# Form **990**

В

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

, **20** 2022

D Employer identification number

94-0279770

Department of the Treasury Internal Revenue Service

Check if applicable:

Address change

For the 2021 calendar year, or tax year beginning

AMERICAN CIVIL LIBERTIES UNION

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

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

, 2021, and ending

Open to Public Inspection

	N	ame change		RTHERN CALIFORNIA, INC.		E Telepho	ne numbe	er	
	Ir	nitial return	39 DRUMM STREET			(415	5) 62	1-2493	
	Fi	nal return/terminated	SAN FRANCISCO, C.	A 94111		,	•		
	A	mended return				<b>G</b> Gross re	ceipts \$	20,206,	347.
	HA	pplication pending	F Name and address of principal	officer: ABDI SOLTANI	H(	(a) Is this a group return			XINO
	ш		SAME AS C ABOVE	ADDI SOLIANI	H(	(b) Are all subordinates If "No," attach a list.	included?	? Yes	No
ī	Tax	-exempt status:	X 501(c)(3) 501(c) (	) <b>◄</b> (insert no.) 4947(a)(1) or	527	If "No," attach a list.	See instr	ructions.	
J			W.ACLUNC.ORG	, () 10 17 (47)(17) 01		(c) Group exemption nu	mher ►		
K		n of organization:	X Corporation Trust	Association Other ► L Y	ear of formation			gal domicile: CA	
Pa		Summar		Association Other	ear or formation	. 1972   1113	tate of le	gar dorniche. CA	
Га	1	Briefly describ	<b>y</b> he the organization's missi	on or most significant activities:THE	<b>AMEDIC</b>	M CTVII III	SEDTT	FS IINTON	
	•	FOUNDATT	ON OF NORTHERN C	ALIFORNIA, INC. (ACLU NO	FOLINDA	TION) CONDI	IС.Ш.С. ЭПТ/Т.Т	LS UNION	
ည		TTTTCATT	ON DOLLCY RESEARC	CH AND ADVOCACY, PUBLIC	FULLATI	ON AND COMPO	IIINTT	V ORGANIZ	TNG
Governance				DEFEND CIVIL LIBERTIES 7			101111	1 01(0/11/12	<u> </u>
ķ	2			n discontinued its operations or dispo			net ass		
ဗ	3			rning body (Part VI, line 1a)			3	0.0.	20
•Ծ	4			s of the governing body (Part VI, line			4		20
ië.	5			calendar year 2021 (Part V, line 2a)			5		133
Activities &	6			necessary)			6		0
Ac				Part VIII, column (C), line 12			7a		0.
	b	Net unrelated	business taxable income	from Form 990-T, Part I, line 11			7b		0.
	_	0 1 11 11		11.		Prior Year		Current Ye	
e e	8			1h)	Ŀ	13,614,7		16,784,	
Revenue	9	-		2g)		2,375,0		2,875,	
ş	10 11			A), lines 3, 4, and 7d) nes 5, 6d, 8c, 9c, 10c, and 11e)		416,5			603.
_	12		•	(must equal Part VIII, column (A), lir	L	143,0			028.
	13			X, column (A), lines 1-3)		16,549,4 3,950,6		20,203,	
	14		• •	λ, column (A), line 4)		3,930,6	00.	1,090,	000.
	15	•	•	e benefits (Part IX, column (A), lines	L.	11,924,0	0.2	10 002	205
es					-	11,924,0	92.	10,883,	<u> 295.</u>
ŠĽ				column (A), line 11e)					
Expenses	b			umn (D), line 25) ► 1,55					
	17			nes 11a-11d, 11f-24e)		3,340,0		3,260,	
	18	Total expense	es. Add lines 13-17 (must e	equal Part IX, column (A), line 25)		19,214,7	79.	15,233,	319.
	19	Revenue less	expenses. Subtract line 1	8 from line 12		-2,665,3	65.	4,969,	878.
or ces						Beginning of Curren	t Year	End of Yea	ar
Assets I Baland	20		-		L	45,375,5		50,273,	
t As	21	Total liabilities	s (Part X, line 26)			2,306,4	53.	1,972,	188.
Net		Net assets or	fund balances. Subtract li	ne 21 from line 20		43,069,1	20.	48,301,	305.
Pa	rt II	Signatur	e Block						
Unde	r pena	Ities of perjury, I de	clare that I have examined this retu	rn, including accompanying schedules and statem	ents, and to the	best of my knowledge	and belie	f, it is true, correct,	and
comp	nete. L	eciaration of prepa	rer (other than officer) is based on a	all information of which preparer has any knowled	ge.	T			
Sig He	ın	Signatui	re of officer			Date			
He	re		I SOLTANI			EXECUTIVE D	OIR.		
		, ,	print name and title		T				
		Print/Type p	reparer's name	Preparer's signature	Date	Check	if F	PTIN	
Pai			A M. KNOX	LATONYA M. KNOX	2/06/2	3 self-employe	ed E	200513874	
Pre	par	er Firm's name		LLP					
Us	e Or	ily Firm's addre		DEL RIO SOUTH, SUITE 200	)	Firm's EIN		2076568	
				A 92108		Phone no.	619.	294.7200	
May	the the	IRS discuss th	is return with the preparer	shown above? See instructions				X Yes	No

Form 990 (20	21) AMERICAN CIVIL LIBERT	IES UNION	94-0279	9770 Page <b>2</b>
	tatement of Program Service A			
	heck if Schedule O contains a response	or note to any line in this Part III		X
-	escribe the organization's mission:			
<u>SEE_S</u>	CHEDULE O			
2 Did tho	rganization undertake any significant progr	am convices during the year which were	a not listed on the prior	
			· -	Yes X No
	describe these new services on Schedule (		[	les V No
	organization cease conducting, or make		ts any program services?	Yes X No
	describe these changes on Schedule O.	eigieant enangee in nen it eenaac	ine, any program controcer	
•	the organization's program service acc	omplishments for each of its three la	argest program services, as meas	sured by expenses.
Section	501(c)(3) and 501(c)(4) organizations a enue, if any, for each program service re	re required to report the amount of g	rants and allocations to others, t	ne total expenses,
4a (Code:	) (Expenses \$ 11,142)	. 373. including grants of \$	L,090,000.) (Revenue \$	2,875,517.)
DEDIC	ATED LEGAL & POLICY PROGE			, ,
THE P	CLU NC FOUNDATION MAINTAL	NS SIX DEDICATED LEGAL	AND POLICY PROGRAMS	THAT CONDUCT
LITIC	ATION, RESEARCH, POLICY A	NALYSIS, PUBLIC EDUCAT	ION, COALITION-BUILDI	NG, AND
	Y ADVOCACY TO ADVANCE POS			
	<u>IMINAL JUSTICE REFORM, IN</u>			
	DING_VOTING_RIGHTS, 3) GE	-		
	S, 5) RACIAL AND ECONOMIC			TY AND
INDIC	ENOUS JUSTICE, AND 6) TEC	CHNOLOGY AND CIVIL LIBE	RTIES.	
41 (0	) (European Č	in all reliant annual at the	) (D	
<b>4b</b> (Code:	) (Expenses \$	including grants of \$	) (Revenue \$_	)
SEE S	CHEDULE O			
4c (Code:	) (Expenses \$	including grants of \$	) (Revenue Š	)
10 (0000)			, (	
		<b> </b>		
	ogram services (Describe on Schedule			
(Expens		ng grants of \$	) (Revenue \$	)
4 e Total pr	ogram service expenses   11	.142.373		

# Form 990 (2021) AMERICAN CIVIL LIBERTIES UNION Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.  2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.  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 II.  4 Section 501(c)(3) organizations, bid the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax yea? If If "Yes," complete Schedule C, Part III.  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.  5 Is 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 III.  6 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  8 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, beth management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  9 Did the organization report an amount for another securities in Part X, line 10? If "Yes," complete Schedule D, Part V.  10 Did the organization report an amount for investments – other securities in Part X, line 10? If "Yes," complete Schedule D, Part V.  11 Did the organization report an amount for investments – program elated in Part X, line 10? If "Yes," complete Schedule D, Part V.  12 Did the organization report an amount for investments – program leated in Part X, line 10? If "Yes," complete Schedul	-			Yes	No
3 Define cognization engage in direct or indiced political campaign activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule, P. Part II.  4 Section 501c(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the fax year? If Yes, complete Schedule, P. Part III.  5 Is the organization a section 501(c)(6), 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.  5 X  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If Yes, complete Schedule C, Part III.  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 III.  8 Did the organization maintain collections of works of art, historical treasures, or historic entructures? If Yes, complete Schedule D, Part III.  9 Did the organization report an amount in Part X, line 21, for escow or custodial account liability, serve as a custodian for amounts not listed in Part X: or provide credit counseling, obtt management, credit repair, or debt negotiation services? If Yes, complete Schedule D, Part V.  10 Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If Yes, complete Schedule D, Part V.  10 Did the organization report an amount for investments – other securities in Part X, line 10? If Yes, complete Schedule D, Part V.  11 Did the organization report an amount for investments – other securities in Part X, line 15% or provide schedule D, Part X.  11 Did the organization schedule Part X is a schedule D, Part X.  12 Did the organization schedule Part X is a sche	1		1		140
3 Did the organization engage in direct or undirect political campaign activities on behalf of or in opposition to candidates for public office? If "Pes, complete Schedule C, Part I."  4 Section 501(x)3 organizations, Did the organization engage in lobbying activities, or have a section 501(t) election in effect during the fax year? If "Yes, complete Schedule C, Part III."  5 Is the organization a section 501(x)(4), 501(x)(5), or 501(x)(6) organization that receives membership dues, assessments, or smilar amounts as defined in Revenue Procedure 99-139? If "Yes, complete Schedule C, Part III."  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise or the control of a maintain and the control of the companization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide oredit counseling, debt management, credit repair, or debt negotiations services? If "Yes, complete Schedule D, Part VII.  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes, complete Schedule D, Part VII.  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes, complete Schedule D, Part VII.  12 Dy Part VII.  13 Dy Part VII.  14 Did the organization report an amount for other assets 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	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
in effect during the tax year? If Yes, complete Schedule C, Part II.  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.  5	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	3		Х
assessments, or similar amounts as defined in Revenue Procedure 99.197 If 'Yes,' complete Schedule C, Part III. 5 X  6 Did the organization martian any doorn advised funds or any similar funds or accounts? If 'Yes,' complete Schedule D, Part II. 7  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 III. 7  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. 8  9 Did the organization deport an amount in 'Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in or growder ordical courseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. 9  10 Did the organization asswer to any of the following questions is 'Yes,' then complete Schedule D, Part VI, III. IX, or X, as applicable.  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI, III. IX, or X, as applicable.  11 Did the organization report an amount for investments – program related in Part X, line 12, that is 5% or more of its total assests reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.  11 Did the organization report an amount for other liabilities in Part X, line 17 'Yes,' complete Schedule D, Part VIII.  12 Did the organization's separate or consolidated financial statements for the tax year? If 'Yes,' complete Schedule D, Part X and XIII X  13 Did the organization's separate or consolidated infrancial statements for the tax year? If 'Yes,' complete Schedule D, Part X and XIII S Did the organization asserted Wire Viva III.  14 Did the organization report an emitted for the part X intere	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
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environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III.  7 X Somplete Schedule D, Part III.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," and provided for amounts not lieted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation or new part X, or provide credit counseling, debt management, credit repair, or debt negotiation or in quasi endowments? If "Yes," complete Schedule D, Part V.  10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, II, VIII, IX, or X, as applicable.  2 Did the organization report an amount for investments — organization assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  2 Did the organization report an amount for investments — organ related 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 VIII.  4 Did the organization report an amount for investments — organ 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.  4 Did the organization report an amount for other liabilities 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 VIII.  4 Did the organization report an amount for other liabilities 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 X.  11 Did the organization separate or consolidated financial statements for the tax year include a chooned that address the organization separate or consolidated financial statements for the tax year include a chooned that address the organizat	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,	6		Х
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' and 'If 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 chedit counseling, debt management, credit repair, or debt negotiation services? 'If 'Yes,' complete Schedule D, Part IV.  10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.  11 If the organization, answer to any of the following questions is 'Yes', then complete Schedule D, Part V, VIII, VIII, IX, or X, as applicable.  a bid the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VIII.  b bid the organization report an amount for investments – program related 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 VIII.  c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.  d Did the organization report an amount for other liabilities 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.  11	7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.	7		Х
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.  10 bit the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.  11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Part V, IVII, VIII, IX, or X, as applicable.  12 Did the organization peror an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.  13 Did the organization report an amount for investments — other securities in Part X, line 12? If 'Yes,' complete Schedule D, Part VII.  14 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 VIII.  15 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 VIII.  16 Did the organization report an amount for other assets in Part X, line 15, If 'Yes,' complete Schedule D, Part X III to X  17 Did the organization report an amount for other liabilities in Part X, line 25; If 'Yes,' complete Schedule D, Part X III to X  18 Did the organization obtain separate or consolidated financial statements for the tax year? If 'Yes,' complete Schedule D, Part X III X  18 Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X III X  19 Did the organization aniation an office, employees, or agents outside of the United States?  10 Did the organization maintain an office, employees, or agents outside of the United States?  11 Did the organization maintain an office, employees, or agents outside of the United States.  12 Did the organization maintain an office, employees,	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,'	8		Х
or in quasi endowments? If 'Yes,' complete Schedule D, Part V.  If If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VII.  b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.  c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.  d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X VIII.  f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's isballish for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X VIII.  12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X VIII.  b Was the organization asswered 'No' to line 12a, then completing Schedule D, Parts X and XI II is optional.  12b X  13 Is the organization maintain an office, employees, or agents outside of the United States.  14a Did the organization maintain an office, employees, or agents outside of the United States.  15 Did the organization maintain an office, employees, or agents outside of the United States.  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 report at total of more stands of the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts	9	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation	9		Х
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.  b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.  c 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.  d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.  d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.  d Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.  111	10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10	Х	
D. Part VI. b Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.  c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.  d Did the organization report an amount for other lasted schedule D, Part IX.  d Did the organization report an amount for other lasted 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.  d Did the organization report an amount for other labilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.  110	11				
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b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	19		19		Х
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
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	b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Χ	

