

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.

A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021

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

C Name of organization: AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZATIONS. Doing business as: 815 BLACK LIVES MATTER PLAZA NW. City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 20006

D Employer identification number: 53-0228172. E Telephone number: (202) 637-5199. G Gross receipts \$ 116,802,100

F Name and address of principal officer: FREDRICK D REDMOND, 815 BLACK LIVES MATTER PLAZA NW, WASHINGTON, DC 20006

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)(5) (insert no.)

J Website: WWW.AFLCIO.ORG

K Form of organization: Other UNINCORPORATED ASSOCIATION

L Year of formation: 1955. M State of legal domicile: DC

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission, membership, revenue, expenses, and 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.

Sign Here. Signature of officer: FREDRICK D REDMOND, SECRETARY-TREASURER/EXECUTIVE VP. Date: 2022-05-16

Paid Preparer Use Only. Print/Type preparer's name, Preparer's signature, Date, Firm's name: CALIBRE CPA GROUP PLLC, Firm's EIN: 47-0900880, Firm's address: 7501 WISCONSIN AVENUE SUITE 1200 WEST BETHESDA, MD 20814

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:

THE ORGANIZATION IS A FEDERATION OF LABOR UNIONS. ITS MISSION IS TO IMPROVE THE LIVES OF WORKING FAMILIES - TO BRING ECONOMIC JUSTICE TO THE WORKPLACE AND SOCIAL JUSTICE TO OUR NATION.

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 AFL-CIO IS A FEDERATION OF AFFILIATED NATIONAL AND INTERNATIONAL LABOR UNIONS, TRADE AND INDUSTRIAL DEPARTMENTS, STATE AND LOCAL CENTRAL BODIES AND DIRECTLY AFFILIATED LOCAL UNIONS. THE AFL-CIO ENGAGED IN A WIDE RANGE OF ACTIVITIES ON BEHALF OF ITS AFFILIATES AND THEIR MEMBERS. THESE ACTIVITIES ARE DESIGNED TO IMPROVE THE LIVES OF WORKING FAMILIES - TO BRING ECONOMIC JUSTICE TO THE WORKPLACE AND SOCIAL JUSTICE TO OUR NATION. THE AFL-CIO WORKED TO BUILD A BROAD MOVEMENT OF AMERICAN WORKERS BY ORGANIZING WORKERS INTO UNIONS, AND PROVIDED A VOICE FOR WORKERS' INTERESTS ON THE JOB, IN THEIR COMMUNITIES, AT ALL LEVELS OF GOVERNMENT, AND IN THE CHANGING GLOBAL ECONOMY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance
 Check if Schedule O contains a response or note to any line in this Part V

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

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

Table with 16 main rows (2a-16) and sub-rows (a-f). Columns include question text, a grid for 'Yes/No' responses, and a grid for numerical values. Row 2a includes a value of 431. Row 16 includes a reference to Form 4720.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 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 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 of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 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 assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (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:
FREDRICK D REDMOND SECRETARY-TREA 815 BLACK LIVES MATTER PLAZA NW WASHINGTON, DC 20006 (202) 637-5250

