# Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Α.	ror t	ile 2010 Caleil	uar year, or lax year be	giiiiiig 4/Ul	, 2010,	and ending	<b>J</b> 3/.	SΙ		, 2019	
В	Check	if applicable:	С					D Employ	er ident	ification number	
	А	ddress change		LIBERTIES UNION				94-	0279	770	
	N	lame change		NORTHERN CALIFORN	IA, INC.			<b>E</b> Telepho	ne numl	ber	
	Ir	nitial return	39 DRUMM STREE					(41	5) 6	21-2493	
	Fi	inal return/terminated	SAN FRANCISCO,	CA 94111				`			
	-	mended return						<b>G</b> Gross r	eceipts	\$ 13,757	. 331
	$\vdash$	pplication pending	F Name and address of prir	ncipal officer: ADDT COTTAL			H(a) Is this	a group retur			137
	Ш.	pp.iodt.orr poriding	SAME AS C ABOV	ADDI SOLIM	ΝŢ	1	H(b) Are all	subordinates	include	d? Yes	
_	Tav	-exempt status:	X 501(c)(3) 501(c)		4947(a)(1) or	527	If "No,"	' attach a list	(see ins	structions)	
<u>'</u>			W.ACLUNC.ORG	( ) (insert no.)	4347(a)(1) 01		III-> Oraun	exemption nu			
K			7.7		——————————————————————————————————————		(-,			legal domicile: C	
Pa		m of organization:		Association Other ►	LY	ear of formation	on: 197	Z IVI S	state of I	legal domicile: C	1
Pa		Summar Priofly dosori		niccion or most significant a	otivitios: TIIE	AMEDIC	יאאי כדי	17TT T.T	שמיום	TEC INTON	Ť
	1			nission or most significant ac CALIFORNIA, INC.						TES UNION	!
Se				ARCH AND ADVOCACY,						TV ODCANT	7 TNC
Jan				D DEFEND CIVIL LIE					TONT.	II OKGANI	71 <u>NG</u>
Ver	2			ation discontinued its operation					not ac		
Ö	3			overning body (Part VI, line					3	3613.	12
∘ઇ	4			bers of the governing body					4		12
ies	5			ed in calendar year 2018 (Pa					5		135
Activities & Governance	6			e if necessary)					6		125
Acl				om Part VIII, column (C), lin					7a		0.
	b	Net unrelated	d business taxable inco	me from Form 990-T, line 38	8				7b	87	,339.
							P	rior Year		Current Y	ear
ø)	8	Contributions	and grants (Part VIII,	line 1h)			13	3,579,3	11.	13,190	,452.
Revenue	9	Program serv	ice revenue (Part VIII,	line 2g)				902,6		75	,487.
eve	10		-	nn (A), lines 3, 4, and 7d)				262,1			2,207.
Œ	11			), lines 5, 6d, 8c, 9c, 10c, ar				228,6			,185.
	12			n 11 (must equal Part VIII, co				1,972,7		13,757	
	13			art IX, column (A), lines 1-3	•			2,137,0	50.	1,246	5,000.
	14	Benefits paid	to or for members (Pa	art IX, column (A), line 4)							
<b>'</b> 0	15	Salaries, other	er compensation, emplo	oyee benefits (Part IX, colur	nn (A), lines	5-10)	6	5,216,1	24.	8,258	912.
Expenses	16 a	Professional	fundraising fees (Part I	IX, column (A), line 11e)							
ber	b	Total fundrais	sing expenses (Part IX.	, column (D), line 25) ►	1,78	5,814.					
ŭ	17			), lines 11a-11d, 11f-24e)			2	3,054,9	20	2 170	,086.
	18		• • • • • • • • • • • • • • • • • • • •	ust equal Part IX, column (A				,408,0		12,674	•
	19		•	ne 18 from line 12	-						
		Neveriue less	s expenses. Subtract in	le 18 IIOIII IIIIe 12				3,564,6		End of Y	2,333.
ts or inces	20	Total assets	(Part X line 16)					ng of Currer 2,853,4		43,562	
Net Assets Fund Baland	21		• •					3,274,7			$\frac{1,211.}{5,668.}$
et/			,							•	
모대	22			ct line 21 from line 20			39	7,578,6	65.	41,365	,543.
	rt II	Signatur									
Unde	er pena olete. D	alties of perjury, I de Declaration of prepa	eclare that I have examined this arer (other than officer) is base	s return, including accompanying sche d on all information of which preparer	edules and statem has any knowled	nents, and to t	he best of m	ny knowledge	and beli	ief, it is true, correc	t, and
		- IN		<u> </u>							
٥.		Signatu	ire of officer				Da	ite			
Siç He	jn								\TDE	СШОР	
пе	re		I SOLTANI r print name and title				EXEC	JTIVE I	)TKE(	CTOR	
		31	<u> </u>	Description of the state of		D-4-	1	I 15	7	DTIN	
			oreparer's name	Preparer's signature		Date		_	<u> </u>	PTIN	
Pa			A. FIRL	JULIE A. FIRL		1/27/	20	self-employ	ed	P00085551	
Pre	epar	Firm's name									
Us	e Or	1ly Firm's addre			SUITE 200	0		Firm's EIN		-2076568	
				CA 92108-3820				Phone no.		.294.7200	
May	/ the	IRS discuss th	nis return with the prepa	arer shown above? (see inst	ructions)	<del></del> .				. X Yes	No