# Form 990 (2021) AMERICAN CIVIL LIBERTIES UNION Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
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> .	23	Х	
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
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? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
i	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.	28a		Х
ı	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
(	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	Х	
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36	Х	
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>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	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
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	(gambling) winnings to prize winners?	1 c		
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Form 990 (2021) AMERICAN CIVIL LIBERTIES UNION

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

			res	NO
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 133			
b	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b	olf 'Yes,' enter the name of the foreign country►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
h	of the specifical field of the payor	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d	I If 'Yes,' indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Χ
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring	7		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14a		- 23
		ויייו		
13	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.	-		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If 'Yes,' complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 20 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ...... Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH 0 stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ **14** Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O. ...... 15 a **b** Other officers or key employees of the organization...SEE .SCHEDULE..Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request X Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

ABDI SOLTANI 39 DRUMM STREET SAN FRANCISCO CA 94111 415-621-2493

# 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

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

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

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

_	_			(C)						
(A) Name and title	(B) Average hours per	thar	one both	do no box, an o	ot che unles		ion	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) TIRIEN STEINBACH CHIEF PROG OFFICER	$-\frac{32}{8}$					Х		304,824.	76,205.	22,327.
(2) ABDI SOLTANI EXECUTIVE DIR.	$-\frac{27}{13}$			Х				204,349.	100,649.	29,443.
(3) PHYLLIDA BURLINGAME LEGAL-POLICY DIR.	$-\frac{40}{0}$					Х		212,012.	0.	49,448.
	$-\frac{27}{13}$			Χ				138,895.	68,411.	29,553.
	$-\frac{40}{0}$					Χ		188,580.	0.	42,011.
	$-\frac{36}{4}$					Χ		169,270.	18,808.	32,652.
	$-\frac{27}{13}$			Х				153,677.	38,419.	28,186.
(8) JENNIFER TAPKEN CFO & CAO	_ <u>32</u> _ 8			Х				80,677.	39,736.	14,133.
(9) ADAM_BAILEY CHAIR ELECT/GOV	2	Х		Χ				0.	0.	0.
(10) AJAY KRISHNAN LEGAL CHAIR	$-\frac{2}{0}$	Х						0.	0.	0.
(11) MARIA HEKKER AUDIT CHAIR	<u>2</u>	Х						0.	0.	0.
(12) FARAH BRELVI BOARD CHAIR	- <del>3</del> -	Х		Χ				0.	0.	0.
CHINA BROTSKY DIRECTOR	$-\frac{1}{0}$	Х						0.	0.	0.
(14) ERIN_PULASKI DIRECTOR	1	Х						0.	0.	0.

Part	VII   Section A. Officers, Directors, Tru		Key	Em			es,	and	d Highest Com	pensated Emp	oyees	<b>S</b> (conti	inued)
		(B)			(0	•							
	(A) Name and title	Average hours per week	box	, unle cer ar	check ess pe nd a d	erson direct	e than is both or/trus	h an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations		<b>(F)</b> ated am of other	
		(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099 MISC/1099-NEC)	the c	ensation organizat d related anization	tion d
	SUKAINA HUSSAIN	1	.,										
	DIRECTOR	1	Х						0.	0.			0.
	<u>ALLEN_HAMMOND</u> DIRECTOR	1	Х						0.	0.			0.
	JUSTIN_BROWNTREASURER	2	Х		Х				0.	0.			0.
(18)	BETSY BUCHALTER ADLER	2			71								
	AUDIT CHAIR	2	X		<u> </u>				0.	0.			0.
	<u>KASSON_STONE</u> DEV_CHAIR	2	Х						0.	0.			0.
(20)	BEVERLY TUCKER	2											
	PERSONNEL CHAIR MEG DURBIN	2	Х						0.	0.			0.
	DIRECTOR	0	Х						0.	0.			0.
(22)	SHEILA WARREN	1											
	DIRECTOR	0	X						0.	0.			0.
	<u>JULIE_RABINOVITZ</u> DIRECTOR	1	Х						0.	0.			0.
	ERICA FERNANDEZ ZAMORA	2	,						0	0			
_	PROGRAM CHAIR MARK TONEY	2	Х						0.	0.			0.
	MARK TONET DIRECTOR		Х						0.	0.			0.
_	Subtotal							<b></b>	1,452,284.	342,228.	2	47,	753.
c ·	Total from continuation sheets to Part VII, Section	on A						<b></b>	0.	0.			0.
	Total (add lines 1b and 1c).							<b></b>	1,452,284.	342,228.			753.
	Total number of individuals (including but not limited	to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
1	from the organization ► 7											V	I NI -
3 [	Did the examination list any former officer, direct	tor tructo	ما د		امص	0.101		hiak	act componented	amplayaa		Yes	No
<b>3</b> [	Did the organization list any <b>former</b> officer, direction line 1a? <i>If 'Yes,' complete Schedule J for such</i>	h individu	e, ke ial		при		e, or				. 3		Х
<b>4</b> f	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportab r than \$1	le co 50,0	mpe 00?	ensa If 'Y	ition <i>es,</i>	and com	oth <i>ple</i>	er compensation te Schedule J for	from 	. 4	X	
<b>5</b> [	Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e comper ;,' comple	satio	n fro	om :	any <i>J fo</i>	unre	late ch p	ed organization or erson	individual	. 5	Х	
Secti	on B. Independent Contractors												
1 (	Complete this table for your five highest compensompensation from the organization. Report compens	sated indessation for	epen the c	dent alen	cor dar	ntra year	ctors endi	tha ng v	t received more to vith or within the or	nan \$100,000 of ganization's tax year			
(A)  Name and business address  (B)  Description of service									of services	Compe	<b>C)</b> ensatio	on	
	Total number of independent contractors (including b		ited to	o tho	se I	listed	d abo	ve)	Mho received more	than			
	\$100,000 of compensation from the organization	• 0											

### Form 990

# **Continuation Sheet for Form 990**

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

AMERICAN CIVIL LIBERTIES UNION

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Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A)	nployee (B)	an one fficer	(D)	(E)	(F)					
Name and title		(C) b	ox, unl nd a di	ess per rector/	son is trustee	noth an o	nicer			
Name and title	Average hours per week (list any hours for related organiza- tions below dotted line)	Individual truster or director		Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
MICKEY_WELSH DIRECTOR	10	Х						0.	0.	0
SHALINI SWAROOP DIRECTOR	1	Х						0.	0.	0
YOMI WRONG DIRECTOR	11	Х						0.	0.	0
		-								
		-								
		-								
		•								
		<u> </u>								

		Check if Schedule O contains a response or note to any	y line in this Part V	III		
			(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	1 a b c d e f	Federated campaigns				
	h	Total. Add lines 1a-1f	16,784,049.			
ne	_	Business Code				
% ≪	2 a	LEGAL AWARDS 900099	2,755,377.	2,755,377.		
e B(	b	MISCELLANEOUS 900099	120,140.	120,140.		
Program Service Revenue	C C					
Se	a					
ram	e f	All other program service revenue				
rog		Total. Add lines 2a-2f	0 075 517			
Ω.		Investment income (including dividends, interest, and	2,875,517.			
	3	other similar amounts)	403,753.			403,753.
	4	Income from investment of tax-exempt bond proceeds -	,			,
	5	Royalties				
		(i) Real (ii) Personal				
		Gross rents				
		Less: rental expenses 6b				
		Rental income or (loss) 6c 143,028.				
	d	Net rental income or (loss)	143,028.			143,028.
	7 a	Gross amount from (i) Securities (ii) Other				
		sales of assets other than inventory				
	b	Less: cost or other basis				
	_	3/130:				
		Gain or (loss)         7c         -3,150           Net gain or (loss)         ►	-3,150.			-3,150.
			-3,130.			-3,130.
Other Revenue	ва	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
F		See Part IV, line 18				
the		Less: direct expenses				
0						
	9 a	Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
	10a	Gross sales of inventory less				
	. <b></b> u	Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory ▶				
S		Business Code				
Miscellaneous Revenue	11 a b c d					
lan en	b					
	С					
Į.						
		Total. Add lines 11a-11d				
	12	<b>Total revenue.</b> See instructions	20,203,197.	2.875.517.	0 .	543.631

### 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 re	esponse or note to any			
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,090,000.	1,090,000.	-	
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	479,071.	168,962.	278,063.	32,046.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	7,806,587.	6,113,492.	842,824.	850,271.
-	Pension plan accruals and contributions	7,000,307.	0,113,472.	042,024.	030,271.
8	(include section 401(k) and 403(b) employer contributions)	624,147.	459,847.	96,783.	67,517.
9	Other employee benefits	1,355,079.	998,633.	204,339.	152,107.
10	Payroll taxes	618,411.	455,620.	95,894.	66,897.
11	Fees for services (nonemployees):	010/1111	100,020.	30,031.	00,031.
á	Management				
	Legal				
	: Accounting	14,125.		14,125.	
	Lobbying	14,125.		14,125.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	265,546.	90,834.	170,751.	3,961.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	547,103.	351,276.	191,387.	4,440.
17	Travel	71,201.	50,942.	18,359.	1,900.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	.=,===		==,,===	
	Conferences, conventions, and meetings	80,015.	37,561.	28,662.	13,792.
20	Interest				
21	Payments to affiliates	401 105	244 000	42 112	42 112
22	Depreciation, depletion, and amortization	431,125.	344,899.	43,113.	43,113.
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).	145,428.	56,090.	88,113.	1,225.
á	OUTSIDE SERVICES	674,245.	461,030.	171,345.	41,870.
	ADMINSTRATIVE EXPENSES	505,128.	281,815.	132,243.	91,070.
(	TELECOMMUNICATIONS	245,615.	100,420.	140,177.	5,018.
(	BAD DEBT	202,571.	9,723.	8,244.	184,604.
	All other expenses.	77,922.	71,229.	6,541.	152.
25	Total functional expenses. Add lines 1 through 24e	15,233,319.	11,142,373.	2,530,963.	1,559,983.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

# Part X Balance Sheet

		Check if Schedule O contains a response or note to	any lin	e in this Part X	<u></u>	<u></u>	
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			3,650,995.	1	9,259,217.
	2	Savings and temporary cash investments			8,583,826.	2	8,206,058.
	3	Pledges and grants receivable, net			250,000.	3	323,844.
	4	Accounts receivable, net			322,266.	4	1,704,996.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er office I contribi	r, director, utor, or 35%		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section	ersons (	as defined under		6	
	_	*******		· · · · ·			
'n	7	Notes and loans receivable, net				7	
et	8	Inventories for sale or use			222 722	8	010 770
Assets	9	Prepaid expenses and deferred charges	1 1		232,780.	9	210,770.
,		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		12,544,445.			
	b	Less: accumulated depreciation		4,960,073.	7,497,749.	10 c	7,584,372.
	11	Investments — publicly traded securities		-	14,232,177.	11	14,790,459.
	12	Investments — other securities. See Part IV, line 11		-		12	
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets		F		14	
	15	Other assets. See Part IV, line 11	10,605,780.	15	8,193,777.		
	16	Total assets. Add lines 1 through 15 (must equal line	33)		45,375,573.	16	50,273,493.
	17	Accounts payable and accrued expenses	1,881,973.	17	1,922,038.		
	18	Grants payable				18	
	19	Deferred revenue		<u> </u>		19	
	20	Tax-exempt bond liabilities		<u> </u>		20	
ies	21	Escrow or custodial account liability. Complete Part I		<u></u>		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	utor, or 3	35%		22	
	23	Secured mortgages and notes payable to unrelated th		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to rela plete Pa	ated third parties, art X of Schedule D.	424,480.	25	50,150.
	26	Total liabilities. Add lines 17 through 25			2,306,453.	26	1,972,188.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	<b>,</b> ►	X			
aŭ	27				35,807,254.	27	40,788,533.
Bal	28	Net assets with donor restrictions		<u> </u>	7,261,866.	28	7,512,772.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che			7,201,000.		1,512,112.
Ē		and complete lines 29 through 33.				00	
S.	29	Capital stock or trust principal, or current funds				29	
Set	30	Paid-in or capital surplus, or land, building, or equipm		<u></u>		30	
As	31	Retained earnings, endowment, accumulated income,		<u> </u>	10.050.105	31	40 001 00-
et	32	Total net assets or fund balances			43,069,120.	32	48,301,305.
Z	33	Total liabilities and net assets/fund balances			45,375,573.	33	50,273,493.