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) APPELBAUM STUART VICE PRESIDENT	3.00	X		X				0	0	0
(2) CALLAHAN JAMES VICE PRESIDENT	3.00	X		X				0	0	0
(3) CARTERIS GABRIELLE VICE PRESIDENT	3.00	X		X				0	0	0
(4) CASTILLO BONNIE VICE PRESIDENT	3.00	X		X				0	0	0
(5) CONWAY THOMAS VICE PRESIDENT	3.00	X		X				0	0	0
(6) COSTA JOHN VICE PRESIDENT	3.00	X		X				0	0	0
(7) DAGGETT HAROLD VICE PRESIDENT	3.00	X		X				0	0	0
(8) DEAN ERIC VICE PRESIDENT	3.00	X		X				0	0	0
(9) DEPETE JOE VICE PRESIDENT	3.00	X		X				0	0	0
(10) DESAI BHAIRAVI VICE PRESIDENT	3.00	X		X				0	0	0
(11) DIMONDSTEIN MARK VICE PRESIDENT	3.00	X		X				0	0	0
(12) ESTRADA CINDY VICE PRESIDENT	3.00	X		X				0	0	0
(13) FAIRLEY WARREN VICE PRESIDENT	3.00	X		X				0	0	0
(14) GAMBLE RORY VICE PRESIDENT	3.00	X		X				0	0	0
(15) GERARD LEO VICE PRESIDENT	3.00	X		X				0	0	0
(16) JOHNSON LORRETTA VICE PRESIDENT	3.00	X		X				0	0	0
(17) KELLEY EVERETT VICE PRESIDENT	3.00	X		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	Highest compensated employee			
(18) LANIGAN RICHARD VICE PRESIDENT	3.00	X		X			0	0	
(19) LOEB MATTHEW VICE PRESIDENT	3.00	X		X			0	0	
(20) LOGAN ERNEST VICE PRESIDENT	3.00	X		X			0	0	
(21) MARTINEZ JR ROBERT VICE PRESIDENT	3.00	X		X			0	0	
(22) MCBRIDE ELISSA VICE PRESIDENT	3.00	X		X			0	0	
(23) MCCUBBIN III GEORGE E VICE PRESIDENT	3.00	X		X			0	0	
(24) MCDANIEL VONDA VICE PRESIDENT	3.00	X		X			0	0	
(25) MCGARVEY SEAN VICE PRESIDENT	3.00	X		X			0	474,436	
(26) MCMANUS MARK VICE PRESIDENT	3.00	X		X			0	0	
(27) MILLS GWEN VICE PRESIDENT	3.00	X		X			0	0	
(28) NELSON SARA VICE PRESIDENT	3.00	X		X			0	0	
(29) O'SULLIVAN TERRY VICE PRESIDENT	3.00	X		X			0	0	
(30) PERRONE ANTHONY MARC VICE PRESIDENT	3.00	X		X			0	0	
(31) REDMOND FRED VICE PRESIDENT	3.00	X		X			0	0	
(32) RIGMAIDEN KENNETH VICE PRESIDENT	3.00	X		X			0	0	
(33) RINALDI PAUL VICE PRESIDENT	3.00	X		X			0	0	
(34) RIVERS CLYDE VICE PRESIDENT	3.00	X		X			0	0	
(35) ROBERTS CECIL VICE PRESIDENT	3.00	X		X			0	0	
(36) ROLANDO FREDRIC V VICE PRESIDENT	3.00	X		X			0	0	
(37) SACCO MICHAEL VICE PRESIDENT	3.00	X		X			0	0	
(38) SAMUELSEN JOHN VICE PRESIDENT	3.00	X		X			0	0	
(39) SAUNDERS LEE VICE PRESIDENT	3.00	X		X			0	0	
(40) SCHAITBERGER HAROLD A VICE PRESIDENT	3.00	X		X			0	0	
(41) SELLERS JOSEPH VICE PRESIDENT	3.00	X		X			0	0	
(42) SHEARON PAUL VICE PRESIDENT	3.00	X		X			0	0	
(43) SHELTON CHRISTOPHER VICE PRESIDENT	3.00	X		X			0	0	
(44) SHELTON ANTHONY VICE PRESIDENT	3.00	X		X			0	0	
(45) SLEVIN JAMES VICE PRESIDENT	3.00	X		X			0	0	
(46) SMITH DEMAURICE VICE PRESIDENT	3.00	X		X			0	0	
(47) SMITH BRUCE R VICE PRESIDENT	3.00	X		X			0	0	
(48) STEPHENSON LONNIE VICE PRESIDENT	3.00	X		X			0	0	
(49) TAYLOR D VICE PRESIDENT	3.00	X		X			0	0	
(50) VELASQUEZ BALDEMAR VICE PRESIDENT	3.00	X		X			0	0	
(51) WEINGARTEN RANDI VICE PRESIDENT	3.00	X		X			0	0	
(52) WOWKANECH CHARLES VICE PRESIDENT	3.00	X		X			0	0	
(53) AINLEY H MARSHALL GENERAL BOARD	1.00	X					0	0	
(54) ALMEIDA PAUL GENERAL BOARD	1.00	X					0	0	
(55) ANDERSON KELLY GENERAL BOARD	1.00	X					0	0	
(56) BLOOMINGDALE RICK GENERAL BOARD	1.00	X					0	0	
(57) BOLES JERRY C GENERAL BOARD	1.00	X					0	0	
(58) BROWN CLAYOLA GENERAL BOARD	1.00	X					0	0	
(59) BRYANT ELISE GENERAL BOARD	1.00	X					0	0	
(60) CABRAL SAM GENERAL BOARD	1.00	X					0	0	
(61) CHRISTENSEN FRANK GENERAL BOARD	1.00	X					0	0	
(62) DAVIS JERAME GENERAL BOARD	1.00	X					0	0	
(63) DORNING JENNIFER GENERAL BOARD	1.00	X					0	191,497	
(64) DUNCAN DAN GENERAL BOARD	1.00	X					0	0	
(65) EIDING PATRICK GENERAL BOARD	1.00	X					0	0	
(66) EKBLAD AL GENERAL BOARD	1.00	X					0	0	
(67) FIORLETTA CARLO GENERAL BOARD	1.00	X					0	0	
(68) HAIR RAY GENERAL BOARD	1.00	X					0	0	
(69) HART JAMES V GENERAL BOARD	1.00	X					0	168,093	
(70) HOGROGIAN PAUL GENERAL BOARD	1.00	X					0	0	
(71) HUGHES ALAN GENERAL BOARD	1.00	X					0	0	
(72) JONES NEWTON B GENERAL BOARD	1.00	X					0	0	
(73) KELLY GLENN GENERAL BOARD	1.00	X					0	0	
(74) KLINE RICHARD GENERAL BOARD	1.00	X					0	140,275	
(75) LITTLE JUDY GENERAL BOARD	1.00	X					0	0	
(76) MARCUS DONALD GENERAL BOARD	1.00	X					0	0	
(77) MCCANN F LEO GENERAL BOARD	1.00	X					0	0	
(78) MCCOURT JAMES GENERAL BOARD	1.00	X					0	0	
(79) MELVIN TERRY GENERAL BOARD	1.00	X					0	0	
(80) MERINO YANIRA GENERAL BOARD	1.00	X					0	0	
(81) MORRISON MATT GENERAL BOARD	1.00	X					0	149,160	
(82) PULASKI ART GENERAL BOARD	1.00	X					0	0	