Part	: 111	Statement of Program Service Accomplishments	E
		Check if Schedule O contains a response or note to any line in this Part III	X
		ly describe the organization's mission:	
	<u>SEE</u> _	SCHEDULE O	
		ne organization undertake any significant program services during the year which were not listed on the prior	
		n 990 or 990-EZ?	Yes X No
		es," describe these new services on Schedule O.	
		he organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Ye	es," describe these changes on Schedule O.	
4	Descri	ribe the organization's program service accomplishments for each of its three largest program services, as measur ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	ed by expenses.
	and r	revenue, if any, for each program service reported.	total expenses,
4 a	(Code	e: ) (Expenses \$ 5,510,105. including grants of \$ 1,233,000.) (Revenue \$	)
		DICATED POLICY PROJECTS-	·
		ACLU NC FOUNDATION MAINTAINS A NUMBER OF DEDICATED POLICY PROJECTS THAT	CONDUCT
		SEARCH, POLICY ANALYSIS, PUBLIC EDUCATION, COALITION-BUILDING, AND POLICY	
		KEY ISSUES. THESE INCLUDE THE AREAS OF: 1) TECHNOLOGY AND CIVIL LIBERTIA	
		PRODUCTIVE JUSTICE, 3) CRIMINAL JUSTICE AND DRUG POLICY, 4) EDUCATION EQU	
	TMM	IGRANTS' RIGHTS, AND 6) VOTING RIGHTS. THESE POLICY PROJECTS DEVELOPED A	NU BELEVCED
		JOR REPORTS, PRODUCED EDUCATIONAL MATERIALS, AND ENGAGED STAKEHOLDERS TO	
		SITIVE CHANGE. THESE PROGRAMS HAVE CONTRIBUTED TO POSITIVE POLICY CHANGES	
	103	SITTLE CHANGE. THESE PROGRAMS HAVE CONTRIDUTED TO POSITIVE POLICE CHANGE.	<u></u>
	<i>(</i> 0 1	) (F	
	(Code		74,487.)
	SEE_	SCHEDULE O	
4 c	(Code	e:) (Expenses \$451, 975. including grants of \$) (Revenue \$	1,000.)
		MUNICATIONS AND PUBLIC EDUCATION -	
		ACLU NC FOUNDATION BELIEVES THAT IN ORDER TO BE SUCCESSFUL IN ITS MISS.	ON OF
		TECTING CONSTITUTIONAL RIGHTS, IT MUST ALSO ENGAGE AND EDUCATE THE PUBL	
		SURE BETTER UNDERSTANDING AND GREATER SUPPORT FOR THESE RIGHTS. TO THIS I	
		U NC FOUNDATION ENGAGES IN SEVERAL FORMS OF COMMUNICATION AND PUBLIC EDU	
		RST, THE ACLU NC FOUNDATION WORKED VERY SUCCESSFULLY WITH PRINT, TV, RAD	
		GITAL OUTLETS TO PUBLICIZE CASES AND POLICY PROJECTS, RECEIVING LOCAL, ST	
		NATIONAL COVERAGE. SECOND, THE ACLU NC FOUNDATION PRODUCES EDUCATIONAL	
		PEOPLE AND COMMUNITIES MOST AT RISK OF RIGHTS VIOLATIONS CAN KNOW AND U	NDEROLUND
	<u>тнг</u>	CIR RIGHTS - AND USE THEM.	
	0//	a granden and in a different in Calculul C	
		r program services (Describe in Schedule O.)	
		enses \$ including grants of \$ ) (Revenue \$	)
4 e	Total	program service expenses ► 8,885,523.	

# Form 990 (2018) AMERICAN CIVIL LIBERTIES UNION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
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	
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> .	11 a	Х	
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.	11 b		Х
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	11 c		Х
c	I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
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	Х	

# Form 990 (2018) 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		Х
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	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		
	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
I	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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
	officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	.,,	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
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? If 'Yes,' complete Schedule R, Part 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	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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? If 'Yes,' complete Schedule R, Part VI	37		Х
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. [
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	b Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(	(gambling) winnings to prize winners?	1 c	X	
BAA		Form		(2018)

Form 990 (2018) AMERICAN CIVIL LIBERTIES UNION

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

			Yes	No
2 8	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 135			
	a If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	Χ	
ı	<b>1</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>	3 b	Χ	
4 8	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
ı	If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 8	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
ı	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?	5 c		
6 a	a 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
ı	f 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
•	services provided to the payor?	7 a		Х
ı	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.		Х
	Form 8282?	7с		Λ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
,	as required?	7 g		
ı	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	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a 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 10 b			
	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.)	10		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
٠	Note. See the instructions for additional information the organization must report on Schedule O.	154		
ı	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			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	10		
ıJ	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.	-		

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . SEE SCH O Χ 4 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?.... SEE .SCHEDULE .Q...... 6 Χ 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? SEE SCHEDULE 0 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?.... Χ 8 a 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 in Schedule O..... 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 operations are consistent with the organization's exempt purposes? 10 b 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 in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 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? Χ a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15a **b** Other officers or key employees of the organization ... SEE .SCHEDULE .O. ..... 15 b X If 'Yes' to line 15a or 15b, describe the process in 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?..... Χ 16 a **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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA 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 Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 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 instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (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)	(W-2/1099-MISC)	from the organization and related organizations
(1) MAGAN RAY	5									
BOARD CHAIR	5	Χ		Χ				0.	0.	0.
(2) BHARAT TREHAN	1									
VICE CHAIR	1	Χ		Χ				0.	0.	0.
(3) MARIA LOUISA HEKKER	1									
SECRETARY	1	Χ		Χ				0.	0.	0.
(4) FARAH BRELVI	1	ا ۔۔ ا							_	_
DIRECTOR	1	Χ						0.	0.	0.
(5) CHINA BROTSKY	1							•		•
DIRECTOR	1	Χ						0.	0.	0.
(6) VERONICA DIAZ	1							•	•	•
DIRECTOR	1	Χ						0.	0.	0.
	1	37		37				0	0	0
VICE CHAIR	1	Χ		Χ				0.	0.	0.
(8) AL HAMMOND	1	v						0.	0	0
DIRECTOR (9) JUSTIN BROWN	1	Χ						0.	0.	0.
DIRECTOR	1	Х						0.	0.	0.
(10) BETSY ADLER	1	Λ						0.	0.	<u></u>
DIRECTOR	1 1	Χ						0.	0.	0.
(11) KASSIE STONE	1	21						0.	0.	<u> </u>
DIRECTOR	0	Χ						0.	0.	0.
(12) MARK TONEY	1							<u> </u>	<u> </u>	<u> </u>
DIRECTOR	1	Χ						0.	0.	0.
(13) PEDRO RAMIREZ	1									
DIRECTOR	1	Х						0.	0.	0.
(14) SHEILA WARREN	1									
DIRECTOR	0	Χ						0.	0.	0.