**BAA** TEEA0111L 09/22/21 Form **990** (2021)

Pa	rt 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	20,2	03,1	L97.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,2	33,3	319.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,9	69,8	378.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	43,0	69,1	120.
5	Net unrealized gains (losses) on investments.	5	3	56,2	286.
6	Donated services and use of facilities	6			
7	Investment expenses	7	_	93,9	979.
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
D -	column (B))	10	48,3	01,3	<u> 305.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a			
	b Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:    Separate basis   X   Consolidated basis   Both consolidated and separate basis	te			
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	a 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?		За		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 09/22/21		Form	990	(2021)

#### **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA, INC. 94-0279770 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	13579311.	13190452.	12397213.	13614752.	16784049.	69,565,777.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	13579311.	13190452.	12397213.	13614752.	16784049.	69,565,777. 12,436,727.
6	Public support. Subtract line 5 from line 4						57,129,050.
Sec	tion B. Total Support						, , , , , , , , , , ,
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4	13579311.	13190452.	12397213.	13614752.	16784049.	69,565,777.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	460,675.	485,899.	507,691.	559,564.	546,781.	2,560,610.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	·	·	,	·	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. Add lines 7 through 10						72,126,387.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	7,726,822.
13	<b>First 5 years.</b> If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	fth tax year as a	section 501(c)(3)	▶
Sec	tion C. Computation of Pul Public support percentage for 20	olic Support P	ercentage				
							79.21 %
	6a 33-1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box						
b	and stop here. The organization qualifies as a publicly supported organization.  b 33-1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.						
17a	a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-ar	nd-circumstances	test, check this h	oox and stop here	. Explain in Part	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	13, 16a, 16b, 17a	or 17b, check thi	s box and see ins	structions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	Section A. Public Support							
	lar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(4) 2017	(8) 2010	(4) = 1.10	(4) 2525	(0) 2021	(ly rotal		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.								
3	Gross receipts from activities that are not an unrelated trade or business under section 513.								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
	tion B. Total Support				1	T			
	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	<b>(f)</b> Total		
	Amounts from line 6								
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)								
	First 5 years. If the Form 990 is organization, check this box and	stop here					▶		
	tion C. Computation of Pul					1 1			
	Public support percentage for 20	•	.,,		•		%		
	Public support percentage from 2					16	%		
	tion D. Computation of Inv					1 1			
17		•	• • •	-			%		
	Investment income percentage for					<u> </u>	8		
	<b>33-1/3% support tests—2021.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organization	▶ ∐		
	<b>33-1/3% support tests—2020.</b> If the line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization of the organiz	, check this box	and <b>stop here.</b> Th	e organization qu	ialifies as a public	cly supported organ	ization ▶		

94-0279770

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was	2		
	described in section 509(a)(1) or (2).			
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
<b>4</b> a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	<b>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI,</b> including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
	accomplished (such as by amendment to the organizing document).			
b	• Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?			
	If 'Yes,' provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
C	: Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

BAA TEEA0404L 08/31/21 Schedule A (Form 990) 2021

Par	t IV	Supporting Organizations (continued)			
11	∐ac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		governing body of a supported organization?	11a		
b	A fan	mily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sect	tion	B. Type I Supporting Organizations			
1	or mo office organ than	he governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees		Yes	No
•	durin	e allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers and the tax year.	1		
2	that o	he organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such stiff that carried out the purposes of the supported organization(s) that operated, supervised, or controlled the corting organization.	2		
Sect	tion (	C. Type II Supporting Organizations			
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the	1	Yes	No
<u> </u>		porting organization was vested in the same persons that controlled or managed the supported organization(s).	<u>'</u>		
Seci	lion	D. All Type III Supporting Organizations		Yes	No
	orgar year,	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		1		
2	orgar	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tir	eason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played	3		
Sect		is regard.  E. Type III Functionally Integrated Supporting Organizations			
-		71 7 7 11 3 3			
1 a b	П	If the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	Ħ	The organization is the parent of each of its supported organizations. <i>Complete <b>line's</b> below.</i> The organization supported a governmental entity. <i>Describe in <b>Part VI</b> how you supported a governmental entity (see</i>	inetri	ıction	s)
·	ш.	The organization supported a governmental entity. Describe in <b>Fart VI</b> now you supported a governmental entity (see	111500	iction.	3).
2	Activ	ities Test. Answer lines 2a and 2b below.		Yes	No
а	suppo orgai respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted			
	subsi	tantially all of its activities.	2a		
b	more reaso	he activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the ons for the organization's position that its supported organization(s) would have engaged in these activities	21-		
		or the organization's involvement.	2b		
		nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	each	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in <b>Part VI.</b>	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sch	edule A (Form 990) 2021 AMERICAN CIVIL LIBERTIES UNION		94-02	79770	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	t on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). <b>See</b> through E.	
Sec	tion A – Adjusted Net Income	(A) Prior Year	(B) Currer (optior		
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
_ 7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B — Minimum Asset Amount			(A) Prior Year	(B) Currer (option	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
- 6	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
(	Fair market value of other non-exempt-use assets	1c			
	d Total (add lines 1a, 1b, and 1c)	1d			
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current	Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). Schedule A (Form 990) 2021 BAA

10 Line 8 amount divided by line 9 amount

Pa	ተ V $\;\; \;$ Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont.	inued)				
Sec	Section D — Distributions					
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details					
	in <b>Part VI</b> ). See instructions.	8				
9	Distributable amount for 2021 from Section C, line 6	9	·			

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
<b>b</b> Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021 Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

BAA TEEA0408L 08/31/21 Schedule A (Form 990) 2021

# Schedule B (Form 990)

PUBLIC DISCLOSURE COPY
Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA, INC.

Employer identification number 94-0279770

Organization type (check one):							
Filers of:		Section:					
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> 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					
-		red by the <b>General Rule</b> or a <b>Special Rule</b> . (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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special F	Rules						
X	regulations under section 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or and from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or ton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	contributor, during th literary, or educations	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
	contributor, during th contributions totaled during the year for an <b>General Rule</b> applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received in exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the set to this organization because it received nonexclusively religious, charitable, etc., contributions ore 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), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization AMERICAN CIVIL LIBERTIES UNION Employer identification number

94-0279770

raiti	Contributors (see instructions). Use duplicate copies of Part 1 if additional s	pace is fleeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,016,705.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$7,940,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$ <u>557,776.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

AMERICAN CIVIL LIBERTIES UNION

94-0279770

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		
<u>2</u>	SECURITIES				
		\$ 1,016,705.	3/30/22		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		s			
		~			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		  - 			
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		φ			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	<u></u>	\$			
BAA	TEEA0703L 10/06/21	Schodule E	3 (Form 990) (2021)		
	122,10,002,10,002,1	Scriedule E	, (1 UIIII JJU) (4U4 I		

Employer identification number Name of organization AMERICAN CIVIL LIBERTIES UNION 94-0279770 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 of contributions of <b>\$1,000 or less</b> for the year. Use duplicate copies of Part III if additional	(Enter this information once. See inst	xclusively religious, charitable, etc., tructions.)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
- uiti	N/A							
	Transferee's name, addres	(e) Transfer of gift	Relationship of transferor to transferee					
	Transieree 3 frame, address	55, dilu Zii + 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, addres	ss, 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, addres	ss, 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, addres		Relationship of transferor to transferee					
	ļ							
	<u> </u>							

#### SCHEDULE C (Form 990)

# **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 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.			
		CIVIL LIBERTIES UNION		Employer identific	ation number
	FOUNDATION	OF NORTHERN CALIFORNIA, IN	94-027977		
		rganization is exempt under secti	• •	•	zation.
1	Provide a description of the See instructions for definition	organization's direct and indirect political on of 'political campaign activities.'	campaign activities in	Part IV.	
2		expenditures. See instructions.		<b>⊳</b> ģ	5
3		campaign activities. See instructions			
Pa	rt I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955	▶ ¢	0.
2	Enter the amount of any ex	cise tax incurred by organization managers	under section 4955.	▶\$	0.
3	If the organization incurred	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 :	a Was a correction made?				Yes No
	b If 'Yes,' describe in Part IV.				
Pa	-	rganization is exempt under secti			
1	Enter the amount directly ex	spended by the filing organization for section	on 527 exempt function	on activities ► \$	S
2		ng organization's funds contributed to other es			S
3		nditures. Add lines 1 and 2. Enter here and		▶ \$	5
4	Did the filing organization file	le Form 1120-POL for this year?			Yes No
5	amount of political contribution	s and employer identification number (EIN) s. For each organization listed, enter the ans received that were promptly and directly deal action committee (PAC). If additional spans	livered to a separate po	olitical organization, such	ı as a separate
	<b>(a)</b> 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)					
(2)					
(3)					
(4)					
(5)					
(6)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2021

Page 2

Part II-A Complete if t section 501(	the organization h)).	is exempt under sec	ction 501(c)(3) and	filed Form 5768 (el	ection under
address,	EIN, expenses, and	s to an affiliated group (and share of excess lobbying ked box A and 'limited cor	expenditures).	ted group member's name	Ξ,
(The term	Limits on Lobby 'expenditures' mea	ng Expenditures ns amounts paid or incur	red.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1 a Total lobbying expenditu	ures to influence put	olic opinion (grassroots lob	bying)	28,201.	
<b>b</b> Total lobbying expenditu				679,610.	
c Total lobbying expenditu	·	•		707,811.	0.
<b>d</b> Other exempt purpose e <b>e</b> Total exempt purpose e:	•		ļ	14,525,508.	
		·		15,233,319.	0.
f Lobbying nontaxable am columns		ount from the following tab		911,666.	
If the amount on line 1e, colu	1	The lobbying nontaxable		311,000.	
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		over \$1,000,000.			
Over \$1,500,000 but not over \$		ver \$1,500,000.			
Over \$17,000,000 <b>q</b> Grassroots nontaxable a		\$1,000,000.		227 017	0
<b>h</b> Subtract line 1g from lin	•	•		227,917.	<u> </u>
i Subtract line 1f from line			ļ	0.	0.
j If there is an amount othe section 4911 tax for this	er than zero on either year?	line 1h or line 1i, did the org	anization file Form 4720	reporting	Yes No
(Som	e organizations that	I-Year Averaging Period L made a section 501(h) elow. See the separate instr	ection do not have to c	omplete all of the five rough 2f.)	
	Lobby	ing Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	(e) Total
2 a Lobbying nontaxable amount	783,750	876,329.	1,000,000.	911,666.	3,571,745.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					5,357,618.
<b>c</b> Total lobbying expenditures	524,64	748,185.	743,587.	707,811.	2,724,227.
<b>d</b> Grassroots nontaxable amount	195,938	3. 219,082.	250,000.	227,917.	892,937.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,339,406.
f Grassroots lobbying expenditures	77,745	59,618.	32,532.	28,201.	198,096.

5

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

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.  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?	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?	Amount
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?	
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?	
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?	
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?	
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	
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912	
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).	
	Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?	1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 4 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, I answered 'Yes.'	section 501(c)
1 Dues, assessments and similar amounts from members	
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).	
<b>a</b> Current year	
b Carryover from last year	
<b>c</b> Total	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	
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?	

### 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.

5 Taxable amount of lobbying and political expenditures. See instructions.....

BAA Schedule C (Form 990) 2021

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Name of the organization AMERICAN CIVIL LIBERTIES UNION

FOU	JNDATION OF NORTHERN CALIFORNI	A, INC.		94-0279770
Par	t   Organizations Maintaining Dono	or Advised Funds or Other	Similar Funds or Ac	counts.
	Complete if the organization answ	wered 'Yes' on Form 990, F	art IV, line 6.	
		(a) Donor advised fund	ds <b>(b)</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 dor are the organization's property, subject to the	nor advisors in writing that the ass organization's exclusive legal cor	sets held in donor advised itrol?	d funds
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	t of the donor or donor advisor, or	for any other purpose co	onferring
Par	t II Conservation Easements.			
	Complete if the organization answ	wered 'Yes' on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by	y the organization (check all that	apply).	
	Preservation of land for public use (for examp	ple, recreation or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space		_	
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation contribu		
				Held at the End of the Tax Year
•	a Total number of conservation easements			
	Total acreage restricted by conservation ease			
	Number of conservation easements on a certification			
(	d Number of conservation easements included in structure listed in the National Register			
3	Number of conservation easements modified, trar tax year ►	sferred, released, extinguished, or t	erminated by the organizat	ion during the
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy re			
_	and enforcement of the conservation easemer			
6	Staff and volunteer hours devoted to monitoring, i	inspecting, nandling of violations, ar	id enforcing conservation e	asements during the year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violations, and en	forcing conservation easen	nents during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requi	rements of section 170(h)	)(4)(B)(i) 
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote conservation easements.	ports conservation easements in it to the organization's financial stat	s revenue and expense s ements that describes the	statement and balance sheet, and e organization's accounting for
Par	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Tre wered 'Yes' on Form 990, F	easures, or Other Si Part IV, line 8.	milar Assets.
1 a	a If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	ld for public exhibition, education	, or research in furtherand	d balance sheet works of art, ce of public service, provide in
I	o If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r FASB ASC 958, to report in its r or public exhibition, education, or res	evenue statement and ba search in furtherance of pul	alance sheet works of art, olic service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1		▶\$
	(ii) Assets included in Form 990, Part X			▶\$
2	amounts required to be reported under FASB	ASC 958 relating to these items:		
	a Revenue included on Form 990, Part VIII, line			
ı	Assets included in Form 990, Part X		<u> </u>	▶\$