(83) REVARO GREGORY GENERAL BOARD	1.00	X					0	0	
(84) ROACH JR ROBERT GENERAL BOARD	1.00	X					0	0	
(85) ROBINSON KINSEY GENERAL BOARD	1.00	X					0	0	
(86) SHINDLE KATE GENERAL BOARD	1.00	X					0	0	
(87) SPANO MARK GENERAL BOARD	1.00	X					0	0	
(88) STEPANO DANIEL GENERAL BOARD	1.00	X					0	0	
(89) SUPLEE ROBERT GENERAL BOARD	1.00	X					0	0	
(90) WILLIMON BEAU GENERAL BOARD	1.00	X					0	0	
(91) WILLIS LARRY GENERAL BOARD	1.00	X					0	250,020	
(92) YEH ALVINA GENERAL BOARD	1.00	X					0	0	
(93) TRUMKA RICHARD PRESIDENT	40.00			X			285,135	94,404	
(94) SHULER ELIZABETH SECRETARY - TREASURER	40.00			X			245,995	85,888	
(95) GEBRE TEFERE EXECUTIVE VICE PRESIDENT	40.00			X			245,488	94,243	
(96) LEMMON PAUL CHIEF OF STAFF/EXEC.ASST TO PRES.	40.00				X		194,690	73,636	
(97) BECKER CRAIG GENERAL COUNSEL	40.00				X		186,722	72,238	
(98) NEFF CHRIS EXEC. ASST. TO SEC-TREASURY	40.00				X		179,576	78,815	
(99) BARCHIESI RICHARD EXEC. ASST. TO EXEC. VP	40.00				X		209,256	69,563	
(100) MARKELL BRAD DIRECTOR OF WORKING AMERICA INSTITUTE	40.00				X		129,114	57,891	
(101) SILVERS DAMON SPECIAL COUNSEL TO PRESIDENT	40.00				X		179,221	78,818	
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						1,855,197	1,373,481	1,044,527	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **143**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
DELIVER STRATEGIES LLC PO BOX 100970 ARLINGTON, VA 22210	PRINTING SERVICES	1,001,152
CATALIST LLC 1310 L STREET NW SUITE 500 WASHINGTON, DC 20005	DATA-RELATED SERVICES	758,053
TARGETSMART COMMUNICATIONS LLC 1155 15TH STREET NW 750 WASHINGTON, DC 20005	DATA-RELATED SERVICES	575,750
SKDKNICKERBOCKER LLC 1150 18TH STREET NW SUITE 80 WASHINGTON, DC 20036	GRAPHIC DESIGN SERVICES	552,491
SCREEN STRATEGIES MEDIA LLC 11150 FAIRFAX BLVD SUITE 505 FAIRFAX, VA 22030	MEDIA SERVICES	500,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **16**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,367,116				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
h Total. Add lines 1a-1f			3,367,116				
Program Service Revenue	2a MEMBERSHIP DUES	Business Code 900099	67,323,072	67,323,072			
	b AFFILIATED EXEMPT ORG.	561499	1,053,234	800,899	252,335		
	c						
	d						
	e						
	f All other program service revenue.						
	g Total. Add lines 2a-2f.			68,376,306			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,568,547			1,568,547	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		32,409,994			32,409,994	
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a	1,908,074				
		b Less: rental expenses	6b	1,806,187			
	c Rental income or (loss)	6c	101,887				
	d Net rental income or (loss)			101,887		101,887	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a	5,065,003				
		b Less: cost or other basis and sales expenses	7b	4,730,701			
	c Gain or (loss)	7c	334,302				
	d Net gain or (loss)			334,302		334,302	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a MISC RECEIPTS & REIMB	900099		4,107,060	4,107,060			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			4,107,060				
12 Total revenue. See instructions			110,265,212	72,231,031	354,222	34,312,843	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,924,409			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,299,324			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	23,234,279			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,870,724			
9 Other employee benefits	12,099,457			
10 Payroll taxes	1,996,950			
11 Fees for services (non-employees):				
a Management				
b Legal	156,633			
c Accounting	151,000			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	71,964			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,021,121			
12 Advertising and promotion				
13 Office expenses	3,573,690			
14 Information technology	4,281,306			
15 Royalties				
16 Occupancy	3,635,783			
17 Travel	228,221			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	141,786			
20 Interest	1,327,676			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	452,338			
23 Insurance	499,522			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING/PUBLICATIONS	11,240,902			
b ROYALTIES-PARTICIPATING	8,623,535			
c STATE UNITY FUND	2,296,407			
d UVC GRANT EXPENSES	148,338			
e All other expenses	7,870			
25 Total functional expenses. Add lines 1 through 24e	107,283,235			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33).

