) LANCE LEWMAN ALTERNATE	1.00	X				0	0	0	
(107) SAMANTHA MACIVOR ALTERNATE	1.00	X				0	0	0	
(108) KEVIN MCCORKLE ALTERNATE	1.00	X				0	0	0	
(109) MYKLE MCCOSLIN ALTERNATE	1.00	X				0	0	0	
(110) MICHAEL MONTGOMERY ALTERNATE	1.00	X				0	0	0	
(111) PETER MOORE ALTERNATE	1.00	X				0	0	0	
(112) JACK MULCAHY ALTERNATE	1.00	X				0	0	0	
(113) RON OSTROW ALTERNATE	1.00	X				0	0	0	
(114) LEE PURCELL ALTERNATE	1.00	X				0	0	0	
(115) KIM RENEE ALTERNATE	1.00	X				0	0	0	
(116) CHRISSE ROCCARO ALTERNATE	1.00	X				0	0	0	
(117) WILLIAM SCHULENBURG ALTERNATE	1.00	X				0	0	0	
(118) WOODY SCHULTZ ALTERNATE	1.00	X				0	0	0	
(119) KEVIN SCULLIN ALTERNATE	1.00	X				0	0	0	
(120) SHAWN SHARMA ALTERNATE	1.00	X				0	0	0	
(121) FLETCHER SHERIDAN ALTERNATE	1.00	X				0	0	0	
(122) LESLIE SHREVE ALTERNATE	1.00	X				0	0	0	
(123) BOB STEPHENSON ALTERNATE	1.00	X				0	0	0	
(124) JAMAL STORY ALTERNATE	1.00	X				0	0	0	
(125) AMIR TALAI ALTERNATE	1.00	X				0	0	0	
(126) DANIELLE TOWNE ALTERNATE	1.00	X				0	0	0	
(127) KATIE VON TILL ALTERNATE	1.00	X				0	0	0	
(128) SHELLEY WAGGENER ALTERNATE	1.00	X				0	0	0	
(129) LISA ANN WALTER ALTERNATE	1.00	X				0	0	0	
(130) VIVICCA A WHITSETT ALTERNATE	1.00	X				0	0	0	
(131) ERIC WYDRA ALTERNATE	1.00	X				0	0	0	
(132) RICK ZAHN ALTERNATE	1.00	X				0	0	0	
(133) ANDREW ZIMMERMAN ALTERNATE	1.00	X				0	0	0	
(134) DAVID WHITE NATIONAL EXECUTIVE DIRECTOR	40.00		X			647,154	0	194,147	
(135) ARIANNA OZZANTO CHIEF FINANCIAL OFFICER	40.00		X			296,166	0	88,850	
(136) DUNCAN CRABTREE-IRELAND CHIEF OPERATING OFFICER / GENERAL COUNSEL	40.00			X		342,083	0	102,625	
(137) RAY RODRIGUEZ CHIEF CONTRACTS OFFICER	40.00			X		339,665	0	101,899	
(138) MATHIS DUNN JR ASSOCIATE NATIONAL EXECUTIVE DIRECTOR	40.00			X		331,508	0	99,453	
(139) PAMELA GREENWALT CHIEF COMMUNICATIONS & MARKETING OFFICER	40.00			X		283,257	0	84,977	
(140) TASHIA MALLETTE CHIEF PEOPLE OFFICER	40.00			X		270,779	0	81,234	
(141) MARY CAVALLARO CHIEF BROADCAST OFFICER	40.00			X		279,028	0	83,708	
(142) KATHY CONNELL EXEC. PRODUCER SAG AWARDS & NATIONAL PROGRAMMING	40.00			X		398,143	0	119,442	
(143) DAVID VIVIANO CHIEF ECONOMIST	40.00			X		250,080	0	75,024	
(144) JOHN MCGUIRE SENIOR ADVISOR	24.00			X		193,852	0	58,156	
(145) JEFFREY BENNETT EXEC. DIRECTOR, NY LOCAL & CHIEF DEPUTY GENERAL CO	40.00			X		271,930	0	81,579	
(146) WILLIAM EVAN BENSUSSEN EXEC. DIRECTOR, OPERATIONS & CHIEF ADMINISTRATIVE O	40.00			X		262,883	0	78,865	
(147) DEBORAH M SKELLY ASST. EXEC. DIRECTOR, INDUSTRY RELATIONS	40.00			X		251,314	0	75,395	
(148) RICHARD LARKIN ASSOC. EXECUTIVE DIRECTOR/LABOR COUNSEL	40.00			X		242,025	0	72,607	
(149) ADAM MATHEW MOORE NATIONAL DIRECTOR, EEO/DIVERSITY	40.00			X		236,717	0	71,015	
<b>1b Sub-Total</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>						4,896,584	0	1,468,976	
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization <b>▶ 142</b>									
<b>3</b> 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							Yes	No	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual							Yes	No	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person							Yes	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
AVALON HARBOR ENTERTAINMENT INC 1447 CLOVERFIELD BLVD SUITE 201 SANTA MONICA, CA 90404	PRODUCTION COMPANY	3,535,168
BUSH GOTTLIEB 500 N CENTRAL AVE SUITE 800 GLENDALE, CA 91203	LEGAL FIRM	1,447,846
BIRD MARELLA BOXER WOLPERT NESSIM DROOKS 1875 CENTURY PARK EAST SUITE 2300 LOS ANGELES, CA 90067	LEGAL FIRM	773,194
COHEN WEISS & SIMON LLP 900 THIRD AVENUE 21ST FLOOR NEW YORK, NY 10022	LEGAL FIRM	563,918
EXACTUALS LLC 1100 GLENDON AVE 17TH FL LOS ANGELES, CA 90024	PAYMENT PROCESSING SERVICE	561,011
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>▶ 31</b>		