Part III Organizations Maint	aining Colle	ections	of Art, Histo	orical	Treasures, or	r Other	Similar Ass	ets (c	ontinu	ıed)
3 Using the organization's acquisition items (check all that apply):	on, accession, a	nd other	records, check a	any of t	he following that m	nake sign	ificant use of its	collection	on	
<b>a</b> Public exhibition			<b>d</b> Loan	or exc	hange program					
<b>b</b> Scholarly research			e Other	·						
c Preservation for future gen	erations		_							
4 Provide a description of the organ Part XIII.	nization's collect	ions and	explain how they	y furthe	er the organization'	s exempt	t purpose in			
5 During the year, did the organize to be sold to raise funds rather	than to be ma	intained	as part of the o	organiz	zation's collection	?		Yes		No
Part IV   Escrow and Custodi line 9, or reported ar						swered	1 'Yes' on Fo	rm 99	u, Par	t IV,
1 a Is the organization an agent, tr	ustee, custodia	an or oth	er intermediary	for co	ntributions or oth	er assets	s not included		_	٦
on Form 990, Part X?								Yes		No
<b>b</b> If 'Yes,' explain the arrangeme	nt in Part XIII a	and com	piete the follow	ing tat	ole:			Λ	1	
- Designing belongs						1		Amour	IT	
c Beginning balance										
<b>d</b> Additions during the year										
<ul><li>e Distributions during the year</li><li>f Ending balance</li></ul>										
2a Did the organization include an								Yes		No
<b>b</b> If 'Yes,' explain the arrangeme							- 1			- NO
<b>b</b> it res, explain the arrangeme	iii iii Fait Aiii.	CHECK II	ere ii tile expiai	HalloH	nas been provide	u on Fa	III /III		· · · · · L	
Part V Endowment Funds.	Complete if	the ord	ranization ar	1CWAr	ed 'Yes' on Fo	rm 991	n Part IV lir	10		
Lindowinent i dids.	(a) Current		(b) Prior yea		(c) Two years back		Three years back		Four years	s hack
<b>1 a</b> Beginning of year balance		-	4,866,7		5,230,93		4,995,741.		,768,	
<b>b</b> Contributions	0, =0=	,000.		000.	1,00		1,000.			000.
- N. I.:		,	270	,	2,00	•	1,000			
c Net investment earnings, gains and losses	, 233	,818.	1,546,6	540.	-81,77	3.	484,864.		470,	941.
<b>d</b> Grants or scholarships		,	_,, _							
e Other expenditures for facilities										
and programs	. 231	,773.	214,9	916.	206,87		196,047.		189,	309.
f Administrative expenses		,984.	47,6		76,56		54,621.			129.
<b>g</b> End of year balance			6,151,8		4,866,72		5,230,937.	. 4	,995,	741.
2 Provide the estimated percenta	· ·	ent year		ne 1g,	column (a)) held	as:				
<b>a</b> Board designated or quasi-endow			%							
<b>b</b> Permanent endowment ►	<u>100.00</u> %	5								
c Term endowment	<del></del> %									
The percentages on lines 2a, 2b,	and 2c should e	equal 100	1%.							
3 a Are there endowment funds not in	the possession	of the o	rganization that a	are hel	d and administered	for the		İ		
organization by:								2 (1)	Yes	No
(i) Unrelated organizations								3a(i)	•••	X
(ii) Related organizations								3a(ii)	X	
<b>b</b> If 'Yes' on line 3a(ii), are the re	-		•					. 3b	X	
4 Describe in Part XIII the intend			ation's endowrne	ent iur	IGS. SEE PAR	T XII	<u> 1</u>			
Part VI Land, Buildings, and Complete if the orga			'Yes' on Fori	m 99	0, Part IV, line	e 11a. S	See Form 99	0, Pai	t X, lir	ne 10.
Description of property	/		or other basis vestment)	(b)	Cost or other pasis (other)		ccumulated preciation	(d)	Book va	alue
<b>1 a</b> Land										
<b>b</b> Buildings				_ 1	1,329,424.	4	,230,799.	7	,098	,625.
c Leasehold improvements					133,019.		41,888.		•	,131.
<b>d</b> Equipment					117,574.		57,017.			,557.
<b>e</b> Other	<u></u>				964,428.		630,369.		•	,059.
Total. Add lines 1a through 1e. (Colu	mn (d) must e	qual For	m 990, Part X,	colum		<u> </u>		7	,584	
DAA							2	1 5 /	Orm 000	N 0001

Part VII		Other Securities.		N/A	
				), Part IV, line 11b. See Form	
		gory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	y held equity interes	ts			
(3) Other					
(A)					
(B)					
$\frac{(G)}{(H)}$					
Total (Colum		00. Part V. column (P) line 12.)			
		90, Part X, column (B) line 12.) ► - Program Related.		N/A	
Part VIII	Complete if the	e organization answered	I 'Yes' on Form 990	), Part IV, line 11c. See Form	990, Part X, line 13
	(a) Description of		(b) Book value	(c) Method of valuation: Cost or en	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
		90, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets.	e organization answered	L'Yes' on Form 990	), Part IV, line 11d. See Form	990 Part X line 15
	complete ii tik		scription	5, 1 art 1 v , mile 1 ra. eee 1 em	(b) Book value
(1) BEN	EFICIAL INTE	RESTS IN ENDOWMENT	FUNDS		6,624,893.
	ISTRUCTION IN	PROGRESS			17,122.
	POSITS				26,832.
		ATIONAL FOUNDATION			405,586.
(6) REI	FROM UNION				698,211. 421,133.
(7)	. 1				421,133.
(8)					
(9)					
(10)					
Total. (Co	olumn (b) must equa	nl Form 990, Part X, column (	B) line 15.)		8,193,777.
Part X	Other Liabilitie	es.			
	Complete if the or			1e or 11f. See Form 990, Part X, line 2	
1.		(a) Descr	iption of liability		(b) Book value
	eral income taxes	TONAL BOUNDABLON			F0 1F0
(3)	TO ACLU NAT	IONAL FOUNDATION			50,150.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
					<u>► 50,150.</u>
		In Part XIII, provide the text of the fo eck here if the text of the footnote has		nancial statements that reports the organization S	's liability for uncertain EEE PART XIII 🛛

Part XI Reconciliation of Revenue per Audited Financial Statements Wit	n Revenue per Return. N/A
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	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2e
3 Subtract line 2e from line 1	
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 Wi	
Part XII Reconciliation of Expenses per Audited Financial Statements Wi	, line 12a.
Part XII Reconciliation of Expenses per Audited Financial Statements Wi Complete if the organization answered 'Yes' on Form 990, Part IV	, line 12a.
Part XII Reconciliation of Expenses per Audited Financial Statements Wi Complete if the organization answered 'Yes' on Form 990, Part IV  1 Total expenses and losses per audited financial statements	, line 12a.
Part XII Reconciliation of Expenses per Audited Financial Statements Wi Complete if the organization answered 'Yes' on Form 990, Part IV  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	, line 12a.
Part XII Reconciliation of Expenses per Audited Financial Statements Wi Complete if the organization answered 'Yes' on Form 990, Part IV  1 Total expenses and losses per audited financial statements	, line 12a.
Part XII Reconciliation of Expenses per Audited Financial Statements Wi Complete if the organization answered 'Yes' on Form 990, Part IV  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments.  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	, line 12a.
Part XII Reconciliation of Expenses per Audited Financial Statements Wi Complete if the organization answered 'Yes' on Form 990, Part IV  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. 2 Donated Statements 2 Donated Services and Use of facilities 3 Donated Services and Use of facilities 4 Donated Services and Use of facilities 5 Donated Services and Use of facilities 6 Donated Services and Use of facilities 7 Donated Services and Use of facilities 8 Donated Services and Use of facilities 8 Donated Services and Use of facilities 9 Donated Services and Use of facilities Services August Services Servic	, line 12a.  1
Part XII Reconciliation of Expenses per Audited Financial Statements Wi Complete if the organization answered 'Yes' on Form 990, Part IV  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. 2 d  d Other (Describe in Part XIII.) 2 d	, line 12a
Part XII Reconciliation of Expenses per Audited Financial Statements Wi Complete if the organization answered 'Yes' on Form 990, Part IV  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	, line 12a
Part XII Reconciliation of Expenses per Audited Financial Statements Wi Complete if the organization answered 'Yes' on Form 990, Part IV  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.  4 a	, line 12a
Part XII Reconciliation of Expenses per Audited Financial Statements Wincomplete if the organization answered 'Yes' on Form 990, Part IV  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.  4 a  b Other (Describe in Part XIII.)  4 b	1 2e 3
Part XII Reconciliation of Expenses per Audited Financial Statements Wincomplete if the organization answered 'Yes' on Form 990, Part IV  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.  4 Amounts included the Part XIII.)  c Add lines 4a and 4b.	, line 12a.
Part XII Reconciliation of Expenses per Audited Financial Statements Wi Complete if the organization answered 'Yes' on Form 990, Part IV  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.  4 a  b Other (Describe in Part XIII.)  4 b	, line 12a.

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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE ENDOWMENT FUNDS ARE USED TO FUND PROGRAM WORK.

#### **PART X - FASB ASC 740 FOOTNOTE**

THE ACLU NC FOUNDATION IS A PUBLIC CHARITY AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. THE ACLU NC FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY

UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ACLU NC BAA

Schedule D (Form 990) 2021

Part XIII | Supplemental Information (continued)

# PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

FOUNDATION IS NOT A PRIVATE FOUNDATION.

**BAA** TEEA3305L 08/30/21 **Schedule D (Form 990) 2021** 

### 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN CIVIL LIBERTIES UNION

FOUNDATION OF NORTHERN CALIFORNIA, INC.

General Information on Grants and Assistance

Employer identification number 94-0279770

1 Does the organization maintain records the selection criteria used to award the		~ ~	assistance, the grantees'	0 , 0			X Yes No
2 Describe in Part IV the organization's pr	rocedures for monitoring	the use of grant fu	inds in the United States.		SEE F	PART IV	
Part II Grants and Other Assistant Form 990, Part IV, line 21,							
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACLU FDN OF SOUTHERN CA 1313 W 8TH STREET LOS ANGELES, CA 90017	95-2673361 5	01 (C) (3)	40,000.	0.			VARIOUS
(2) ACLU FOUNDATION  125 BROAD ST 18TH FL  NEW YORK, NY 10004	13-6213516 5		230,000.	0.			VOTING RIGHTS
(3) COPE  1505 W HIGHLAND AVE STE 1  SAN BERNADINO, CA 92411	33-0938212 5		20,000.	0.			CRIMINAL JUSTICE
(4) MOVEMENT STRATEGY CENTER 436 14TH ST STE 500 OAKLAND, CA 94612	20-1037643 5	01 (C) (3)	20,000.	0.			CRIMINAL JUSTICE
(5) SILICON VALLEY DE-BUG 701 LENZEN AVE SAN JOSE, CA 95126	46-4274158 5	01(C)(3)	20,000.	0.			CRIMINAL JUSTICE
(6) SOCIAL GOOD FUND INC 12651 SAN PABLO AVE #5473 RICHMOND, CA 94805	46-1323531 5	01(C)(3)	20,000.	0.			CRIMINAL JUSTICE
(7) STARTING OVER INC 1390 W 6TH ST #100 CORONA, CA 92882	90-0455003 5	01 (C) (3)	20,000.	0.			CRIMINAL JUSTICE
(8) ACLU UNION OF NORTHERN CA 39 DRUMM STREET SAN FRANCISCO, CA 94111	94-2151925 5	01 (C) (4)	600,000.	0.			LEGISLATIVE
<ul><li>2 Enter total number of section 501(c)(</li><li>3 Enter total number of other organizat</li></ul>	(3) and government org	anizations listed	in the line 1 table				12

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>(b)</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
3					

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

### PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

ALL GRANTS ARE MONITORED THROUGH PROGRAMMATIC STAFF WHO ENSURE THAT DELIVERABLES

UNDER GRANT AGREEMENTS ARE COMPLETED WITHIN BUDGET AND THE GRANT PERIOD.

# **Continuation Sheet for Schedule I (Form 990)**

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2021

Continuation Page 1 of 1

Name of the organization

AMERICAN CIVIL LIBERTIES UNION

September 1

AMERICAN CIVIL LIBERTIES UNION

AMERICAN CIVIL LIBERTIES UNION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
CHINESE PROGRESSIVE ASSOC								
1042 GRANT AVE 5TH FL							CRIMINAL	
SAN FRANCISCO, CA 94133	23-7404756	501 (C) (3)	20,000.				JUSTICE	
IMMIGRANT_LEGAL_RESOURCES_CEN_								
1458 HOWARD ST							CRIMINAL	
SAN FRANCISCO, CA 94103	94-2939540	501 (C) (3)	20,000.				JUSTICE	
NETWORK ON WOMEN PRISON LPSC								
4400 MARKET ST							CRIMINAL	
OAKLAND, CA 94608	94-3080408	501 (C) (3)	20,000.				JUSTICE	
SACRAMENTO ACT								
2324 L STREET STE 405							CRIMINAL	
SACRAMENTO, CA 95816	94-3146791	501 (C) (3)	20,000.				JUSTICE	
WIYOT TRIBE								
1000_WIYOT_DR							INDIGENOUS	
LOLETA, CA 95551	94-2714533	TRIBAL	40,000.				RIGHTS	

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA, INC.

Employer identification number 94-0279770

Pai	rt I Questions Regarding Compensation			
			Yes	No
1 a	a 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.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
ı	<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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.			
	X Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ X Compensation survey or study			
	Form 990 of other organizations  X 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:			
ä	a Receive a severance payment or change-of-control payment?	4 a	X	
	b Participate in or receive payment from a supplemental nonqualified retirement plan?	4 b		X
•	c Participate in or receive payment from an equity-based compensation arrangement?	4 c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only costion F01/cV2\ F01/cV4\ and F01/cV2\\ and F01/cV2\\			
	Only section 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?	5 a		X
ı	b Any related organization?	5 b		X
	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?	6 a		Χ
I	b Any related organization?	6 b		X
	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 on lines 5 and 6? If 'Yes,' describe in Part III.	7		Х
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	8		Х
9	If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2021

#### 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 aren't 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.

	(I	B) Breakdown of W-2 ar	nd/or 1099-MISC and/or	r 1099-NEC compensation		(D) Nontaxable	(E) Total of columns(B)(i)-(D)	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	(C) Retirement and other deferred	benefits	columns(B)(i)-(D)	in column (B) reported as deferred on prior
			compensation	compensation	compensation			Form 990
DUC LE	(i)	153,677.	0.	0.	8,410.	14,138.	176,225.	0.
	(ii)	38,419.	0.	0.	2,103.	3,535.	44,057.	0.
ELISE TRAYNUM	(i)	138,895.	0.	0.	2,726.	17,074.	158,695.	0.
2 SEC/GEN COUNSEL	(ii)	68,411.	0.	0.	1,343.	8,410.	78,164.	0.
	(i)	204,349.	0.	0.	0.	19,727.	224,076.	0.
3 EXECUTIVE DIR.	(ii)	100,649.	0.	0.	0.	9,716.	110,365.	0.
	(i)	169,270.	0.	0.	0.	29,387.	198,657.	0.
	(ii)	18,808.	0.	0.	0.	3,265.	22,073.	0.
	(i)	26,552.	0.	<u>278,272.</u>	717.	17 <u>,</u> 145.	<u>322,686.</u>	0.
	(ii)	6,637.	0.	69,568.	179.	4,286.	80,670.	0.
	(i)	212,012.	0.	0.	<u>10,907.</u>	38,541.	<u>261,460.</u>	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	<u> 188,580.</u>	0.	0.	<u>9,985.</u>	32,026.	230,591.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)				L		L	<b> </b>
	(ii)							
	(i)				L		L	<b> </b>
	(ii)							
	(i)				L		L	<b> </b>
	(ii)							
	(i)				<b> </b>		L	
	(ii)							
	(i)				L		L	1
	(ii)							
	(i)				L		L	1
16	(ii)							

BAA

TEEA4102L 10/27/21

Schedule J (Form 990) 2021

#### 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.

#### **PART III - ADDITIONAL INFORMATION**

TIRIEN STEINBACH RECEIVED THE STATED SUM UPON HER RESIGNATION FROM THE ORGANIZATION.