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	110,265,212
2	Total expenses (must equal Part IX, column (A), line 25)	2	107,283,235
3	Revenue less expenses. Subtract line 2 from line 1	3	2,981,977
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	69,185,822
5	Net unrealized gains (losses) on investments	5	7,631,031
6	Donated services and use of facilities	6	
7	Investment expenses	7	71,964
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-286,511
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	79,584,283

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	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	
2c	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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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

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Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZATIONS	Employer identification number 53-0228172
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization
 AMERICAN FEDERATION OF LABOR AND
 CONGRESS OF INDUSTRIAL ORGANIZATIONS

Employer identification number
 53-0228172

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 AMERICAN FEDERATION OF LABOR AND
 CONGRESS OF INDUSTRIAL ORGANIZATIONS

Employer identification number
 53-0228172

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

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

Name of organization AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZATIONS	Employer identification number 53-0228172
--	--

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

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Software Version:

2020

Open to Public Inspection

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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 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
AMERICAN FEDERATION OF LABOR AND
CONGRESS OF INDUSTRIAL ORGANIZATIONS

Employer identification number

53-0228172

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) ▶ \$ 9,002,017

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$ _____

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1) AFL-CIO COPE TREASURY FUND	815 BLACK LIVES MATTER PLAZA NW WASHINGTON, DC 20006	52-2257723		4,509,636
2				
3				
4				
5				
6				

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table 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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