		(B)	(C)										
	(A)	Average	(do	not ch	Pos heck	sition	e than	one	(D)	(E)		(F)	
	Name and title	hours	box	, unles	ss pe	erson	is both or/trus	h an	Reportable	Reportable		stimated	
		week (list any		-				<u> </u>	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con	unt of ot opensation from the	on
		hours	Individual trustee or director	Institutional trustee	Officer	Кеуе	Highest compensated employee	Former	(W-2/1099-WII3C)	(W-2/1099-WIGC)	org	ganizatio nd relate	n
		related organiza	ecto	g	<u>₹</u>	employee	st co	약				anization	
		- tions below	ر چ	<u>a</u>		oyee	duc						
		dotted line)	stee	uste		()	esne						
		iiiic)		0			ited						
(15)	SHALINI SWAROOP	1											
<u> </u>	VICE CHAIR	1 1	Х		Χ				0.	0.			0.
(16)	BEVERLY TUCKER	1							0.	<u> </u>			
<u> </u>	DIRECTOR	1 1	Х						0.	0.			0.
(17)	MICKEY WELSH	1							<u> </u>				
<u> </u>	VICE CHAIR	1 1	Χ		Χ				0.	0.			0.
(18)	YOMI WRONG	1	<del></del>										
<u> </u>	DIRECTOR	1-1-	Х						0.	0.			0.
(19)	JENNIFER TAPKEN	22.5	23						Ŭ.	<u> </u>			
<u> </u>	CHIEF FIN & ADM	15	-		Χ				96,410.	64,273.		25,5	582
(20)	ABDI SOLTANI	22.5			21				30,410.	04,273.		25,	702.
	EXECUTIVE DIR.	15	•		Χ				145,430.	96,953.		23,3	335
(21)	NATASHA MINSKER	0			21				143,430.	30,333.		25,	<del>,,,,</del>
<u></u>	CENTER DIRECTOR	37.5	•				Χ		0.	166,820.		8 /	444.
(22)	JULIA MASS	33.75					71		0.	100,020.		0,	177.
	SENIOR STAFF ATTY	3.75	•				Χ		121,584.	13,509.		21 6	673.
(23)	CHRISTINE SUN	33.75					71		121,304.	13,303.		21,	<i>515</i> .
<u> </u>	LEGAL & POL DIR	3.75	•				Χ		167,720.	18,636.		22,	783.
(24)	DOROTHY STELL	33.75							101/1201	10,000.			
<u> </u>	DIR DEVELOPMENT	3.75	•				Χ		143,230.	15,914.		26,1	177.
(25)	LINDA LYE	33.75							210,2001	20,5211			
<u> </u>	SENIOR STAFF ATTY	3.75	•				Χ		133,497.	14,833.		30,9	920.
11	Sub-total							<b></b>	807,871.	390,938.	1	.58,9	
(	Total from continuation sheets to Part VII, Section	on A						▶	0.	0.			0.
(	Total (add lines 1b and 1c)							▶	807,871.	390,938.	1	.58,9	
2	Total number of individuals (including but not limited	to those I	isted	abov	/e) v	who	recei	ved	•				
	from the organization ► 19												
												Yes	No
3	Did the organization list any former officer, direct	tor, or tru	stee.	kev	em	olar	vee.	or h	nighest compensat	ted emplovee			
	on line 1a? If 'Yes,' complete Schedule J for suc	h individu	al								. 3		X
4	For any individual listed on line 1a, is the sum of	f reportab	le co	mpe	nsa	tion	and	oth	ner compensation	from			
	the organization and related organizations greate such individual	er than \$1	50,0	00'?	lf 'γ	es,	' com	ıple	ete Schedule J for		4	Х	
_												Λ	
5	Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen s.' <i>comple</i>	isatio <i>te Si</i>	on tro chedi	om : iule	any J fo	unre or suc	late ch n	ed organization or person	individual	. 5		Х
Sec	tion B. Independent Contractors	,,											
1	Complete this table for your five highest compen	sated inde	epen	dent	cor	ntra	ctors	tha	at received more th	nan \$100,000 of			
	compensation from the organization. Report compen		the c	alend	dar <u>y</u>	year	endii	ng v	1				
	<b>(A)</b> Name and business add	ress							(B) Description (		Compe	C) ensatio	۱n
	Name and business add	1033							Bescription	or services	Compe		
									<del> </del>				
	Total number of independent contractors (including b	out not limi	itad +	o tha	CC 1	ictor	d aha	\(\c)	who received mare	than			
2	\$100,000 of compensation from the organization		neu l	U (110)	SC I	1516(	u ab0'	ve)	who received more	uidii			
	Troo,000 or compensation from the organization	U											