TEEA4103L 10/27/21

#### **SCHEDULE M** (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

► Attach to Form 990. **Open to Public** ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA, INC Employer identification number

94-0279770 Types of Property Part I (a) (b) (c) (d) Method of determining noncash contribution amounts Chèck if Number of Noncash contribution applicable contributions or amounts reported on Form 990, items contributed Part VIII, line 1g Art — Works of art..... Art - Fractional interests..... Books and publications..... 4 5 Clothing and household goods..... 6 7 Boats and planes..... 8 Intellectual property..... 9 X 14 1,572,001. FMV Securities - Closely held stock..... Securities - Partnership, LLC, or trust interests. 11 Securities - Miscellaneous..... Qualified conservation contribution -13 Qualified conservation contribution — Other. . . . . 14 15 Real estate - Commercial..... 16 17 Real estate – Other..... 18 19 Food inventory..... 20 Taxidermy..... 21 Historical artifacts..... 23 Scientific specimens..... 24 Archeological artifacts..... 25 26 Other ► 27 Other ► 28 Other ► Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement..... 29 No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?..... 30 a **b** If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.... Χ 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 a **b** If 'Yes.' describe in Part II.

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

describe in Part II.

Schedule M (Form 990) 2021

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

 BAA
 TEEA4602L 11/4/21
 Schedule M (Form 990) 2021

#### **SCHEDULE 0** (Form 990)

Name of the organization

#### 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 Form 990-EZ.

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

Department of the Treasury Internal Revenue Service AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA, INC

Open to Public Inspection Employer identification number

94-0279770

OMB No. 1545-0047

#### FORM 990. PART III. LINE 1 - ORGANIZATION MISSION

THE ACLU FOUNDATION OF NORTHERN CALIFORNIA, INC. (ACLU NC FOUNDATION), A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION DESCRIBED IN SECTION 501(C)(3), CONDUCTS LITIGATION, POLICY RESEARCH AND ADVOCACY, PUBLIC EDUCATION, AND COMMUNITY ORGANIZING IN ORDER TO PROTECT AND DEFEND CIVIL LIBERTIES AND CIVIL RIGHTS. ACTING ON THE FIRM BELIEF THAT LIBERTY MUST BE PROTECTED FOR EVERYONE IF IT IS TO BE ENJOYED BY ANYONE, THE ACLU NC FOUNDATION WORKS TO DEFEND THE RIGHTS OF ALL.

#### FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

IMPACT LITIGATION PROGRAM -

AS A KEY STRATEGY IN FURTHERANCE OF THE GOALS OF THE SIX LEGAL AND POLICY PROGRAMS LISTED IN 4A, THE ACLU NC FOUNDATION MAINTAINS AN ACTIVE DOCKET OF OVER 50 CASES TO CHALLENGE VIOLATIONS OF CIVIL LIBERTIES AND CIVIL RIGHTS. THE CASES ADDRESS A WIDE RANGE OF CONSTITUTIONAL ISSUES, INCLUDING THE FIRST AMENDMENT FREEDOM OF SPEECH AND RELIGION, AS WELL AS RELATED ISSUES OF OPEN GOVERNMENT; CASES RELATED TO PRIVACY, IN A RANGE OF ARENAS SUCH AS REPRODUCTIVE RIGHTS, SURVEILLANCE, AND TECHNOLOGY; CASES RELATED TO DUE PROCESS IN THE POLICE, CRIMINAL JUSTICE AND IMMIGRANTS' RIGHTS ARENAS, INCLUDING ACCESS TO COUNSEL; CASES RELATED TO DISCRIMINATION AND EQUAL PROTECTION, ESPECIALLY IN THE CONTEXTS OF RACIAL JUSTICE, SEX AND GENDER EQUALITY, AND LGBT EQUALITY. THE IMPACT LITIGATION PROGRAM BRINGS CASES ON LOCAL MATTERS AT THE CITY, COUNTY AND SCHOOL DISTRICT LEVEL, AT THE STATE AGENCY AND STATE GOVERNMENT LEVEL, AND ON ACTIONS OF FEDERAL AGENCIES. THE IMPACT LITIGATION PROGRAM IS STAFFED IN SAN FRANCISCO AND IN FRESNO AND SACRAMENTO, AS PART OF THE ACLU NC FOUNDATION'S PRIORITY OF DEDICATING RESOURCES IN THE CALIFORNIA CENTRAL VALLEY.

#### FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

THE GOVERNING BODY OF THE ACLU NC FOUNDATION IS APPOINTED BY THE ACLU NC UNION AS DESIGNATOR.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

AMENDMENTS TO THE BYLAWS OF THE ACLU FOUNDATION OF NORTHERN CALIFORNIA REQUIRE THE

CONSENT OF THE ACLU OF NORTHERN CALIFORNIA AS DESIGNATOR.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE FINANCE COMMITTEE, THE AUDIT AND COMPLIANCE COMMITTEE, AND THE BOARD OF DIRECTORS FOR REVIEW BEFORE FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

EACH BOARD MEMBER (AND CERTAIN NON-DIRECTOR MEMBERS OF BOARD ADVISORY COMMITTEES) IS

REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY, TO UPDATE THE

FORM IF CIRCUMSTANCES CHANGE DURING THE YEAR, AND TO DISCLOSE IN REAL TIME ANY

CONFLICT OF INTEREST THAT ARISES IN A GIVEN MEETING.

AT THE BEGINNING OF EVERY MEETING, THE CHAIR REMINDS DIRECTORS OF THE CONFLICT OF INTEREST POLICY AND TO DISCLOSE OR RECUSE THEMSELVES IN INSTANCES OF ANY CONFLICTS. IN ADDITION, THE GENERAL COUNSEL MAINTAINS THE DIRECTOR CONFLICT OF INTEREST DISCLOSURE FORMS, REVIEWS THEM WITH THE AUDIT AND COMPLIANCE COMMITTEE CHAIR, AND IDENTIFIES POTENTIAL CONFLICTS THAT REQUIRE EITHER DIRECTOR DISCLOSURE OR RECUSAL. THE GENERAL COUNSEL AND THE AUDIT AND COMPLIANCE COMMITTEE CHAIR ADVISE AND CONSULT WITH THE CHAIR AND DIRECTORS IN THESE SITUATIONS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT EMPLOYEES ARE COMPENSATED BY THE ACLU NC FOUNDATION UNDER THE TERMS OF THE RESOURCE SHARING AGREEMENT. IN ADDITION, THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES ARE SUBJECT TO THE TERMS OF THE BUDGET SET EACH YEAR BY THE ACLU NC FOUNDATION BOARD OF DIRECTORS.

BAA Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA, INC.

Employer identification number 94-0279770

#### FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

EMPLOYEES ARE COMPENSATED BY THE ACLU NC FOUNDATION UNDER THE TERMS OF THE RESOURCE SHARING AGREEMENT. THE ACLU NC FOUNDATION BOARD OF DIRECTORS WORKS THROUGH ITS PERSONNEL COMMITTEE TO SET THE COMPENSATION FOR THE EXECUTIVE DIRECTOR BASED ON A REVIEW PROCESS, CONSULTATION OF A SALARY SURVEY, AND SOMETIMES CONSULTING WITH INDEPENDENT EXPERTS. IN ADDITION, THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES ARE SUBJECT TO THE TERMS OF THE BUDGET SET EACH YEAR BY THE ACLU NC FOUNDATION BOARD OF DIRECTORS.

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FINANCIAL STATEMENTS ARE POSTED TO THE WEBSITE OF ACLU NC UNION AND ARE AVAILABLE UPON REQUEST.

BAA Schedule O (Form 990) 2021

TEEA4902L 08/10/21

#### **SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** 

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA, INC.

Employer identification number 94-0279770

Part I Identification of Disregarded Entities. Con	nplete if the	organization ansv	wered 'Yes' on Fo	rm 990,	Part IV, line	33.				
(a) Name, address, and EIN (if applicable) of disregarded entit	y F	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	е То	(d) otal income	End-o	(e) f-year assets	Direc	(f) ct contro entity	lling
<u>(1)</u>										
(2)										
<u>(3)</u>										
Part II Identification of Related Tax-Exempt Organization of more related tax-exempt organization.	<b>anizations.</b> C izations durir	omplete if the orging the tax year.	ganization answe	ed 'Yes	' on Form 99	0, Part	IV, line 34,	becau	se it	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activ	vity Legal dom or foreign	nicile (state   Exemi	d) ot Code tion	(e) Public charity (if section 501		Direct contro entity	olling	Sec 512( controlled	(b)(13)
(1) ACLU NC UNION									Yes	No

Part III	Identification of Related Organizations Taxable as a Partnership	<b>b.</b> Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, orthography the tax year.
	because it had one of more related organizations treated as a pa	irtilership during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	tion	h) ropor- nate ations?	amount in box 20 of Schedule	amount in box   managing		(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
<u>(1)</u>	_											
	-											
	-											
(2)												
(2)	-											
	-											
	-											
(3)												

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>(b)</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	Sec 512 controlled	) (b)(13) d entity?
		country)	entity	or trust)				Yes	No
(1)									
	Ī								
	Ī								
(2)									
	Ī								
	Ī								
(3)									
	†								
	†								
	1	1		1		1	1	1	<u> </u>

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

	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations list	ed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		Х
b	Gift, grant, or capital contribution to related organization(s)			1b	Х	
С	Gift, grant, or capital contribution from related organization(s)			1 с	Х	
d	Loans or loan guarantees to or for related organization(s)			1 d		Х
е	Loans or loan guarantees by related organization(s)			1е		Χ
f	Dividends from related organization(s).			1f		Х
g	Sale of assets to related organization(s)			1g		X
	Purchase of assets from related organization(s).					Х
i	Exchange of assets with related organization(s)			1i		X
	Lease of facilities, equipment, or other assets to related organization(s)					X
•				,		
k	Lease of facilities, equipment, or other assets from related organization(s)			1k	Х	
	Performance of services or membership or fundraising solicitations for related organization(s)				- 23	Х
	Performance of services or membership or fundraising solicitations by related organization(s)					X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				Х	71
	Sharing of paid employees with related organization(s)				X	
Ŭ	Total ing of para on proyoco marrolatoa organization (c)				Λ	
n	Reimbursement paid to related organization(s) for expenses			1р	Х	
	Reimbursement paid by related organization(s) for expenses.				X	
ч	The initial series of particular organization (s) for expenses					
	Other transfer of cash or property to related organization(s)			1r		v
	Other transfer of cash or property from related organization(s)					X
	If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered			13		Λ
					4/	
	(a) Name of related organization	<b>(b)</b> Transaction	<b>(c)</b> Amount involved	Method of		
		type (a-s)		amount	involv	red
1) [	ACLU NC UNION	В	600,000.	COST		
<b>2)</b> [	ACLU NC UNION	N	114,318.	COST		
			,			
3) 7	ACLU NC UNION	0	3,514,764.	СОСТ		
<u>-, , , , , , , , , , , , , , , , , , , </u>	ICEO NO ONION	Ŭ	3,314,704.	COD1		
<b>4</b> \ 7	ACTU NO UNION	0	727 400	COCI		
<b>4)</b> <i>E</i>	ACLU NC UNION	Q	737,488.	C051		
		_				
<b>5)</b> [	AMERICAN CIVIL LIBERTIES UNION FDN INC	В	230,000.	COST		
<b>6)</b> <i>[</i>	AMERICAN CIVIL LIBERTIES UNION FDN INC	С	405,586.			
AΑ	TEEA5003L 09/21/21		Schedu	ıle <b>R</b> (Forr	n 990)	2021

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	Are all sec 501( organiz	partners tion (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	Dispr tior alloca	tionate amount in box 20 of Schedule K-1 (Form 1065)		General or managing partner?		(k) Percentage ownership
			from tax under sections 512-514)	Yes	No			Yes	No	(, 0,,,,	Yes	No	İ
<u>(1)</u>													
<u>(2)</u>													
(3)													
(4)													
<u>(5)</u>													
(6)													
<u>(7)</u>													
<u>(8)</u>													
										C alla a di		- 00	

#### Part VII | Supplemental Information

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

#### PART VII - SUPPLEMENTAL INFORMATION

SCHEDULE R SUPPLEMENTAL

AS EXPLAINED ELSEWHERE IN FORM 990 AND SCHEDULE O, THE ACLU NC FOUNDATION IS A CALIFORNIA PUBLIC BENEFIT CORPORATION DESCRIBED IN SECTION 501(C)(3) AND CLASSIFIED AS A PUBLIC CHARITY. DIRECTORS OF THE ACLU NC FOUNDATION BOARD ARE APPOINTED BY THE AMERICAN CIVIL LIBERTIES UNION OF NORTHERN CALIFORNIA (ACLU NC UNION), A CALIFORNIA MUTUAL BENEFIT CORPORATION DESCRIBED IN SECTION 501(C)(4). THE ACLU NC UNION, IN TURN, IS AFFILIATED WITH THE AMERICAN CIVIL LIBERTIES UNION, INC. (ACLU NATIONAL), A DISTRICT OF COLUMBIA NOT-FOR-PROFIT CORPORATION DESCRIBED IN SECTION 501(C)(4).