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

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

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART I-A, LINE 1:	THE ORGANIZATION PROVIDED INFORMATION TO ITS MEMBERS ABOUT ELECTORAL CAMPAIGNS AND ISSUES, ENCOURAGED ITS MEMBERS TO PARTICIPATE IN THE POLITICAL PROCESS, ADVOCATED FOR PARTICULAR CANDIDATES, AND COLLABORATED WITH OTHER ORGANIZATIONS AND ALLIED GROUPS ON ELECTORAL MATTERS, ALL IN ORDER TO SERVE THE BEST INTERESTS OF THE ORGANIZATION'S MEMBERS, THEIR FAMILIES AND ALL WORKING PEOPLE. THE ORGANIZATION ALSO SPONSORED BOTH FEDERAL AND NONFEDERAL SEPARATE SEGREGATED FUNDS THAT ARE VARIOUSLY REGISTERED WITH THE FEDERAL ELECTION COMMISSION AND THE INTERNAL REVENUE SERVICE.

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
AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZATIONS

Employer identification number
53-0228172

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

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

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

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

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

	Yes	No
3a(i)		
3a(ii)		
3b		

- 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
1a Land		3,133,244		3,133,244
b Buildings		49,714,889	32,957,597	16,757,292
c Leasehold improvements		936,011	501,064	434,947
d Equipment		13,025,414	12,033,907	991,507
e Other		5,188,173	5,185,533	2,640
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				21,319,630

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, and specific entries for AFL-CIO HOUSING INVESTMENT TRUST, UNION LABOR LIFE INS CO CL A STK, and UNION LABOR LIFE INS CO CAP STK. Total value is 32,905,838.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered (2) through (10). Total value is 0.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered (2) through (10). Total value is 0.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1: Federal income taxes. Rows 2-9 are empty. Total value is 0.

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2:	EFFECTIVE JULY 1, 2009, THE FEDERATION ADOPTED THE AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES INCLUDED IN ASC TOPIC INCOME TAXES. THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE FEDERATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS. AS OF JUNE 30, 2021, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2017 THROUGH 2019 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION AND THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE FEDERATION FILES RETURNS. IT IS THE FEDERATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN UNRELATED BUSINESS INCOME TAX EXPENSE.

Additional Data

[Return to Form](#)

Software ID:
Software Version:

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

**Open to Public
Inspection**

- ▶ 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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN FEDERATION OF LABOR AND
CONGRESS OF INDUSTRIAL ORGANIZATIONS

Employer identification number
53-0228172

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			0

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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE	GENERAL CONTRIBUTION	12,152	WIRE TRANSFER			
(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

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.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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:

Schedule I (Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZATIONS Employer identification number 53-0228172

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 Enter the total number of other organizations listed in the line 1 table 10

3 Enter the total number of section 501(c)(3) and government organizations listed in the line 1 table 10

4 Enter the total number of other organizations listed in the line 1 table 10

5 Enter the total number of other organizations listed in the line 1 table 10

6 Enter the total number of other organizations listed in the line 1 table 10

7 Enter the total number of other organizations listed in the line 1 table 10

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92 Enter the total number of other organizations listed in the line 1 table 10

93 Enter the total number of other organizations listed in the line 1 table 10

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(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:	CERTAIN ENTITIES ARE REQUIRED TO SUBMIT PROGRAM REPORTS PERIODICALLY.

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 for instructions and the latest information.**