		Check if Schedule O contains a response or note to any	y line in this Part VI	III		
			<b>(A)</b> 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	b c d e f	Federated campaigns	13,190,452.			
		Business Code	13,190,432.			
Program Service Revenue	2a b	LEGAL AWARDS 900099	75,487.	75,487.		
Service	c d					
am	е					
ogr		All other program service revenue				
ď	g	Total. Add lines 2a-2f	75,487.			
	3	Investment income (including dividends, interest and other similar amounts)	332,207.			332,207.
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents				
	b	Less: rental expenses				
		Rental income or (loss) 153, 692.				
		Net rental income or (loss)	153,692.	153,692.		
		(i) Sequeities (ii) Other	133,092.	133,092.		
		Gross amount from sales of assets other than inventory				
		Less: cost or other basis and sales expenses				
		Gain or (loss)				
		Net gain or (loss)				
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
Re.		See Part IV, line 18 a				
er	h	Less: direct expenses				
Ŧ		Net income or (loss) from fundraising events				
)		Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses b				
	С	Net income or (loss) from gaming activities ▶				
	10 a	Gross sales of inventory, less returns and allowances a				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue Business Code				
	11 a	OTHER_INCOME 900099	5,493.	5,493.		
	b				<u> </u>	
	С					
	d	All other revenue				
	е	Total. Add lines 11a-11d	5,493.			
	12	Total revenue. See instructions		234 - 672	0.	332,207

# 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 r	<u> </u>	(B)	(C)	(D)
Do i 6b, 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,246,000.	1,246,000.		
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 5	Benefits paid to or for members	796,484.	537,363.	122,900.	136,221.
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	5,589,752.	3,771,229.	862,518.	956,005.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	395,899.	260,724.	69,082.	66,093.
9	Other employee benefits	993,039.	669,972.	153,229.	169,838.
10	Payroll taxes	483,738.	326,363.	74,642.	82,733.
11	Fees for services (non-employees):	,	,	•	•
а	Management				
	Legal	19,006.	16,073.	2,933.	
C	: Accounting	30,075.		30,075.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
g	Investment management fees	157,607.	106,333.	24,319.	26,955.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	226,094.	152,539.	34,887.	38,668.
17	Travel	350,975.	302,301.	30,858.	17,816.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	252,022.	93,409.	40,549.	118,064.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	378,821.	255,579.	58,453.	64,789.
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	101,602.	71,767.	29,835.	
а	OUTSIDE SERVICES	921,003.	537,886.	354,248.	28,869.
	ADMINSTRATIVE EXPENSES	432,163.	345,369.	42,440.	44,354.
c		176,792.	130,906.	15,452.	30,434.
C	. – – – – – – – – – – – – – – – – – –	55,676.	883.	54,333.	460.
	All other expenses	68,250.	60,827.	2,908.	4,515.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	12,674,998.	8,885,523.	2,003,661.	1,785,814.
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)				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing	8,486,920.	1	9,060,740.
	2	Savings and temporary cash investments.	3,980,736.	2	4,574,802.
	3	Pledges and grants receivable, net	3,034,430.	3	2,252,964.
	4	Accounts receivable, net		4	83,210.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		_	
	•			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
sts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	186,504.	9	192,499.
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
		Less: accumulated depreciation		10 c	7,904,613.
	11	Investments – publicly traded securities.		11	7,518,226.
	12	Investments – other securities. See Part IV, line 11		12	, ,
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	11,975,157.
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		16	43,562,211.
	17	Accounts payable and accrued expenses	1,493,257.	17	1,617,190.
	18	Grants payable		18	, , , , , , , , , , , , , , , , , , , ,
	19	Deferred revenue	1,326.	19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	579,478.
	26	<b>Total liabilities.</b> Add lines 17 through 25.	3,274,744.	26	2,196,668.
ces		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets		27	33,542,987.
Bal	28	Temporarily restricted net assets	= 7 + 1 + 7 = 4 + 1	28	2,591,619.
Þ	29	Permanently restricted net assets	4,995,741.	29	5,230,937.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
let	33	Total net assets or fund balances		33	41,365,543.
_	34	Total liabilities and net assets/fund balances.	42,853,409.	34	43,562,211.

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	13,7	57,3	331.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,6					
3	Revenue less expenses. Subtract line 2 from line 1	3			333.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,5					
5	Net unrealized gains (losses) on investments	5			)73.			
6	Donated services and use of facilities	6						
7	7 Investment expenses							
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10								
<b>D</b> = 1	column (B))	10	41,3	65,5	<u> </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 in Schedule O.							
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х			
	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	d on a						
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		2 b	Χ				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat							
	basis, consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
3	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?		3 a		Х			
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b					
3AA	TEEA0112L 08/03/18		Form	990	(2018)			