TO REDUCE COSTS AND MAXIMIZE EFFICIENCY THE ACLU NC UNION AND THE ACLU NC FOUNDATION SHARE CERTAIN RESOURCES PURSUANT TO A NEGOTIATED AGREEMENT. THE AGREEMENT REQUIRES THE ACLU NC UNION TO REIMBURSE THE FOUNDATION'S EXPENSES AT A RATE THAT IS NO LESS THAN THE UNION'S FAIR SHARE OF SUCH EXPENSES, PLUS THE FOUNDATION'S COST OF ADMINISTERING SUCH SHARING OF RESOURCES AND ALLOCATION OF EXPENSES, ON A MONTHLY BASIS, FOR ANY RESOURCES BELONGING TO THE ACLU NC FOUNDATION THAT THE ACLU NC UNION USES IN CONNECTION WITH THE CONDUCT OF ITS ACTIVITIES, AND THE ACLU NC FOUNDATION IS PERMITTED TO PAY NO MORE THAN FAIR MARKET VALUE FOR ANY RESOURCES BELONGING TO THE ACLU NC UNION THAT THE ACLU NC FOUNDATION USES IN CONNECTION WITH THE CONDUCT OF ITS ACTIVITIES. ALL SHARED RESOURCES, INCLUDING OFFICE SPACE, PERSONNEL, EQUIPMENT, OVERHEAD, ETC., ARE ACCOUNTED FOR, AND, AS APPROPRIATE, PAID FOR UNDER THE AGREEMENT.

#### Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
AMERICAN CIVIL LIBERTIES UNION FDN INC	K	143,028.	COST
AMERICAN CIVIL LIBERTIES UNION FDN INC	Р	303,182.	COST
TEFA510F1 00/22/21		Sahadula I	2 Cont (Form 990) 2021

## Form **4562**

## Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

Department of the Treasury Internal Revenue Service (99

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. 179

Name(s) shown on return

AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA, INC.

Identifying number 94-0279770

Business or activity to which this form relates FORM 990/990-PF **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions). 1 2 Total cost of section 179 property placed in service (see instructions)..... Threshold cost of section 179 property before reduction in limitation (see instructions)..... 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions...... 5 6 (b) Cost (business use only) (a) Description of property 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7..... 9 Tentative deduction. Enter the smaller of line 5 or line 8..... 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs... 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11..... 12 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12...... ▶ 13 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions ..... 14 15 Other depreciation (including ACRS)..... 431,125 MACRS Depreciation (Don't include listed property. See instructions.) Section A If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (a) Classification of property (g) Depreciation deduction (e) Convention year placed in service (business/investment use Recovery period only - see instructions) 19 a 3-year property..... **b** 5-year property...... c 7-year property... d 10-year property... e 15-year property.... f 20-year property.... S/L 25 yrs g 25-year property... 27.5 yrs MM S/L h Residential rental 27.5 yrs MM S/L property..... i Nonresidential real 39 yrs MM S/L MM S/L property... Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System S/L **20 a** Class life..... 12 yrs **b** 12-year..... S/L 30 yrs MM S/L **c** 30-year..... S/L **d** 40-year...<u>...</u>.... 40 yrs MM Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28...... 21

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

the appropriate lines of your return. Partnerships and S corporations — see instructions . . . . . . . . .

For assets shown above and placed in service during the current year, enter

431,125.

# 2021 California Exempt Organization Annual Information Return

FORM

199

Calendar V	oar 20	21 or fiscal v	ear beginning (mm/dd/yy	(V) 4 (01	/0001	, and endi	ina (mr	n/dd/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		^	
Corporation/Or		ion name				<u> </u>	ing (iiii	m/dd/yyyy) <u>3/31/</u>		∠ · California corporation num	her
oo.poradio.ii o.	gamzac	Ar	MERICAN CIVIL L DUNDATION OF NO				C			0364096	.501
Additional info	rmation	. See instruction		KIREKN CAL	LIFOR	NIA, IN	· ·			EIN	
									9	94-0279770	
Street address									Р	PMB no.	
39 DRUI	MM S	TREET					St	ate	7	lip code	
SAN FR	ANCI	SCO						A .		94111	
Foreign countr	y name						Fo	preign province/state/county	F	oreign postal code	
					<u> </u>						
Λ First rate	ırn			□ voc 5	ا ۱۸۰ تع			n have any changes to its g		es 🗖	_
				Yes 2	X No	not reported	d to the I	FTB? See instructions		• Yes	X No
					X No .			TC Section 23701d, has the	9		
D Final info				[ 165 2	110	•		ed in political activities?		- D.	₩
	issolve	_	Surrendered (Withdrawn)	Merged/Reorga	anized	See msuuc	110115			●	X No
		/dd/yyyy) ●	,						00701		
E Check ac	counting	g method:						exempt under R&TC Sectio ross receipts from	n 23/01	ig? ● ∐Yes	X No
	Cash		olal <b>3</b> Other	• - <b>-</b>	(000)			S	\$		
			990T <b>2</b> ● 990-PF	<b>3</b> ● Sch H (	<sup>(990)</sup>   I	L Is the organ	nization a	a limited liability company?		● Yes	X No
<b>4 □</b> 0th			uctions	. ● Yes ∑	X No I	M Did the orga	anization	n file Form 100 or Form 109	o to rep	oort	
G 13 tills a	group n	illing. Occ illisti	uotions	. • 163							X No
<b>H</b> Is this or	organization in a group exemption Yes X No X Is the organization under audit by the IRS or has the audited in a prior year?							IRS	X No		
		the parent's na						3/1024 pending?			X No
						Date filed w		57 1024 penung:		<u></u>	X NO
						Date filed w	vitii iito				
Part I	Com	plete Part I	unless not required to f	ile this form. Se	ee Gene	eral Informa	tion B	and C.			
	1		s or receipts from other						1	3,422,	298.
Danainta	2		s and assessments from						2		
Receipts and	3	3 Gross contributions, gifts, grants, and similar amounts received SEE . SCH B. ●						3	16,784,	049.	
Revenues	4	•	receipts for filing requi			•			_		
	_		nust be completed. If the					II Information B ●	4	20,206,	34/.
	5		ods sold er basis, and sales exp					3,150.			
	7		. Add line 5 and line 6 .					•	7	3	150.
	8		s income. Subtract line 7						8	20,203,	
	9		nses and disbursements						9	15,233,	
Expenses			receipts over expenses						10	4,969,	
	11	Total paym							11		
	12		ee General Information I					=	12		
	13	Payments	balance. If line 11 is mo	re than line 12,	subtrac	ct line 12 fro	om line	≥ 11 •	13		
Filing	14	Use tax ba	lance. If line 12 is more	than line 11, su	ubtract I	line 11 from	line 1	2 •	14		
Fee	15	Penalties a	and interest. See Genera	al Information J.					15		
	16	Balance due.	Add line 12 and line 15. Then	subtract line 11 from	m the res	ult			16		0.
	Under		rjury, I declare that I have exami						t of my	knowledge and belief, it i	is true,
Sign Here			. Declaration of preparer (other	than taxpayer) is bas Title	sed on all	information of w	vhich pre	parer has any knowledge.  Date		<ul> <li>Telephone</li> </ul>	
	of offi	ture <b>&gt;</b>		EX	ECUTI	IVE DIR.	_			(415) 621-24	93
	Prena	ırer's ▶				Date	-	Check if self-	7	PTIN	
Paid	signat	ture LA	TONYA M. KNOX			2/0	6/23	employed	J I	P00513874	
Preparer's Use Only	Firm's	name	LEAF & COLE, I							Firm's FEIN	
,	(or yours, if self-employed) 2810 CAMINO DEL RIO SOUTH,			TH, S	SUITE 20	00		9	95-2076568 Telephone		
	and at	uui 633	SAN DIEGO, CA	92108					`∂	619.294.7200	
	May	the FTR di	scuss this return with th	e preparer show	vn ahov	re? See inst	truction	าร			No
	ay				5.50						

#### AMERICAN CIVIL LIBERTIES UNION

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

		1	Gross sales or receipts from all b	business activities. See	instruct	ions	•	1		
		2	Interest					2		
_		3	Dividends					3		403,753.
Rece from	ıpts	4	Gross rents					4		143,028.
Other	r	5	Gross royalties					5		<u> </u>
Sour	ces	6	Gross amount received from sale	e of assets (See instruct	tions)			6		
		7	Other income. Attach schedule.			SEE ST	ATEMENT 1 •	7		2,875,517.
		8	Total gross sales or receipts from other s					8		3,422,298.
		9	Contributions, gifts, grants, and similar ar					9		1,090,000.
		10	Disbursements to or for member					10		
		11	Compensation of officers, director					11		479,071.
		12	Other salaries and wages	·				12		7,806,587.
Expe and	nses	13	Interest					13		7,000,307.
and Disbu	irse.	14	Taxes					14		618,411.
ment		15	Rents				_	15	+	547,103.
		16	Depreciation and depletion (See					16		
		17	Other expenses and disburseme					17		431,125.
			Total expenses and disbursements. Add I					18		4,261,022.
C . I.		18							٠.,	15,233,319.
	edule	<u> </u>	Balance Sheet	Beginning of	taxable			of ta	xabi	le year
Asse				(a)	1.0	(b)	(c)		•	(d)
_					12	,234,821.			<u>-</u>	17,465,275.
2			receivable			572 <b>,</b> 266.			<u>-</u>	2,028,840.
3			eivable						•	
5			tate government obligations		1	,014,727.			•	1,060,432.
			n other bonds			,510,336.			•	2,702,036.
7	Invoctm	onte i	n stock STMT 5			,707,114.			•	11,027,991.
8			18			, 101, 114.			•	11,027,991.
			nents. Attach schedule			,465,962.			_	7,046,026.
				12,061,625.		,403,902.	10 544 4	4 E		7,040,020.
			ssets.		-	407 740	12,544,4			7 504 272
			ated depreciation	4,563,876.		,497,749.	4,960,0	13.		7,584,372.
11	Lana					270 500			•	1 250 501
			Attach schedule			,372,598.				1,358,521.
					45	,375,573.				50,273,493.
			et worth			001 000				1 222 222
			able		1	,881,973.			•	1,922,038.
		,	, gifts, or grants payable						<u>-</u>	
			tes payable						_	
			yable			404 400			•	
			es. Attach schedule STM 8			424,480.				50,150.
			or principal fund		43	,069,120.			•	48,301,305.
			pital surplus. Attach reconciliation						•	
			ings or income fund		4 5	275 572				EO 272 402
			ies and net worth	haalaa wiilla isaa saasa saas		,375,573.				50,273,493.
	edule		Do not complete this schedule	e if the amount on Sche	dule L,				00.	
			er books	5,232,185			books this year not incl			25.6.22.5
			ne tax	,			h scheduleSEE . ST	٠.٠٠	_	356,286.
			ital losses over capital gains		_	Deductions in this reagainst book income	•			
4			ecorded on books this year.					ŀ	•	
E			orded on books this year not deducted				d line 8	L		356,286.
Э	-		Attach schedule SEE . S.T 9	93,979		Net income per				330,200.
6			e 1 through line 5	5,326,164	_		from line 6	<b>¦</b>		4,969,878.
		IIII		2,020,101	- 1			ı		

Side 2 Form 199 2021 059 3652214 CACA1112L 01/04/22

#### Schedule B (Form 990)

CA PUBLIC DISCLOSURE COPY
Schedule of Contributors

OMB No. 1545-0047

Employer identification number

2021

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN CIVIL LIBERTIES UNION

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

FOUNDATION OF NORTHERN CALIFORNIA, INC. 94-0279770 Organization type (check one): Filers of: Section: X 501(c)( 3 ) Form 990 or 990-EZ (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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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 (entering

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.....

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

'N/A' in column (b) instead of the contributor name and address), II, and III.