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN FEDERATION OF LABOR AND
CONGRESS OF INDUSTRIAL ORGANIZATIONS

Employer identification number

53-0228172

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 checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" 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 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		No
3		
4a		No
4b	Yes	
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 MCGARVEY SEAN VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	----- 406,644	----- 0	----- 67,792	----- 69,200	----- 31,053	----- 574,689	----- 0
2 TRUMKA RICHARD PRESIDENT	(i)	277,486	0	7,649	66,597	27,807	379,539	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
3 WILLIS LARRY GENERAL BOARD	(i)	0	0	0	0	0	0	0
	(ii)	----- 250,020	----- 0	----- 0	----- 58,750	----- 36,413	----- 345,183	----- 0
4 GBRE TEFERE EXECUTIVE VICE PRESIDENT	(i)	243,571	0	1,917	58,457	35,786	339,731	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
5 SHULER ELIZABETH SECRETARY - TREASURER	(i)	243,571	0	2,424	58,457	27,431	331,883	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
6 BARCHIESI RICHARD EXEC. ASST. TO EXEC. VP	(i)	178,557	0	30,699	42,854	26,709	278,819	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
7 LEMMON PAUL CHIEF OF STAFF/EXEC.ASST TO PRES.	(i)	191,198	0	3,492	46,787	26,849	268,326	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
8 BECKER CRAIG GENERAL COUNSEL	(i)	185,629	0	1,093	45,451	26,787	258,960	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
9 NEFF CHRIS EXEC. ASST. TO SEC-TREASURY	(i)	178,557	0	1,019	43,754	35,061	258,391	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
10 SILVERS DAMON SPECIAL COUNSEL TO PRESIDENT	(i)	178,557	0	664	43,754	35,064	258,039	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
11 DORNING JENNIFER GENERAL BOARD	(i)	0	0	0	0	0	0	0
	(ii)	----- 191,497	----- 0	----- 0	----- 800	----- 58,620	----- 250,917	----- 0
12 KLINE RICHARD GENERAL BOARD	(i)	0	0	0	0	0	0	0
	(ii)	----- 125,000	----- 0	----- 15,275	----- 30,000	----- 25,407	----- 195,682	----- 0
13 MARKELL BRAD DIRECTOR OF WORKING AMERICA INSTITUT	(i)	128,492	0	622	31,738	26,153	187,005	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
14 MORRISON MATT GENERAL BOARD	(i)	0	0	0	0	0	0	0
	(ii)	----- 149,160	----- 0	----- 0	----- 13,331	----- 15,457	----- 177,948	----- 0
15 HART JAMES V GENERAL BOARD	(i)	0	0	0	0	0	0	0
	(ii)	----- 168,093	----- 0	----- 0	----- 0	----- 0	----- 168,093	----- 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
SCHEDULE J, PART I, LINE 4B	<p>THE FEDERATION'S CONSTITUTION PROVIDES FOR A NON-QUALIFIED PENSION PLAN FOR THE AFL-CIO'S EXECUTIVE OFFICERS. IF THE BENEFITS PROVIDED UNDER THE CONSTITUTION ARE GREATER THAN THE BENEFITS PROVIDED BY THE AFL-CIO STAFF RETIREMENT PLAN, THEN THE DIFFERENCE IS PAYABLE BY THE GENERAL FUND. THE FEDERATION RECOGNIZED \$(20,169) AND \$539,107 OF PENSION (BENEFIT) EXPENSE FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, RESPECTIVELY, ATTRIBUTABLE TO THE ESTIMATED PRESENT VALUE OF FUTURE PENSION BENEFITS EXPECTED TO BE PAID FROM THE GENERAL FUND. THE FEDERATION'S ESTIMATED LIABILITY FOR PAYMENTS TO RETIRED AND CURRENT OFFICERS UNDER THIS PLAN WAS \$2,758,800 AND \$3,055,500 AT JUNE 30, 2021 AND 2020, RESPECTIVELY. IN SEPTEMBER 2013, THE EXECUTIVE COUNCIL APPROVED TWO CHANGES TO THE CONSTITUTION IN REGARDS TO THE EXECUTIVE OFFICER'S BENEFITS. THE EXECUTIVE COUNCIL HAS THE AUTHORITY TO MODIFY OR ELIMINATE THE OFFICER'S RETIREMENT BENEFITS AND THE NON-QUALIFIED PLAN IS NOT APPLICABLE TO EXECUTIVE OFFICERS ELECTED AFTER AUGUST 31, 2013.</p>

Additional Data

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Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2020

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN FEDERATION OF LABOR AND
CONGRESS OF INDUSTRIAL ORGANIZATIONS

Employer identification number

53-0228172

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$. ▶

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) UNION LABOR LIFE INSURANCE	THE COMPANY PROVIDES INSURANCE COVERAGE AND INVESTMENT SERVICES TO ORG.	42,932	NINE OF THE OFFICERS OF THE ORGANIZATION, RICHARD TRUMKA, JAMES BOLAND, TERRY O'SULLIVAN, SEAN MCGARVEY, DEMAURICE SMITH, KINSEY ROBINSON, KENNETH RIGMAIDEN, JAMES CALLAHAN AND MARK MCMANUS ARE ALSO ON THE BOARD OF DIRECTORS OF UNION LABOR LIFE INSURANCE.		No
(2)					No