**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
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<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>			
	<b>b</b> Membership dues . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . .	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>			
<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>				
<b>h Total.</b> Add lines 1a-1f . . . . . ▶					

<b>Program Service Revenue</b>		Business Code			
		<b>2a</b> MEMBERSHIP & INITIATION DUES	900099	105,642,566	105,642,566
<b>b</b> AWARDS SHOW INCOME	900099	3,637,965	3,637,965		
<b>c</b> CONSERVATORY	900099	2,170	2,170		
<b>d</b>					
<b>e</b>					
<b>f</b> All other program service revenue.					
<b>g Total.</b> Add lines 2a-2f. . . . .		109,282,701			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		612,240		612,240	
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6a</b> Gross rents	(i) Real	2,383,775			
		(ii) Personal				
		<b>6b</b> Less: rental expenses	0			
		<b>6c</b> Rental income or (loss)	2,383,775			
	<b>d</b> Net rental income or (loss) . . . . . ▶		2,383,775		2,383,775	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	4,385,028			
		(ii) Other ▶				
		<b>7b</b> Less: cost or other basis and sales expenses	5,147,838			
		<b>7c</b> Gain or (loss)	-762,810			
	<b>d</b> Net gain or (loss) . . . . . ▶		-762,810		-762,810	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>				
		<b>8b</b> Less: direct expenses				
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
	<b>9b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶					
<b>10a</b> Gross sales of inventory, less						

returns and allowances . . .	<b>10a</b>				
<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue	Business Code				
<b>11a</b> UNCLAIMED RESIDUALS	900099	1,590,000	1,590,000		
<b>b</b> RECORDING ARTIST SERVICE FEES	900099	1,006,307	1,006,307		
<b>c</b> ADVERTISING	511120	947,425		947,425	
<b>d</b> All other revenue . . . . .		1,593,695	1,593,695		
<b>e Total.</b> Add lines 11a-11d . . . . .		5,137,427			
<b>12 Total revenue.</b> See instructions . . . . .		116,653,333	113,472,703	947,425	2,233,205