Name of organization AMERICAN CIVIL LIBERTIES UNION Employer identification number

94-0279770

raiti	Contributors (see instructions). Use duplicate copies of Part 1 if additional s	pace is fleeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,016,705.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$7,940,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$ <u>557,776.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

AMERICAN CIVIL LIBERTIES UNION

94-0279770

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>2</u>	SECURITIES		
		\$ 1,016,705.	3/30/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
		~	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  - 	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		φ	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>	\$	
BAA	TEEA0703L 10/06/21	Schodule E	3 (Form 990) (2021)
	122,10,002,10,002,1	Scriedule E	, (1 UIIII JJU) (4U4 I

Employer identification number Name of organization AMERICAN CIVIL LIBERTIES UNION 94-0279770 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 of contributions of <b>\$1,000 or less</b> for the year. Use duplicate copies of Part III if additional	(Enter this information once. See inst	xclusively religious, charitable, etc., tructions.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
- uiti	N/A						
	Transferee's name, addres	(e) Transfer of gift	Relationship of transferor to transferee				
	Transieree 3 frame, address	55, dilu Zii + 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, addres	ss, 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, addres	ss, 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, addres		Relationship of transferor to transferee				
	ļ						
	<u> </u>						

## 2021 Corporation Depreciation and Amortization

710	nr

Attac	ch to Form 100 or For	m 100W. FORI	4 199						
Corpo	ration name	AN CIVIL LI		N			Califor	nia corporati	on number
		TION OF NOR			•		036	4096	
Par	t   Election To Ex	cpense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction	under IRC Section	179 for California.					1	\$25 <b>,</b> 000
2	Total cost of IRC Se		•					2	
3	Threshold cost of IR		-					3	\$200,000
4	Reduction in limitation							4	
5	Dollar limitation for		act line 4 from line					5	
6	(a)	Description of property		(b) Cost (busin	ess use only)	(c) Electe	ed cost		
	Listed was subsected follows	stad IDC Castian 17	70		7				
7 8	Listed property (electronic Total elected cost of		•			lino 7		8	
9	Tentative deduction.							9	
10	Carryover of disallow							10	
11	Business income lim		,					11	
12	IRC Section 179 exp			•	-			12	
13	Carryover of disallow								
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation Deduct	ion Under R&	TC Section 24	356		
14	(a)	(b)	(c)	(d)	(e)	<b>(f)</b>	_ ((	g)	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	on Life or rate	Deprecia this		Additional first year
	or property	(mmaa/yyyy)	01101 50515	allowable in		rato		your	depreciation
				earlier years					
	LDING & IMPR		11023193.	3,884,04		35		3 <b>,</b> 255.	
	RNITURE & FIX		482,983.	482,98		5			
	JIPMENT	VARIOUS	5,001.	5,00		5			
	TWARE/WEBSIT		6,000.	4,16		3			
	LDING IMPROV	9/26/2018	25 <b>,</b> 637.	1,64		39		657.	
15	Add the amounts in \$2,000. See instruct	column (g) and co	lumn (h). The total	of column (h) n	nay not excee	ed <b>15</b>	12.	1,125.	
Par	t III Summary	10115 101 11116 14, 00	iuiiiii (ii)			13	45.	1,123.	
	Total: If the corporate	tion is electina:							
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column	(g) <b>or</b>				
	Additional first year Depreciation (if no e								
17	Total depreciation of				107			<u> </u>	
	Depreciation adjustr	nent. If line 17 is q	reater than line 16,	enter the differ	ence here an	d on Form 10	00 or		
	Form 100W, Side 1, Form 100W, Side 2.								
	state adjustments or	,						18	
Par					,			l.	
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)
	Description of property	Date acquire (mm/dd/yyy)			nortization d or allowable	R&TC Section	Period percent		Amortization
	or property	(IIIII/dd/yyy)	other bas		arlier years	(see instr)	percent	age	for this year
					-				
					·				
20	Total. Add the amou	ınts in column (g).						20	
21	Total amortization c	laimed for federal p	ourposes from fede	ral Form 4562,	line 44			21	
22	Amortization adjustr								
	Form 100W, Side 1, Form 100W, Side 2,							22	
	. Jilli 100 vv, Oluc Z,	12							

TAXABLE YEAR

## 2021 Corporation Depreciation and Amortization

222	
<b>300</b> L	
322	

Attac	ch to Form 100 or For	m 100W. FORI	1 199								
Corpo	ration name	AN CIVIL LIE		N				Cali	fornia c	orporatio	on number
		TION OF NORT			NC.			03	640	96	
Par	t   Election To Ex	pense Certain Pro	perty Under IRC S	ection 179							
1	Maximum deduction	under IRC Section	179 for California.								\$25 <b>,</b> 000
2	Total cost of IRC Sec		•								
3	Threshold cost of IR		-							_	\$200,000
4	Reduction in limitation										
5_	Dollar limitation for t		act line 4 from line						. 5		
6	(a)	Description of property		<b>(b)</b> Cost (	business ı	ise only)	(c) Elec	ted cost	_		
									_		
									_		
									_		
7	Listed property (elec		•								
8	Total elected cost of									_	
9	Tentative deduction.										
10 11	Carryover of disallow Business income lim										
12	IRC Section 179 exp					-					
13	Carryover of disallow					_			.   '-		
Par		nd Election of Additi						4356			
14	(a)	(b)	(c)	(d)		(e)	(f)		(g)		(h)
	Description	Date acquired	Cost or	Deprecia	ation	Depreciation	Life or	Depre	ciatio		Additional first
	of property	(mm/dd/yyyy)	other basis	allowed allowab		method	rate	thi	s yea	r	year depreciation
				earlier y							depreciation
FUF	RNITURE & FIX	8/07/2018	35 <b>,</b> 573.	18,	,973.	S/L		5	7,1	L14.	
FUF	RNITURE & FIX	3/13/2019	14,094.	5,	,873.	S/L		5	2,8	319.	
SOE	TWARE	2/25/2019	20,339.	8,	,475.	S/L		5	4,0		
BUI	LDING IMPROV	3/06/2020	30,900.	15,	,936.	S/L	3	0	1,0	30.	
IMI	PROVEMENTS	3/31/2020	74,253.	6,	,703.	S/L	3	0	7,8	312.	
15	Add the amounts in \$2,000. See instruct	column (g) and col	umn (h). The total	of column	(h) may	not exceed	ı 15				
Par	t III Summary	10113 101 11110 14, 00	umm (n)				13				
	Total: If the corporat	ion is electina:									
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, col	lumn (g)	or		. (-)	( ->		
	Additional first year Depreciation (if no e									16	
17	Total depreciation cl	• •				,				17	
	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	enter the o	differenc	e here and	on Form 1	00 or			
	Form 100W, Side 1, Form 100W, Side 2.										
	state adjustments or	,								18	
Par											
19	(a)	(b)	(c)		(0		(e)	(f			(g)
	Description of property	Date acquire (mm/dd/yyyy			Amorti	zation allowable	R&TC Section	Perio percei	od or		Amortization
	or property	(пппиалуууу	) Unlei bas		in earlie		(see instr		nage		for this year
						-					
20	Total. Add the amou	nts in column (a).							. 20		
21	Total amortization cl	,							. 21	İ	
22	Amortization adjustn	'	'		,						
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the di	fference	here and o	on Form 10	00 or			
	Form 100W, Side 2,	line 12							. 22		

TAXABLE YEAR

## 2021 Corporation Depreciation and Amortization

	= =										
	ch to Form 100 or For	m 100W. FORI	M 199					10.17			
Corpo			BERTIES UNIO		_						on number
_			THERN CALIFO		<u>c.                                     </u>			[036	409	6	
Par			perty Under IRC S						1	1	¢25 000
1 2	Maximum deduction Total cost of IRC Se								2		\$25,000
3	Threshold cost of IR		•						3		\$200,000
4	Reduction in limitation								4		\$200,000
5	Dollar limitation for t								5	1	
6		Description of property		(b) Cost (bus			(c) Electe			<u> </u>	
	(-)			(11) 0111 (1111		,,	(-,		-		
									-		
									-		
									-		
7	Listed property (elec	ted IRC Section 17	79 cost)			7			-		
8	Total elected cost of						ne 7		8	Τ	
9	Tentative deduction.								9		
10	Carryover of disallov	ved deduction from	prior taxable years	S					10		
11	Business income lim	nitation. Enter the s	smaller of business	income (not l	less th	an zero) o	r line 5		11		
12	IRC Section 179 exp								12		
13	)										
Par	•	nd Election of Addit	ional First Year Dep	ı	iction L	Jnder R&TC	Section 24	356		-	
14	<b>(a)</b> Description	<b>(b)</b> Date acquired	<b>(c)</b> Cost or	(d) Depreciation	on	(e) Depreciation	(f) Life or	Doproci	g) ation	for	<b>(h)</b> Additional first
	of property	(mm/dd/yyyy)	other basis	allowed o		method	rate		Depreciation for this year		year
	, , ,	, , , , , , , , , , , , , , , , , , , ,		allowable i							depreciation
T. T. T. T.	NITHIDE 6 ETV	10/01/0010	110 406	earlier yea		C /T	5	_	2 6	0.0	
	RNITURE & FIX	7/22/2019	118,496.	38,6		S/L S/L	5		3,69 7,52		
	JIPMENT FTWARE/WEBSIT		87,642.	31,9		S/L	3				
		3/02/2020	18,837.	6,8			4	1	6,279. 14,691.		
	PROVEMENTS	7/06/2020 5/12/2020	58,766.	12,6		S/L	5	1			
	RNITURE & FIX		6,828.	L	82.	S/L	1		1,3	00.	
15	Add the amounts in										
Par	\$2,000. See instruct	ions for line 14, co	iumin (n)				13				
16		tion is electing:									
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, colun	nn (g)	or					
	Additional first year Depreciation (if no e									16	
17	Total depreciation cl			•		,			-	17	
									····	.,	
	Depreciation adjustn Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the diffe	rence	here and c	n Form 100	or			
	Form 100W, Side 2, state adjustments or	ine 12. (If Califord	iia depreciation arr n 100W no adjustn	nounts are use nent is necess	ea to a sarv )	etermine n	et income c	etore		18	
Par		11 01111 100 01 1 0111	Troott, no aajasti	110111 13 1100033	July 17						
19	(a)	(b)	(c)		(d)	)	(e)	(f)			(g)
	Description	Date acquire	d Cost o		Amortiz	ation	R&TC	Period			Amortization
	of property	(mm/dd/yyyy	v) other bas			allowable vears	Section (see instr)	percent	lage		for this year
				""	,	,	(**************************************			1	
										1	
										1	
										1	
										1	
20	Total. Add the amou	ints in column (a)	ı	I			<u>I</u>	<u> </u>	20	1	
21	Total amortization cl	107							21	+	
	Amortization adjustn	•	•		•				<u> </u>	+	
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 21 is	less than line 20,	enter the diffe	rence	here and c	n Form 100	or	22		

2021 Corporation Depreciation and Amortization

3885

Atta	ch to Form 100 or For	m 100W. FORM	4 199									
Corpo	ration name	AN CIVIL LIE		N					Califor	nia corpo	oration	n number
		TION OF NORT			, INC.				036	4096		
Par	t   Election To Ex	cpense Certain Pro	perty Under IRC S	ection 1	179							
1	Maximum deduction	under IRC Section	179 for California.							1		\$25,000
2	Total cost of IRC Se	ction 179 property	placed in service							2		
3	Threshold cost of IR	C Section 179 prop	erty before reducti	ion in Iir	mitation					3		\$200,000
4	Reduction in limitation	on. Subtract line 3	from line 2. If zero	or less	, enter -0					4		
5	Dollar limitation for	taxable year. Subtr	act line 4 from line	1. If ze	ero or less, e	enter -0				5		
6	(a)	Description of property		<b>(b)</b> 0	Cost (business u	use only)	(c) E	lected	cost			
7	Listed property (elec	ted IRC Section 17	'9 cost)			7						
8	Total elected cost of		•				ne 7			8		
9	Tentative deduction.									9		
10	Carryover of disallow									10		
11	Business income lim									11		
12	IRC Section 179 exp				•	,				12		
13	Carryover of disallov											
Par	t II Depreciation a	nd Election of Addit	onal First Year Dep	reciation	n Deduction	Under R&TO	C Section	2435	56			
14	(a)	(b)	(c)		(d)	(e)	(f)		(9	a)		(h)
	Description	Date acquired	Cost or		reciation	Depreciation	Life		Deprecia	ation fo	or	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or wable in	method	rate		this	year		year depreciation
					er years							acpreciation
SOI	TWARE	12/10/2020	15,005.		4,334.	S/L		3	Į	5,002	2.	
BUI	LDING & IMPR	10/01/2005	7,000.		3,850.	S/L		35				
EQU	JIPMENT	VARIOUS	31,078.		31,078.	S/L		5				
FRO	ONT DOOR	5/31/2021	28,606.			S/L		30		874	4.	
ACC	CESS CONTROL	10/22/2021	163,025.			S/L		30	- 2	2,71	7.	
15	Add the amounts in	column (g) and col	umn (h). The total	of colu	mn (h) may	not exceed						
	\$2,000. See instruct	ions for line 14, co	lumn (h)				1	5				
Par										1		
16	Total: If the corporal IRC Section 179 exp		unt on line 12 and	lina 15	column (a)	\ Or						
	Additional first year	depreciation under	R&TC Section 243	356, add	the amoun	ts on line 1	5, colum	ıns (g	g) and (h	) or		
	Depreciation (if no e	• • • • • • • • • • • • • • • • • • • •				107					_	
	Total depreciation of									1	7	
18	Depreciation adjustr Form 100W, Side 1,	nent. If line 17 is g	reater than line 16,	, enter t	the difference	e here and	on Forn	າ 100 100	or			
	Form 100W, Side 1,	line 12. (If Californ	nia depreciation am	nounts a	are used to	determine n	et incon	ne be	fore			
	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	nent is r	necessary.).					18	8	
Par	t IV Amortization				1							
19	(a)	(b)	(c)		(0		(e)		(f)			(g)
	Description of property	Date acquire (mm/dd/yyyy			Amorti allowed or		R&T0 Section		Period percent			Amortization for this year
	5. p. sp 5. sj	(**************************************	,		in earlie		(see ins		p =	9-		Tor triis year
20	Total. Add the amou	ınts in column (g).	· · · · · · · · · · · · · · · · · · ·				<del></del>			20		
21	Total amortization c	laimed for federal p	ourposes from fede	ral Forn	n 4562, line	44				21		
22	Amortization adjustr Form 100W, Side 1,	ment. If line 21 is q	reater than line 20,	, enter t	the difference	e here and	on Forn	1 100	or or			
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and o	n Form	100	or	22		
	Form 100W, Side 2,	IIIe 12								22		