### SCHEDULE A (Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization Employer identification number AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN CALIFORNIA, INC. 94-0279770 **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 or 990-EZ).) 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 in 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.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	8,685,454.	11227619.	17053281.	13579311.	13190452.	63,736,117.
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.
4	<b>Total.</b> Add lines 1 through 3	8,685,454.	11227619.	17053281.	13579311.	13190452.	63,736,117.
	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)						1,178,283.
6	<b>Public support.</b> Subtract line 5 from line 4						62,557,834.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	8,685,454.	11227619.	17053281.	13579311.	13190452.	63,736,117.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	437,554.	441,829.	454,055.	460,675.	485,899.	2,280,012.
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.) SEE PART VI	15,041.	7,102.	11,946.	30,159.	5,493.	69,741.
11	Total support. Add lines 7 through 10						66,085,870.
12	Gross receipts from related activ	vities, etc. (see ins	tructions)			12	3,372,668.
13	<b>First five years.</b> If the Form 990 is organization, check this box and	for the organization	s first, second, thi	ird, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ □
Sec	tion C. Computation of Pu						<del></del>
	Public support percentage for 20						94.66%
15	Public support percentage from	2017 Schedule A,	Part II, line 14			15	95.79%
16a	<b>33-1/3% support test—2018.</b> If t and <b>stop here.</b> The organization	he organization di qualifies as a pub	d not check the b licly supported or	ox on line 13, and rganization	d line 14 is 33-1/3	% or more, chec	k this box
b	<b>33-1/3% support test—2017.</b> If the and <b>stop here.</b> The organization	ne organization dic i qualifies as a pul	I not check a box olicly supported o	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, o	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	e. Explain in Par	t VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' t	ind-circumstances est. The organiza	s' test, check this ation qualifies as a	box and <b>stop her</b> a publicly support	<b>e.</b> Explain in Par ed organization.	t VI how the
18	<b>Private foundation.</b> If the organi	zation did not che	ck a box on line 1	13, 16a, 16b, 17a,	, or 17b, check thi	s box and see in	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	- Sto Hoted Bolott,	produce to improve t	art my			
	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')				3-7		
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	<b>Public support.</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		,		1		
Calen	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	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 in 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.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organizatop here	ation's first, secon	d, third, fourth, c	or fifth tax year as	a section 501(c)(3	) <b>&gt;</b> []
Sec	tion C. Computation of Pul						
15	Public support percentage for 20	18 (line 8, colum	n (f), divided by lir	ne 13, column (f)	)	15	%
16	Public support percentage from 2	•	•		-		%
Sec	tion D. Computation of Inv						
17	Investment income percentage f				umn (f))	17	%
18	Investment income percentage f	· ·	• • •	-			%
	<b>33-1/3% support tests—2018.</b> If t is not more than 33-1/3%, check	the organization o	did not check the b	oox on line 14, ar	nd line 15 is more	than 33-1/3%, and	I line 17 ► □
	<b>33-1/3% support tests—2017.</b> If the line 18 is not more than 33-1/3%	the organization d b, check this box	did not check a box and <b>stop here.</b> The	x on line 14 or lir e organization qu	ne 19a, and line 1 nalifies as a public	6 is more than 33- cly supported organ	1/3%, and ization ▶
20	Private foundation. If the organize	zation did not che	eck a box on line 1	4, 19a, or 19b, o	check this box and	see instructions	▶ [

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) 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		
С	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		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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		
С	: 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 (b) and (c) 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).	5a		
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		
С	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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9а	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 in 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		
С	: Did a disqualified person (as defined in 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		
0a	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 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		

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele Part \ If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applie	ed to such powers during the tax year.	1		
	that o	ne 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 fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (	C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	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			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
_	organ	nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in <b>Part VI</b> how</i> rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice	ason of the relationship described in (2), 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 nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
	in this	s regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo organ	ubstantially 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 nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was considered to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		e 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 or 990-EZ) 2018 AMERICAN CIVIL LIBERTIES UNION			79770 Page (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization	st on No	ov. 20, 1970 (explain ir st complete Sections A	Part VI). <b>See</b> through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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		
Sec	ction B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	t		
;	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	c 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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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		
7	Check here if the current year is the organization's first as a non-functionally int (see instructions).	tegrated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2018

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

9 Distributable amount for 2018 from Section C, line 6

10 Line 8 amount divided by line 9 amount

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
<b>b</b> Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			
BAA		Cabadula A (Fai	rm 990 or 990-F7) 20

BAA

Schedule A (Form 990 or 990-EZ) 2018

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.) Part VI

# PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	 2018		2017		2016		2015		2014
OTHER INCOME TOTAL	5,493. 5,493.	\$ \$	30,159. 30,159.	\$ \$	11,946. 11,946.	\$ \$	7,102. 7,102.	\$ \$	15,041. 15,041.

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### PUBLIC DISCLOSURE COPY

# **Schedule of Contributors**

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

OMB No. 1545-0047

2018

Name of the organization AMERICAN CIVIL	Employer identification number				
FOUNDATION OF	NORTHERN CALIFORNIA, INC.	94-0279770			
Organization type (check one):	·	•			
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	1			
	4947(a)(1) nonexempt charitable trust <b>not</b> t	reated as a private foundation			
	527 political organization				
	permean ergannennen				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treat	ed as a private foundation			
	501(c)(3) taxable private foundation				
Check if your organization is covered by the Go	eneral Rule or a Special Rule.				
<b>Note:</b> Only a section 501(c)(7), (8), or (10	organization can check boxes for both the General F	Rule and a Special Rule. See instructions.			
General Rule					
For an organization filing Form 990, 90 property) from any one contributor. Co	90-EZ, or 990-PF that received, during the year, contributed Parts I and II. See instructions for determining	ibutions totaling \$5,000 or more (in money or g a contributor's total contributions.			
Special Rules					
X For an organization described in section under sections 509(a)(1) and 170(b)(1)(A received from any one contributor, during the section of	on 501(c)(3) filing Form 990 or 990-EZ that met the 33 (vi), that checked Schedule A (Form 990 or 990-EZ), Paing the year, total contributions of the greater of (1) \$ m 990-EZ, line 1. Complete Parts I and II.	rt II, line 13, 16a, or 16b, and that			
during the year, total contributions of i	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ th more than \$1,000 <i>exclusively</i> for religious, charitable, lty to children or animals. Complete Parts I (entering III.	scientific, literary, or educational			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 390-PF), but it <b>must</b> 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, 990-EZ, or 990-PF).					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization AMERICAN CIVIL LIBERTIES UNION

Employer identification number

94-0279770

Part I	<b>Contributors</b>	(see instructions).	Use duplicate	copies of Part I	if additional	space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,000,000</u> .	Person X  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$348,834.	Person X  Payroll  Noncash   (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>400,000</u> .	Person X  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>440,000</u> .	Person X  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$ <u>466,667.</u>	Person X  Payroll  Noncash   (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$691 <u>,214.</u>	Person Payroll Complete Part II for noncash contributions.)