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	290,043			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	10,962			
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	5,175,409			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	36,215,701			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,293,503			
<b>9</b> Other employee benefits	5,963,923			
<b>10</b> Payroll taxes	2,770,373			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	4,163,530			
<b>c</b> Accounting	354,764			
<b>d</b> Lobbying	242,266			
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	210,879			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,984,106			
<b>12</b> Advertising and promotion	12,811			
<b>13</b> Office expenses	1,002,693			
<b>14</b> Information technology	5,357,945			
<b>15</b> Royalties				
<b>16</b> Occupancy	12,342,942			
<b>17</b> Travel	175,098			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	12,259			
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,910,411			
<b>23</b> Insurance	828,681			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PUBLICATIONS EXPENSE	551,554			
<b>b</b> PRINTING & POSTAGE	2,639,889			
<b>c</b> AWARD SHOW EXPENSES	2,171,985			
<b>d</b> CREDIT CARD FEES	1,501,435			
<b>e</b> All other expenses	2,252,316			
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	94,435,478			
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	79,386,024	<b>1</b>	107,598,777
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	593,508	<b>4</b>	1,862,009
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,151,167	<b>9</b>	2,840,821
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	42,861,798		
	<b>b</b> Less: accumulated depreciation . . . . .	32,757,606	10,722,124	10,104,192
	<b>11</b> Investments—publicly traded securities . . . . .	19,967,076	<b>11</b>	22,675,678
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	3,098,032	<b>12</b>	3,481,609
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	285,702,402	<b>15</b>	340,867,124
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	402,620,333	<b>16</b>	489,430,210	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	21,314,580	<b>17</b>	15,218,331
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	8,556,688	<b>19</b>	121,097,504
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	215,599,007	<b>21</b>	238,080,005
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .	79,416,378	<b>25</b>	121,959,505
	<b>26 Total liabilities:</b> Add lines 17 through 25 . . . . .	324,886,653	<b>26</b>	496,355,345
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	77,733,680	<b>27</b>	-6,925,135
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	77,733,680	<b>32</b>	-6,925,135
<b>33</b> Total liabilities and net assets/fund balances . . . . .	402,620,333	<b>33</b>	489,430,210	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	116,653,333
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	94,435,478
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	22,217,855
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	77,733,680
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,330,709
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-110,207,379
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	-6,925,135

**Part XII Financial Statements and Reporting**

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

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

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**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 SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS	<b>Employer identification number</b> 45-4931719
--	---

**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) ..... ▶ \$ \_\_\_\_\_
- 3** Volunteer hours for political campaign activities (see instructions) .....

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

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  **Yes**  **No**
- 4a** Was a correction made? .....  **Yes**  **No**
- b** If "Yes," describe in Part IV.

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

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$ \_\_\_\_\_
- 4** Did the filing organization file **Form 1120-POL** for this year? .....  **Yes**  **No**
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

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

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

Supplemental Financial Statements

2020

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

Employer identification number

45-4931719

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor informed.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Year'.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art collections and amounts related to them.

**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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

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

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

- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Term endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		112,942		112,942
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		14,043,646	10,506,122	3,537,524
<b>d</b> Equipment . . . . .		28,705,210	22,251,484	6,453,726
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				10,104,192

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) ADVANCES AND DEPOSITS	440,069
(2) FUNDS HELD IN TRUST	238,080,005
(3) DEFERRED RENT RECEIVABLE	331,270
(4) RIGHT OF USE ASSETS	102,015,780
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	340,867,124

**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	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	121,959,505

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	119,984,042
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	3,330,709	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	3,330,709
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	116,653,333
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	116,653,333

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	94,435,478
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	94,435,478
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	94,435,478