Part V Supplemental Information

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

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

Additional Data

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**Name of the organization
AMERICAN FEDERATION OF LABOR AND
CONGRESS OF INDUSTRIAL ORGANIZATIONS

Employer identification number

53-0228172

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	SOME OF THE OFFICERS OF THE ORGANIZATION SERVE ON THE SAME BOARD OF UNION LABOR LIFE INSURANCE COMPANY.
FORM 990, PART VI, SECTION A, LINE 6	THIS IS A MEMBERSHIP ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 7A	PER ARTICLE VI OF THE AFL-CIO CONSTITUTION THE OFFICERS SHALL BE ELECTED AT EVERY REGULAR QUADRENNIAL CONVENTION BY DELEGATES OF THE AFFILIATES.
FORM 990, PART VI, SECTION A, LINE 8B	NOT APPLICABLE.
FORM 990, PART VI, SECTION B, LINE 11B	AFL-CIO ATTORNEYS REVIEW FORM 990 WITH THE OFFICERS IN CONJUNCTION WITH THE AUDITORS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	AFL-CIO GENERAL COUNSEL ANNUALLY SURVEYS ALL EMPLOYEES AND OFFICERS AND FOLLOWS UP ON ALL REPORTED INSTANCES.
FORM 990, PART VI, SECTION B, LINE 15	OFFICERS' COMPENSATION IS APPROVED BY THE EXECUTIVE COUNCIL. SALARIES OF KEY EMPLOYEES ARE SET BY EXECUTIVE OFFICERS.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE ON ITS WEBSITE.
FORM 990, PART XI, LINE 9:	CHANGE IN NET ASSETS WITH TEMPORARY DONOR RESTRICTIONS -286,511.
PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Additional Data

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN FEDERATION OF LABOR AND
CONGRESS OF INDUSTRIAL ORGANIZATIONS

Employer identification number
53-0228172

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AFL-CIO UNION LAWYERS ALLIANCE 815 BLACK LIVES MATTER PLAZA NW WASHINGTON, DC 20006 52-1304063	LEGAL COORDINATION AND EDUCATION AMONG LAWYERS SERVING AFL-CIO AFFILIATES	DC	501(C)(5)				No
(2) COALITION OF KAISER PERMANENTE UNIONS AFL-CIO 8484 GEORGIA AVENUE SUITE 620 SILVER SPRING, MD 20910 52-2360920	COLLECTIVE BARGAINING AND RELATED ACTIVITIES	DC	501(C)(5)				No
(3) AMERICAN CENTER FOR INTERNATIONAL LABOR SOLIDARITY 1130 CONNECTICUT AVE NW SUITE 800 WASHINGTON, DC 20036 52-1984713	BETTERING THE LIVES OF WORKING MEN AND WOMEN WORLDWIDE	DC	501(C)(5)				No
(4) AFL-CIO MUTUAL BENEFIT FUND 1125 15TH STREET NW WASHINGTON, DC 20006 13-4237843	GROUP/OTHER INSURANCE COVERAGE, INTEREST FREE MORTGAGE LOANS TO MEMBERS	DC	501(C)(5)				No
(5) WORKING AMERICA 815 BLACK LIVES MATTER PLAZA NW WASHINGTON, DC 20006 20-0263611	COMMUNITY ORGANIZING OF NON-UNION HOUSEHOLDS	DC	501(C)(5)				No
(6) NORTH AMERICA'S BUILDING TRADES UNION 815 BLACK LIVES MATTER PLAZA NW WASHINGTON, DC 20006 53-0025755	FEDERATION OF UNIONS	DC	501(C)(5)				No
(7) MARITIME TRADES DEPARTMENT AFL-CIO 815 BLACK LIVES MATTER PLAZA NW WASHINGTON, DC 20006 53-0231686	FEDERATION OF UNIONS	DC	501(C)(5)				No
(8) METAL TRADES DEPARTMENT AFL-CIO 815 BLACK LIVES MATTER PLAZA NW WASHINGTON, DC 20006 53-0025758	FEDERATION OF UNIONS	DC	501(C)(5)				No
(9) TRANSPORTATION TRADES DEPARTMENT AFL-CIO 815 BLACK LIVES MATTER PLAZA NW WASHINGTON, DC 20006 52-1673883	FEDERATION OF UNIONS	DC	501(C)(5)				No
(10) DEPARTMENT OF PROFESSIONAL EMPLOYEES 815 BLACK LIVES MATTER PLAZA NW WASHINGTON, DC 20006 52-1107237	FEDERATION OF UNIONS	DC	501(C)(5)				No
(11) UNION LABEL AND SERVICES TRADE DEPARTMENT 815 BLACK LIVES MATTER PLAZA NW WASHINGTON, DC 20006 53-0025759	FEDERATION OF UNIONS	DC	501(C)(5)				No
(12) WORKING FOR AMERICA INSTITUTE 815 BLACK LIVES MATTER PLAZA NW	CONNECT UNIONS TO ECONOMIC AND WORKPLACE DEVELOPMENT SYSTEMS	DC	501(C)(3)	LINE 7	N/A		No