1

Name of organization Employer identification number

AMERICAN CIVIL LIBERTIES UNION

94-0279770

(a) No.	(b)	(c)	(d)
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK DONATION		
<u>6</u>	<u> </u>	-	
		\$691,214.	VARIOUS_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		- -	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		]  \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		]  \$  -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
	<u> </u>	-    s	
		-  <sup>*</sup>	

Employer identification number 94-0279770

Part III	Exclusively religious, charitable, etc., contributions to organizations described in sect	ion 501(c)(7), (8),
	or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (	e) and
	the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitab	le, etc.,

	Use duplicate copies of Part III if additional	•	
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	Transferee's name, addre	(e) Transfer of gift ess, and ZIP + 4	Relationship of transferor to transferee
(a) o. 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, addre	ess, and ZIP + 4	Relationship of transferor to transferee
(a) . from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addre	(e) Transfer of gift ess, and ZIP + 4	Relationship of transferor to transferee
(5)			
(a) . from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			+
			†
	Transferee's name, addre	(e) Transfer of gift ess, and ZIP + 4	Relationship of transferor to transferee

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

# **Political Campaign and Lobbying Activities**

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

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) o	organizations: Complete Part III.				
Name	e of organization AMERICAN	N CIVIL LIBERTIES UNION		Employer identifica	ation number	
	FOUNDATI	ON OF NORTHERN CALIFORNIA,	INC.	94-027977		
		rganization is exempt under section	, ,	_	zation.	
1		organization's direct and indirect political con of 'political campaign activities')	ampaign activities in	Part IV.		
2	Political campaign activity ex	xpenditures (see instructions)		▶\$		
3	Volunteer hours for political	campaign activities (see instructions)				
Pai	rt I-B Complete if the o	rganization is exempt under section	on 501(c)(3).			
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	<b>►</b> \$		0.
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.	▶\$		0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes	No
4 8	a Was a correction made?				····· Yes	No
	<b>b</b> If 'Yes,' describe in Part IV.					
Pa	•	rganization is exempt under section	, , ,	, , , ,		
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt functio	n activities 🟲 \$		
2		g organization's funds contributed to other s				
3		ditures. Add lines 1 and 2. Enter here and		▶\$		
4	Did the filing organization file	e Form 1120-POL for this year?			Yes	No
5	amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the an received that were promptly and directly delal action committee (PAC). If additional spa	ivered to a separate po	olitical organization, such	as a separate	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of politica contributions received a promptly and directly delivered to a separal political organization. none, enter -0	and / te
(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 or 990-EZ) 2018

Part II-A Complete if section 501(	the organization	is exempt under sec		filed Form 5768 (el	ection under
	**	s to an affiliated group (and	list in Part IV each affilia	ated group member's name	e.
		share of excess lobbying		3 11,	,
B Check ► if the filir	ng organization chec	ked box A and 'limited cor	ntrol' provisions apply.		
(The term	Limits on Lobby 'expenditures' mea	ng Expenditures ns amounts paid or incurr	red.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1 a Total lobbying expenditu	ures to influence put	olic opinion (grass roots lo	bbying)	77,745.	
		egislative body (direct lobb		446,899.	
c Total lobbying expenditu	•	·		524,644.	0.
d Other exempt purpose of	•			12,150,354.	
e Total exempt purpose e				12,674,998.	0.
f Lobbying nontaxable an both columns		ount from the following tab		783,750.	
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:	7037730:	
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 \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess of	over \$1,500,000.		
over \$17,000,000 • Grassroots nontaxable a		\$1,000,000.		105 020	0
<b>h</b> Subtract line 1g from lir	,	•		195,938.	0.
i Subtract line 1f from lin				0.	0.
j If there is an amount othe section 4911 tax for this	er than zero on either s year?	line 1h or line 1i, did the org	anization file Form 4720	reporting	
(Som	e organizations that	I-Year Averaging Period L made a section 501(h) el	ection do not have to o		
		ow. See the separate instruction of the community of the			
		,gpg			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	(e) Total
2 a Lobbying nontaxable	F.CO. 111	705 001	700 405	702 750	0 777 401
amount	568,115	705,221.	720,405.	783,750.	2,777,491.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					4,166,237.
.,,					4,100,237.
<b>c</b> Total lobbying expenditures	393,050	107,973.	513,194.	524,644.	1,538,861.
<b>d</b> Grassroots nontaxable amount	142,029	176,305.	180,101.	195,938.	694,373.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,041,560.
<b>f</b> Grassroots lobbying expenditures			7,009.	77,745.	84,754.
BAA		<u>-</u>		Schedule C (Forn	n 990 or 990-EZ) 2018

94-0279770

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

	(election under section 501(h)).						
Ear aach	'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)		(b	<u>)                                    </u>	
	bbying activity.	Yes	No		Amo	unt	
th	uring the year, did the filing organization attempt to influence foreign, national, state, or local gislation, including any attempt to influence public opinion on a legislative matter or referendum, rough the use of:						
<b>b</b> Pa	olunteers?						
<b>d</b> Ma	ailings to members, legislators, or the public?						
<b>f</b> Gr <b>g</b> Di	ants to other organizations for lobbying purposes?rect contact with legislators, their staffs, government officials, or a legislative body?						
i Ot	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?her activities?						
<b>2 a</b> Di	d the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
<b>c</b> If	Yes,' enter the amount of any tax incurred by organization managers under section 4912the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Part II	I-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or				
1 W	ere substantially all (90% or more) dues received nondeductible by members?				1	Yes	No
	d the organization make only in-house lobbying expenditures of \$2,000 or less?d the organization agree to carry over lobbying and political campaign activity expenditures from the particles.			L	2		
Part II	Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	c)(5) Part I	, or s III-A,	ectic	n 50 3, is	1(c)	
<b>1</b> Du	ies, assessments and similar amounts from members		1		-		
ex	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political epenses for which the section 527(f) tax was paid).						
	ırrent year		2 a				
	arryover from last year		2b				
	ital		2 c				
<b>3</b> A(	agregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4 If I do ex	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess es the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political penditure next year?		4				
	xable amount of lobbying and political expenditures (see instructions)		5				