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART IV, LINE 2B:	PRODUCERS' PRODUCTION AND RESIDUAL DEPOSITS ARE HELD IN TRUST TO ENSURE PAYMENT OF PERFORMERS SALARIES AND RESIDUALS. PERFORMERS' RESIDUAL PAYMENTS, SETTLEMENTS AND FOREIGN ROYALTIES ARE HELD IN TRUST PENDING DISTRIBUTION TO PERFORMERS.
PART X, LINE 2:	THE UNION IS INTENDED TO QUALIFY PURSUANT TO SECTION 501(C)(5) OF THE INTERNAL REVENUE CODE, AND ACCORDINGLY, THE UNION'S CHANGE IN NET ASSETS WITHOUT DONOR RESTRICTIONS IS EXEMPT FROM INCOME TAXES. MANAGEMENT BELIEVES THAT THE UNION CONTINUES TO QUALIFY AND TO OPERATE IN ACCORDANCE WITH APPLICABLE PROVISIONS OF THE INTERNAL REVENUE CODE. GAAP REQUIRES UNION MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE UNION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE UNION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. UNION MANAGEMENT HAS ANALYZED THE TAX POSITIONS BY THE UNION, AND HAS CONCLUDED THAT AS OF APRIL 30, 2021, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY THE IRS ARE THE YEARS ENDED APRIL 30, 2018 THROUGH APRIL 30, 2021 AND BY THE CALIFORNIA FRANCHISE TAX BOARD ARE THE YEARS ENDED APRIL 30, 2017 THROUGH APRIL 30, 2021. THE UNION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

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

▶ Attach to Form 990.

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

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SCREEN ACTORS GUILD-AMERICAN FEDERATION  
OF TELEVISION AND RADIO ARTISTS

**Employer identification number**  
45-4931719

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS	N/A	8,738,854
(2) EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	MEMBER SERVICES	514,244
(3) NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	MEMBER SERVICES	10,000
(4) SOUTH AMERICA	0	0	PROGRAM SERVICES	MEMBER SERVICES	1,125
(5) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	MEMBER SERVICES	1,190
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	0	0			9,265,413
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			9,265,413

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	GENERAL ASSISTANCE	10,000	CHECK			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities 1

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No



## Additional Data

**Software ID:**

**Software Version:**

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

**Schedule I  
(Form 990)**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

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

Name of the organization  
SCREEN ACTORS GUILD-AMERICAN FEDERATION  
OF TELEVISION AND RADIO ARTISTS

**Employer identification number**  
45-4931719

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SAG-AFTRA FOUNDATION 5757 WILSHIRE BLVD PH1 LOS ANGELES, CA 90036	95-3967876	501(C)(3)	171,598				GENERAL ASSISTANCE
(2) COMMISSION ON ELIMINATING SEXUAL HARASSMENT AND ADVANCING EQUALITY IN THE W 619 ARIZONA AVE FL 2 SANTA MONICA, CA 90401	83-2915013	501(C)(3)	100,000				GENERAL ASSISTANCE
(3) LOS ANGELES COUNTY FEDERATION OF LABOR AFL-CIO 2130 W JAMES M WOOD BLVD LOS ANGELES, CA 90006	95-2019312	501(C)(5)	12,000				GENERAL ASSISTANCE

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

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

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of noncash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE FINANCIAL SUPPORT LISTED ON SCHEDULE I, PART II, WERE PAID IN THE FORM OF DONATIONS TO THE NAMED ORGANIZATIONS.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SCREEN ACTORS GUILD-AMERICAN FEDERATION  
OF TELEVISION AND RADIO ARTISTS