TAXABLE YEAR

## 2021 Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FORI	M 199								
Corpo	ration name AMERIC	AN CIVIL LI	BERTIES UNIO	N				Califo	ornia co	orporatio	on number
	FOUNDA	TION OF NOR	THERN CALIFO	RNIA,	INC.			036	5409	96	
Par			perty Under IRC S								
1	Maximum deduction								1		\$25 <b>,</b> 000
2	Total cost of IRC Se		•								
3	Threshold cost of IR		-								\$200,000
4	Reduction in limitation								5		
5	Dollar limitation for t		act line 4 from line						5		
6	(a)	Description of property		(b) C	ost (business	use only)	(c) Elect	ed cost	_		
									_		
7			•								
8	Total elected cost of Tentative deduction.								8		
9 10	Carryover of disallow								10	-	
11	Business income lim		,						11	+	
12	IRC Section 179 exp				•	•			12		
13	•								1		
Par			ional First Year Dep					1356			
14	(a)	(b)	(c)		(d)	(e)	(f)		(g)		(h)
	Description	Date acquired	Cost or		reciation	Depreciation	Life or	Deprec	iatior		Additional first
	of property	(mm/dd/yyyy)	other basis		wed or wable in	method	rate	this	year		year depreciation
					er years						doprodiation
ELE	EVATOR REPAIR	12/29/2021	58,063.			S/L	30		6	45.	
FIF	RE ALARM BELL	10/10/2021	6,048.			S/L		5	6	05.	
MUF	RAL (MARK HAR	11/03/2021	6,950.			S/L		5	6	95.	
CAF	RPET (ENTIRE	2/28/2022	233,275.			S/L		5	7,7	76.	
	ZEAR SWITCH/	7/30/2021	24,931.			S/L		5	2,4		
	Add the amounts in		•	of colu	mn (h) may	•	1				
.5	\$2,000. See instruct										
Par		·	` '								
16	Total: If the corporat										
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15	, column (g	) <b>or</b>	5 columns	(a) and (l	h) <b>or</b>		
	Depreciation (if no e									16	
17	Total depreciation cl	aimed for federal p	ourposes from fede	ral Forn	n 4562, line	22				17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter t	he differend	ce here and	on_Form_1	00 or			
	Form 100W, Side 1, Form 100W, Side 2,										
	state adjustments or									18	
Par	t IV Amortization										
19	(a)	(b)	(c)			d)	(e)	_ (f)			(g)
	Description of property	Date acquire				ization r allowable	R&TC Section	Perio percen			Amortization for this year
	σ. ρ. σρσ. τ	(	04.10. 24.	0.0		er years	(see instr)	p 0. 00	tugo		ioi tilis year
20	Total. Add the amou	ints in column (g).							20		
21	Total amortization cl	laimed for federal p	ourposes from fede	ral Forn	n 4562, line	: 44			21		
22	Amortization adjustr	nent. If line 21 is d	reater than line 20	. enter t	he differen	ce here and	on Form 1	00 or			
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	e here and o	on Form 10	0 or	~		
	Form 100W, Side 2,	ııne 12							22		

2/07/23

#### CALIFORNIA STATEMENTS

PAGE 1

CLIENT 17-067PD

AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA, INC.

94-0279770 12:10PM

STATEMENT 1

FORM 199, PART II, LINE 7 OTHER INCOME

PROGRAM SERVICE REVENUE.....

TOTAL \$ 2,875,517. \$ 2,875,517.

**STATEMENT 2** FORM 199. PART II. LINE 9 CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

ACLU FDN OF SOUTHERN CA DONEE'S NAME - IND

DONEE'S NAME - IND ACLU FDN OF SOUTH DONEE'S STREET ADDRESS: 1313 W 8TH STREET

DONEE'S CITY LOS ANGELES

DONEE'S STATE DONEE'S ZIP CODE CA 90017

40,000. CASH AND NONCASH AMOUNT:

DONEE'S NAME - IND DONEE'S STREET ADDRESS: DONEE'S CITY ACLU FOUNDATION 125 BROAD ST 18TH FL NEW YORK

DONEE'S STATE NY DONEE'S ZIP CODE 10004

CASH AND NONCASH AMOUNT: 230,000.

DONEE'S NAME - IND COPE

DONEE'S STREET ADDRESS: 1505 W HIGHLAND AVE STE 1

DONEE'S CITY SAN BERNADINO

DONEE'S STATE DONEE'S ZIP CODE 92411

20,000. CASH AND NONCASH AMOUNT:

MOVEMENT STRATEGY CENTER 436 14TH ST STE 500 DONEE'S NAME - IND

DONEE'S STREET ADDRESS:
DONEE'S CITY
DONEE'S STATE
DONEE'S ZIP CODE OAKLAND CA 94612

CASH AND NONCASH AMOUNT: 20,000.

SILICON VALLEY DE-BUG DONEE'S NAME - IND SILICON VALLEY 701 LENZEN AVE

DONEE'S STREET ADDRESS: DONEE'S CITY SAN JOSE

DONEE'S STATE CA DONEE'S ZIP CODE 95126

20,000. CASH AND NONCASH AMOUNT:

#### CALIFORNIA STATEMENTS

PAGE 2

AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA, INC.

94-0279770

CLIENT 17-067PD 2/07/23 12:10PM **STATEMENT 2 (CONTINUED)** FORM 199, PART II, LINE 9 CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID DONEE'S NAME - IND SOCIAL GOOD FUND INC
DONEE'S STREET ADDRESS: 12651 SAN PABLO AVE #5473
DONEE'S CITY RICHMOND
CA
CA DONEE'S ZIP CODE 94805 CASH AND NONCASH AMOUNT: 20,000. DONEE'S NAME - IND STARTING OVER INC DONEE'S STREET ADDRESS: 1390 W 6TH ST #100 CORONA DONEE'S STATE DONEE'S STATE DONEE'S ZIP CODE CA 92882 CASH AND NONCASH AMOUNT: 20,000. ACLU UNION OF NORTHERN CA 39 DRUMM STREET SAN FRANCISCO CA DONEE'S NAME - IND
DONEE'S STREET ADDRESS:
DONEE'S CITY
DONEE'S STATE DONEE'S ZIP CODE 94111 CASH AND NONCASH AMOUNT: 600,000. DONEE'S NAME - IND CHINESE PROGRESSIVE ASSOC DONEE'S STREET ADDRESS: 1042 GRANT AVE 5TH FL SAN FRANCISCO DONEE'S STATE CA DONEE'S ZIP CODE 94133 20,000. CASH AND NONCASH AMOUNT: DONEE'S NAME - IND IMMIGRANT LEGAL RESOURCES CEN DONEE'S STREET ADDRESS: 1458 HOWARD ST SAN FRANCISCO DONEE'S STATE
DONEE'S ZIP CODE 94103 CASH AND NONCASH AMOUNT: 20,000. NETWORK ON WOMEN PRISON LPSC 4400 MARKET ST DONEE'S NAME - IND DONEE'S STREET ADDRESS: DONEE'S CITY OAKLAND DONEE'S STATE CA DONEE'S ZIP CODE 94608 CASH AND NONCASH AMOUNT: 20,000. SACRAMENTO ACT
2324 L STREET STE 405 DONEE'S NAME - IND DONEE'S STREET ADDRESS: DONEE'S CITY SACRAMENTO CA DONEE'S STATE
DONEE'S ZIP CODE 95816 CASH AND NONCASH AMOUNT: 20,000.

#### **CALIFORNIA STATEMENTS**

PAGE 3

**CLIENT 17-067PD** 

#### **AMERICAN CIVIL LIBERTIES UNION** FOUNDATION OF NORTHERN CALIFORNIA, INC.

94-0279770

2/07/23

12:10PM

# STATEMENT 2 (CONTINUED) FORM 199, PART II, LINE 9 CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND DONEE'S STREET ADDRESS: DONEE'S CITY DONEE'S STATE WIYOT TRIBE 1000 WIYOT DR

LOLETA CA DONEE'S ZIP CODE 95551

CASH AND NONCASH AMOUNT:

\$ 40,000.

TOTAL \$ 1,090,000.

#### **STATEMENT 3** FORM 199, PART II, LINE 17 OTHER EXPENSES

ACCOUNTING FEES	\$	14,125.
ADMINSTRATIVE EXPENSES		505,128.
BAD DEBT		202,571.
CONFERENCES, CONVENTIONS, AND MEETINGS		80,015.
INSURANCE		145,428.
LITIGATION NON-SERVICE FEES		10,997.
OTHER EMPLOYEE BENEFIT.	-	1,355,079.
OTHER FEES		265,546.
OUTSIDE SERVICES.		674,245.
PENSION PLAN CONTRIBUTIONS.		624,147.
SPONSORSHIPS		55,462.
TAXES & FEES		11,463.
TELECOMMUNICATIONS		245,615.
TRAVEL.		71,201.
TOTAL	\$ 4	4,261,022.

#### **STATEMENT 4** FORM 199, SCHEDULE L, LINE 6 **INVESTMENTS IN OTHER BONDS**

CORPORATE BONDS	\$ 2,702,036.
TOTAL	\$ 2,702,036.

### STATEMENT 5 FORM 199, SCHEDULE L, LINE 7 **INVESTMENTS IN STOCKS**

MUTUAL FUNDS	\$ 829,988.
STOCK	10,198,003.
TOTAL	\$ 11,027,991.

### **CALIFORNIA STATEMENTS**

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**CLIENT 17-067PD** 

AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA, INC.

94-0279770

CLIENT 17-0071 D FOUNDATION OF NORTHERN CALIFORNIA, INC.	34-02/3//0
2/07/23	12:10PM
STATEMENT 6 FORM 199, SCHEDULE L, LINE 9 OTHER INVESTMENTS	
BENEFICIAL INTERESTS IN ENDOWMENT FUNDS\$  REIT	6,624,893. 421,133. 7,046,026.
STATEMENT 7 FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS	
CONSTRUCTION IN PROGRESS.  DEPOSITS.  DUE FROM ACLU NATIONAL FOUNDATION.  DUE FROM UNION.  PREPAID EXPENSES AND DEFERRED CHARGES.  TOTAL \$\frac{5}{2}\$	17,122. 26,832. 405,586. 698,211. 210,770. 1,358,521.
STATEMENT 8 FORM 199, SCHEDULE L, LINE 18 OTHER LIABILITIES	
DUE TO ACLU NATIONAL FOUNDATION	50,150. 50,150.
STATEMENT 9 FORM 199, SCHEDULE M-1, LINE 5 EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN	
INVESTMENT FEES	93,979. 93,979.
STATEMENT 10 FORM 199, SCHEDULE M-1, LINE 7 INCOME RECORDED ON BOOKS NOT ON RETURN	
UNREALIZED GAINS\$  TOTAL \$	356,286. 356,286.

#### STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021) IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities



## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

AMERICAN CIVIL LIBERTIES UNION			Check if:					
FOUNDATION OF NORTHERN CALIFORNIA, INC. Name of Organization			Change of address					
Traine of Organization		Amended report						
List all DBAs and names the organization use	es or has used			01 1 01 11	010000			
39 DRUMM STREET Address (Number and Street)				State Charity	Registration Number 012238			
			r Organization No. <u>0364096</u>					
(415) 621-2493  Telephone Number E-mail Address				Federal Employer ID No. 94-0279770				
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  Make Check Payable to Department of Justice								
Total Revenue	Fee	Total Revenue	io to Dopaita	Fee	Total Revenue		<u>ee</u>	
Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	\$25 \$50 \$75	Between \$250,001 a Between \$1,000,001 Between \$5,000,001	and \$5 mill	ion \$200	Between \$20,000,001 and \$100 milli Between \$100,000,001 and \$500 mill Greater than \$500 million	lion \$1		
PART A – ACTIVITIES								
For your most recent full ac	counting perio	od (beginning	4/01/21	ending	3/31/22 ) list:			
Total Revenue \$ (including noncash contributions)	20.203.19	7 Noncash Contr	ibutions \$	1.572.	001	13.40	93.	
(including noncash contributions) 20,203,197. Noncash Contributions \$ 1,572,001. Total Assets \$ 50,273,493.  Program Expenses \$ 11,142,373. Total Expenses \$ 15,233,319.								
PART B — STATEMENTS F								
Note: All questions must be ans providing an explanation a					tructions for information required.	Yes	No	
1 During this reporting period, we officer, director or trustee thereof, ei	ere there any o ther directly or	ontracts, loans, leases or with an entity in wh	other financial ich any such	transactions betwo	veen the organization and any or trustee had any financial interest?		X	
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?							Χ	
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?							Χ	
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?						X		
5 During this reporting period, did	d the organiza	tion receive any gove	ernmental fu	nding?			X	
6 During this reporting period, did	d the organiza	tion hold a raffle for	charitable pu	urposes?			X	
7 Does the organization conduct	a vehicle dona	ation program?					X	
8 Did the organization conduct ar generally accepted accounting	n independent principles for	audit and prepare authors and prepare authors and audit and prepare authors and audit and audit and audit and a	udited financ	cial statements	in accordance with	X		
9 At the end of this reporting per	iod, did the or	ganization hold restric	eted net assets,	while reporting	g negative unrestricted net assets?		X	
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.								
	ABDI	SOLTANI		EXECUTIVE	DIR.			
Signature of Authorized Agent	Printed			Title	Date			

2/07/23

#### CALIFORNIA SUPPLEMENTAL INFORMATION

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**CLIENT 17-067PD** 

AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA, INC.

94-0279770

12:10PM

FORM 199, PART II, LINE 11, OFFICER'S COMPENSATION:

ABDOL SOLTANI (EXECUTIVE DIRECTOR) - \$213,645 JENNIFER TAPKEN (CFO & CAO) - \$97,052 DUC LE (CFO & CAO) - \$168,376

TOTAL FISCAL YEAR COMP = \$479,071