## Part IV | Supplemental Information

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

# 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

	FOUNDATION OF NORTHERN CALL	•		94-0279770
Par	Organizations Maintaining Donor Complete if the organization answ	Advised Funds or Othered 'Yes' on Form 99	<b>ner Similar Fund</b> 0, Part IV, line 6	s or Accounts.
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor are the organization's property, subject to the o	or advisors in writing that the rganization's exclusive lega	e assets held in done	or advised funds Yes No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit of impermissible private benefit?	s, and donor advisors in writ of the donor or donor adviso	ing that grant funds r, or for any other p	can be used only urpose conferring Yes No
Par	<u>'</u>			
aı	Complete if the organization answ	ered 'Yes' on Form 99	0 Part IV line 7	
1	Purpose(s) of conservation easements held by			•
	Preservation of land for public use (e.g., red			a historically important land area
	Protection of natural habitat	,		a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he last day of the tax year.	eld a qualified conservation co	ntribution in the form	of a conservation easement on the
				Held at the End of the Tax Year
ā	Total number of conservation easements			. 2a
ŀ	Total acreage restricted by conservation easem	ents		. 2b
(	: Number of conservation easements on a certifie	ed historic structure included	d in (a)	. 2c
(	Number of conservation easements included in structure listed in the National Register	(c) acquired after 7/25/06, a	and not on a historic	2 d
3	Number of conservation easements modified, transtax year ►	ferred, released, extinguished	, or terminated by the	organization during the
4	Number of states where property subject to conserv	vation easement is located >		
5	Does the organization have a written policy rega			
	and enforcement of the conservation easements			<u> </u>
6	Staff and volunteer hours devoted to monitoring, in:  •			
7	Amount of expenses incurred in monitoring, inspect ►\$	ting, handling of violations, ar	nd enforcing conservation	tion easements during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the r	equirements of secti	on 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports of include, if applicable, the text of the footnote to conservation easements.			9 0 1 1 1 1 1 1 6
Par	Organizations Maintaining Collec Complete if the organization answ	tions of Art, Historical ered 'Yes' on Form 99	Treasures, or C 0, Part IV, line 8	Other Similar Assets.
1 a	If the organization elected, as permitted under sart, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its finance	d for public exhibition, education	on, or research in furt	e statement and balance sheet works of herance of public service, provide,
ŀ	of the organization elected, as permitted under shistorical treasures, or other similar assets held for following amounts relating to these items:	SFAS 116 (ASC 958), to republic exhibition, education, of	oort in its revenue st or research in furthera	atement and balance sheet works of art, nce of public service, provide the
	(i) Revenue included on Form 990, Part VIII, li	ne 1		
	(ii) Assets included in Form 990, Part X			·
2	If the organization received or held works of art, his amounts required to be reported under SFAS 1			·
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990 Part X			►\$

Part III Organizations Maintai	ning Collections	of Art, Histo	orical	Treasures, or	Other	Similar Ass	ets (c	<u>ontınu</u>	ed)	
3 Using the organization's acquisition, items (check all that apply):	accession, and other	records, check a	ny of t	he following that a	re a signif	icant use of its	collectio	n		
a Public exhibition d Loan or exchange programs										
b Scholarly research e Other										
c Preservation for future genera	ations	_								
4 Provide a description of the organiza Part XIII.	ation's collections and	explain how they	/ furthe	er the organization!	s exempt	purpose in				
5 During the year, did the organizat to be sold to raise funds rather th	an to be maintained	as part of the o	rganiz	zation's collection	?		Yes		No	
Part IV   Escrow and Custodial line 9, or reported an a	Arrangements. amount on Form	Complete if t 990, Part X,	the or line 2	rganization an: 21.	swered	'Yes' on Fo	rm 99	ງ, Par	t IV,	
<b>1 a</b> Is the organization an agent, trus on Form 990, Part X?	tee, custodian or oth	er intermediary	for co	ntributions or othe	er assets	not included	Yes	Г	□No	
<b>b</b> If 'Yes,' explain the arrangement								L		
, ,			J				Amoun	t		
<b>c</b> Beginning balance					1с					
<b>d</b> Additions during the year										
e Distributions during the year					1е					
f Ending balance					1f					
2 a Did the organization include an a	mount on Form 990,	Part X, line 21,	for es	scrow or custodial	account	liability?	Yes		No	
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Check h	ere if the explar	nation	has been provide	ed on Par	t XIII	<b></b> 		7	
									_	
Part V Endowment Funds. Co	omplete if the org	ganization ar	iswer	ed 'Yes' on Fo	orm 990	, Part IV, Iir	ne 10.			
	(a) Current year	(b) Prior yea	r	(c) Two years back	(d)	Three years back	(e)	Four years	s back	
<b>1 a</b> Beginning of year balance	4,995,741.	4,768,2	38.	4,565,69	0. 4	,525,139.	4	,391,	750.	
<b>b</b> Contributions	1,000.	2,0	00.	3,75		110,408.				
<b>c</b> Net investment earnings, gains,										
and losses	484,864.	470,9	41.	437,28	0.	167,516.		332,	009.	
<b>d</b> Grants or scholarships										
e Other expenditures for facilities	100 015	100		101.00	_	155 000		4.65		
and programs	196,047.	189,3		184,87		175,989.	+		554.	
f Administrative expenses	54,621.	56,1		53,60		61,384.			066.	
<b>g</b> End of year balance	5,230,937.	4,995,7		4,768,23		,565,690.	4	<u>,525,</u>	139.	
2 Provide the estimated percentage	-	end balance (lir	ne 1g,	column (a)) held	as:					
<b>a</b> Board designated or quasi-endowme		<sub></sub> *								
<b>b</b> Permanent endowment	100.00%	0								
c Temporarily restricted endowmen		%								
The percentages on lines 2a, 2b, an	d 2c should equal 100	)%.								
3a Are there endowment funds not in the	ne possession of the o	rganization that a	are hel	d and administered	for the		r		1	
organization by:								Yes	No	
(i) unrelated organizations							3a(i)		X	
(ii) related organizations							3a(ii)	Χ		
<b>b</b> If 'Yes' on line 3a(ii), are the rela	-	•					. 3b	Χ		
4 Describe in Part XIII the intended		ation's endowme	ent fur	nds. SEE PAR	T XIII	•				
Part VI Land, Buildings, and I										
Complete if the organize	zation answered	'Yes' on Form	n 990	0, Part IV, line	: 11a. S	ee Form 99	0, Par	t X, Iir	ne 10.	
Description of property	(a) Cost	t or other basis	(b)	Cost or other	<b>(c)</b> Ac	cumulated	(d)	Book va	alue	
- · · · · · · · · · · · · · · · · · · ·	(in	vestment)		pasis (other)		reciation				
<b>1 a</b> Land										
<b>b</b> Buildings			1	1,090,779.	3,	260,312.	7	,830,	<u>,467.</u>	
<b>c</b> Leasehold improvements										
<b>d</b> Equipment				51,544.		45,920.		5,	,624.	
e Other				683,290.		614,768.		68,	,522.	
otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)										