Employer identification number

45-4931719

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**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?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**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?
  - b** Any related organization?
- 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?
  - b** Any related organization?
- 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.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b	Yes	
2	Yes	
3		
4a	Yes	
4b		No
4c		No
5a		
5b		
6a		
6b		
7		
8		
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID WHITE NATIONAL EXECUTIVE DIRECTOR	(i)	602,047	0	45,107	86,978	107,169	841,301	0
	(ii)	0	0	0	0	-	-	0
2 ARIANNA OZZANTO CHIEF FINANCIAL OFFICER	(i)	293,164	0	3,002	39,805	49,045	385,016	0
	(ii)	0	0	0	0	-	-	0
3 DUNCAN CRABTREE-IRELAND CHIEF OPERATING OFFICER / GENERAL CO	(i)	338,615	0	3,468	45,976	56,649	444,708	0
	(ii)	0	0	0	0	-	-	0
4 RAY RODRIGUEZ CHIEF CONTRACTS OFFICER	(i)	336,220	0	3,445	45,651	56,248	441,564	0
	(ii)	0	0	0	0	-	-	0
5 MATHIS DUNN JR ASSOCIATE NATIONAL EXECUTIVE DIRECTO	(i)	331,508	0	0	44,555	54,898	430,961	0
	(ii)	0	0	0	0	-	-	0
6 PAMELA GREENWALT CHIEF COMMUNICATIONS & MARKETING OFF	(i)	283,257	0	0	38,070	46,907	368,234	0
	(ii)	0	0	0	0	-	-	0
7 TASHIA MALLETTE CHIEF PEOPLE OFFICER	(i)	270,779	0	0	36,393	44,841	352,013	0
	(ii)	0	0	0	0	-	-	0
8 MARY CAVALLARO CHIEF BROADCAST OFFICER	(i)	279,028	0	0	37,501	46,207	362,736	0
	(ii)	0	0	0	0	-	-	0
9 KATHY CONNELL EXEC PRODUCER SAG AWARDS & NATIONAL	(i)	258,716	0	139,427	53,510	65,932	517,585	0
	(ii)	0	0	0	0	-	-	0
10 DAVID VIVIANO CHIEF ECONOMIST	(i)	247,544	0	2,536	33,611	41,413	325,104	0
	(ii)	0	0	0	0	-	-	0
11 JOHN MCGUIRE SENIOR ADVISOR	(i)	191,886	0	1,966	26,054	32,102	252,008	0
	(ii)	0	0	0	0	-	-	0
12 JEFFREY BENNETT EXEC. DIRECTOR, NY LOCAL & CHIEF DEP	(i)	269,238	0	2,692	36,547	45,032	353,509	0
	(ii)	0	0	0	0	-	-	0
13 WILLIAM EVAN BENSUSSEN EXEC. DIRECTOR, OPERATIONS & CHIEF A	(i)	256,557	0	6,326	35,332	43,533	341,748	0
	(ii)	0	0	0	0	-	-	0
14 DEBORAH M SKELLY ASST NATL EXEC DIRECTOR, INDUSTRY RE	(i)	85,474	0	165,840	33,777	41,618	326,709	0
	(ii)	0	0	0	0	-	-	0
15 RICHARD LARKIN ASSOC. EXECUTIVE DIRECTOR/LABOR COUN	(i)	242,025	0	0	32,528	40,079	314,632	0
	(ii)	0	0	0	0	-	-	0
16 ADAM MATHEW MOORE NATIONAL DIRECTOR, EEO/DIVERSITY	(i)	26,696	0	210,021	31,815	39,200	307,732	0
	(ii)	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
PART I, LINE 3	OTHER REPORTABLE COMPENSATION MAY ALSO INCLUDE PAYOUT OF UNUSED VACATION PAY, WHICH WOULD BE INCLUDED IN TAXABLE COMPENSATION.
PART I, LINE 4A	PER CONFIDENTIALITY AGREEMENT SIGNED BY THE ORGANIZATION, THE SEVERANCE PACKAGE PAID TO AN EMPLOYEE IS NOT OPEN FOR PUBLIC INSPECTION BUT IS AVAILABLE TO THE IRS UPON REQUEST.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