(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
WASHINGTON, DC 20006 52-0884503							
(13) EDUCATION FUND OF THE AMERICAN CENTER FOR INTERNATIONAL LABOR SOLIDARITY 1130 CONNECTICUT AVE NW SUITE 800 WASHINGTON, DC 20036 52-1984719	EDUCATE WORKERS ON THE RIGHT OF FREE ASSOCIATION TO PROMOTE DEMOCRATIC TRADE	DC	501(C)(3)	LINE 7	N/A		No
(14) UNION COMMUNITY FUND 815 BLACK LIVES MATTER PLAZA NW WASHINGTON, DC 20006 52-2184499	COORDINATING AND ADMINISTERING CHARITABLE GIVING OF UNION MEMBERS	DC	501(C)(3)	LINE 7	N/A		No
(15) AFL-CIO COPE TREASURY FUND 815 BLACK LIVES MATTER PLAZA NW WASHINGTON, DC 20006 52-2257723	POLITICAL ACTION COMMITTEE	DC	527		AFL-CIO		No
(16) AFL-CIO COPE POLITICAL CONTRIBUTIONS COMMITTEE 815 BLACK LIVES MATTER PLAZA NW WASHINGTON, DC 20006 53-0229679	POLITICAL ACTION COMMITTEE	DC	527		AFL-CIO		No
(17) AFL-CIO COPE STATE AND LOCAL FUND 815 BLACK LIVES MATTER PLAZA NW WASHINGTON, DC 20006 52-2257719	POLITICAL ACTION COMMITTEE	DC	527		AFL-CIO		No
(18) WORKING PEOPLE RISING POLITICAL ACTION COMMITTEE 815 BLACK LIVES MATTER PLAZA NW WASHINGTON, DC 20006 83-1722811	POLITICAL ACTION COMMITTEE	DC	527		AFL-CIO		No
(19) AFL-CIO TECHNOLOGY INSTITUTE 815 BLACK LIVES MATTER PLAZA NW WASHINGTON, DC 20006 87-1908508	RESEARCH AND EDUCATION CONCERNING THE INTERSECTION OF WORK AND TECHNOLOGY	DC	501(C)(3)	LINE 7	N/A		No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50135Y

Schedule R (Form 990) 2020

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) UNION PRIVILEGE 1125 15TH STREET NW SUITE 300 WASHINGTON, DC 20005 52-1457836	UP WAS ESTABLISHED TO OFFER SUPPLEMENTAL BENEFITS FOR UNION MEMBERS.	DC		C				Yes	
(2) UNION PLUS MORTGAGE COMPANY 309 FELLOWSHIP ROAD SUITE 200 MT LAUREL, NJ 08054 81-4090141	UPMC WAS ESTABLISHED TO OFFER MORTGAGE LENDING TO UNION MEMBERS	NJ	AFL-CIO	C			72.190 %	Yes	

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

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) UNION PRIVILEGE	S	45,000	ACTUAL COST
(2) AFL-CIO COPE TREASURY FUND	R	4,509,636	ACTUAL COST
(3) AFL-CIO COPE TREASURY FUND	S	184,860	ACTUAL COST

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:**