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

**2020****Open to Public  
Inspection**

Department of the Treasury

Name of the organization

SCREEN ACTORS GUILD-AMERICAN FEDERATION  
OF TELEVISION AND RADIO ARTISTS

Employer identification number

45-4931719

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	(A) INCREASING THE POWER AND LEVERAGE OF OUR MEMBERS IN THEIR BARGAINING RELATIONSHIPS WITH THE EMPLOYERS IN OUR INDUSTRIES; (B) ORGANIZING WORKERS IN THE ENTERTAINMENT AND MEDIA INDUSTRIES IN ORDER TO MAXIMIZE OUR BARGAINING STRENGTH; (C) INCREASING OUR POWER IN DEALING WITH THE VARIOUS GOVERNMENTAL BODIES THAT ADDRESS THE SIGNIFICANT PUBLIC POLICY ISSUES CONFRONTING OUR MEMBERS; (D) PROTECTING AND SECURING THE RIGHTS OF OUR MEMBERS IN THEIR PROFESSIONAL ACTIVITIES, INCLUDING SECURING MEANINGFUL LEGISLATION AND REGULATIONS ON MATTERS AFFECTING THEIR WORK AND TAKING APPROPRIATE PROTECTIVE ACTION IN RESPONSE TO THE UNAUTHORIZED USE OF THEIR WORK; (E) COOPERATING, COORDINATING AND COMBINING WITH OTHER ORGANIZATIONS WHOSE OBJECTIVES INCLUDE THE ADVANCEMENT AND IMPROVEMENT OF MEMBERS' COMPENSATION AND WORKING CONDITIONS WHENEVER SUCH ACTION IS IN THE BEST INTEREST OF OUR MEMBERS; (F) ESTABLISHING, CONDUCTING, SPONSORING AND MAINTAINING SUCH EDUCATIONAL, RECREATIONAL, SOCIAL AND CHARITABLE ENTERPRISES AS MAY ASSIST OUR MEMBERS AND AID IN THEIR GENERAL WELFARE; (G) RECEIVING, ADMINISTERING AND EXPENDING THE UNIONS FUND IN THE INTERESTS OF OUR MEMBERS; (H) COLLECTING AND DISTRIBUTING GOVERNMENT MANDATED OR OTHER COMPULSORY ROYALTIES, LEVIES OF REMUNERATION SUBJECT TO WORLDWIDE COLLECTIVE ADMINISTRATION; (I) WITHOUT LIMITATION, PROTECTING THE RIGHTS OF ENTERTAINMENT AND MEDIA ARTISTS IN ALL OTHER ASPECTS CONSISTENT WITH THE OVERALL OBJECTIVES OF THE UNION AND DOING ALL THINGS NECESSARY AND PROPER TO ADVANCE AND PROMOTE THEIR WELFARE AND INTERESTS.
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS DIVIDED INTO THE FOLLOWING CATEGORIES OF MEMBERSHIP STATUS: ACTIVE, HONORABLE WITHDRAWAL, PAYMENTS PENDING AND SUSPENDED PAYMENT.
FORM 990, PART VI, SECTION A, LINE 7A	THE NATIONAL BOARD OF DIRECTORS IS THE HIGHEST POLICY MAKING BODY OF THE ORGANIZATION. IT IS ELECTED BY THE MEMBERSHIP.
FORM 990, PART VI, SECTION A, LINE 7B	APPROVAL OF CERTAIN ISSUES MAY BE REFERRED TO EITHER THE MEMBERSHIP FOR A REFERENDUM VOTE OR TO A BIENNIAL NATIONAL CONVENTION.
FORM 990, PART VI, SECTION B, LINE 11B	THE CFO AND CONTROLLER REVIEW THE 990 FOR MISSTATEMENTS OR ERRORS AND THE AMOUNTS REPORTED ARE COMPARED TO THE AUDITED FINANCIALS. THE 990 IS DISTRIBUTED TO THE FINANCE COMMITTEE FOR DISCUSSION AND REVIEW. THE FORM IS ALSO AVAILABLE UPON REQUEST TO ANY BOARD MEMBER.
FORM 990, PART VI, SECTION B, LINE 12C	SAG-AFTRA ENFORCES ITS CONFLICT OF INTEREST POLICIES IN CONNECTION WITH THE FILING OF LABOR-MANAGEMENT REPORTS OF CONFLICTS OF INTEREST REQUIRED ANNUALLY OF OFFICERS, DIRECTORS, AND EMPLOYEES BY FEDERAL LAW, AS WELL AS THROUGH REGULAR MONITORING OF REPORTS OF POTENTIAL CONFLICTS OF INTEREST THROUGH THE PEOPLE AND CULTURE (I.E. HUMAN RESOURCES) DEPARTMENT.
FORM 990, PART VI, SECTION B, LINE 15	A COMMITTEE COMPOSED OF NATIONAL BOARD MEMBERS REVIEWS AND COMPARES THE NATIONAL EXECUTIVE DIRECTOR'S COMPENSATION WITH COMPENSATION FOR COMPARABLE POSITIONS, AND MAKES A RECOMMENDATION TO THE FULL BOARD FOR APPROVAL. THE ULTIMATE AUTHORITY RESIDES WITH THE NATIONAL BOARD.
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORM 990 MAY ALSO BE INSPECTED ON WWW.GUIDESTAR.ORG.
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST, THESE DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC.
FORM 990, PART VII, SECTION A:	ALTERNATE BOARD MEMBERS HAVE VOTING RIGHTS UPON BEING ASKED TO ATTEND A NATIONAL BOARD MEETING ON BEHALF OF A NATIONAL BOARD MEMBER. ACCORDINGLY, THE ORGANIZATION IS REPORTING THE NAMES OF ALTERNATE BOARD MEMBERS WHO WERE CALLED TO SERVE IN PLACE OF NATIONAL BOARD MEMBERS AT ANY TIME DURING THE TAX YEAR.
FORM 990, PART XI, LINE 9:	PRIOR PERIOD ADJUSTMENT - ASC 606 -110,207,379.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	UNDER THE NEW GUIDANCE OF ASC 606, THERE IS A CHANGE IN THE UNION'S RECOGNITION OF INITIATION FEE REVENUE. FOR THE YEAR ENDED APRIL 30, 2021, THE UNION NO LONGER FULLY RECOGNIZES INITIATION FEE REVENUES UPON COLLECTION, BUT INSTEAD OVER THE AVERAGE LIFECYCLE OF A SAG-AFTRA MEMBER, WHICH IS THE TERM THE UNION IS REQUIRED TO PROVIDE SERVICES. THE AVERAGE MEMBER LIFECYCLE IS AN ESTIMATE THAT IS REEVALUATED BY MANAGEMENT ANNUALLY, UTILIZING HISTORICAL AND NEW MEMBER JOIN DATA. THE AVERAGE TERM IS APPLIED TO THE AMOUNTS COLLECTED FOR INITIATION FEES, AND IS AMORTIZED TO THE STATEMENT OF ACTIVITIES ACCORDINGLY. AS OF MAY 1, 2020, ADOPTION OF THE NEW STANDARD RESULTED IN THE RECORDING OF DEFERRED INITIATION FEE REVENUE AND AN ADJUSTMENT TO OPENING NET ASSETS WITHOUT DONOR RESTRICTIONS OF \$110,207,379. THERE WAS NO IMPACT TO THE UNION'S OTHER REVENUE STREAMS.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047  
**2020**  
**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SCREEN ACTORS GUILD-AMERICAN FEDERATION  
OF TELEVISION AND RADIO ARTISTS

**Employer identification number**  
45-4931719

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> SCREEN ACTORS GUILD AWARDS LLC 5757 WILSHIRE BOULEVARD 7TH FLOOR LOS ANGELES, CA 90036 26-1703514	AWARDS SHOW PRESENTATION	CA	1,319,381	32,378,032	SAG-AFTRA
<b>(2)</b> GUILD INTELLECTUAL PROPERTY REALIZATION LLC 5757 WILSHIRE BOULEVARD 7TH FLOOR LOS ANGELES, CA 90036 27-0902453	RECOVER ASSIGNED DEBTS AND DISBURSE SUMS OWED TO MEMBERS	CA	-800	245,750	SAG-AFTRA
<b>(3)</b> SAG-AFTRA REAL PROPERTY HOLDINGS LLC 5757 WILSHIRE BOULEVARD 7TH FLOOR LOS ANGELES, CA 90036 36-4797722	HOLD AND OPERATE REAL ESTATE ON BEHALF OF SAG-AFTRA	DE	-24,496	270,585	SAG-AFTRA

**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
<b>(1)</b> SAG-AFTRA 401(K) RETIREMENT PLAN 5757 WILSHIRE BOULEVARD 7TH FLOOR LOS ANGELES, CA 90036 45-4931719	PROVIDES RETIREMENT BENEFITS	CA	401				No

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

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

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

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

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)SAG-AFTRA 401(K) RETIREMENT PLAN	R	199,901	EMPLOYER CONTRIBUTIONS TO 401(K)



**Part VII Supplemental Information**

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

Return Reference

Explanation

Schedule R (Form 990) 2020

**Additional Data**[Return to Form](#)**Software ID:****Software Version:**