BAA Schedule D (Form 990) 2018

Part VII Investments — Other Securities.		N/A	
Complete if the organization answered	Yes' on Form 990	), Part IV, line 11b. See Form 99	0, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of valuation: Cost or end-of-	vear market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
<u>(l)</u>			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments — Program Related. Complete if the organization answered	l'Voc' on Form 990	N/A N Part IV line 11c See Form 99	0 Part V lina 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	
(1)	(4) 2 0011 10110	(3)	. ,
(2)			
(3)			
(4)			
(5)			
(6)			
_ (7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			
Part IX Other Assets.			
Complete if the organization answered		), Part IV, line 11d. See Form 99	0, Part X, line 15.
	scription		<b>(b)</b> Book value
(1) (2) BENEFICIAL INTERESTS IN ENDOWMENT	FIINDC		5,230,937.
(3) DEPOSITS	TONDS		38,726.
(4) DUE FROM ACLU FOUNDATION (NATIONAL	L)		5,415,016.
(5) DUE FROM ACLU NC UNION			1,193,638.
(6) REIT			96,840.
<u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (b)	B) line 15.)		11,975,157.
Part X Other Liabilities.			•
Complete if the organization answered 'Yes' on F		1e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability  (1) Federal income taxes	(b) Book value		
(2) DEPOSITS	19,06	1.	
(3) DUE TO ACLU FOUNDATION (NATIONAL)	560,41		
(4)	·		
(5)			
(6)			
(7) (8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	. ► 579,47	8.	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	e 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	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expense		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  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 b		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  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 Services and Use of facilities.  2 Donated Services and Use of facilities.	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  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.	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  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:	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  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	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  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 Ab  b Other (Describe in Part XIII.)  4 Ab	2e 3	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  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	2e 3	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  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 Ab  b Other (Describe in Part XIII.)  4 Ab	2e 3	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, 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 - FIN 48 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) 2018

Part XIII | Supplemental Information (continued)

# PART X - FIN 48 FOOTNOTE (CONTINUED)

FOUNDATION IS NOT A PRIVATE FOUNDATION.

**BAA** TEEA3305L 10/10/18 **Schedule D (Form 990) 2018** 

### 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	ne grants or assistand	e?					X Yes No
2 Describe in Part IV the organization's pro	ocedures for monitoring	g the use of grant fu	unds in the United States.		SEE I	PART IV	<u> </u>
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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACLU FOUNDATION NATIONAL							IMMIGRANT
125 BROAD STREET							RIGHTS &
NEW YORK, NY 10004	13-6213516	501C3	80,000.	0.			ORGANIZING
(2) ACLU FDN OF SOUTHERN CA							
1313 W 8TH STREET							
LOS ANGELES, CA 90017	95-2673361	501C3	279,000.	0.			VARIOUS
(3) CA IMMIGRANT POLICY CENTER							
1145 WILSHIRE BLVD							IMMIGRANT
LOS ANGELES, CA 90017	81-5304541	501C3	65,000.	0.			RIGHTS
(4) ASIAN AMERICANS ADVANCING JUS							
1145 WILSHIRE BLVD							
LOS ANGELES, CA 90017	95-3854152	501C3	10,000.	0.			VOTING RIGHTS
(5) A NEW WAY OF LIFE							
9512 SOUTH CENTRAL AVE							
LOS ANGELES, CA 90002	95-4782503	501C3	37,500.	0.			BAIL REFORM
(6) COMMUNITY PARTNERS FOR FOCE							
453 S. SPRING ST, #401							
LOS ANGELES, CA 90013	95-4302067	501C3	10,000.	0.			VOTING RIGHTS
(7) COPE							
1505 W HIGHLAND AVE STE 1							CRIMINAL
SAN BERNADINO, CA 92411	33-0938212	501C3	20,000.	0.			JUSTICE
(8) FAITH IN THE VALLEY							
2027 E. HARDING WAY							CRIMINAL
STOCKTON, CA 95205	77-0635938	501C3	30,000.	0.			JUSTICE
2 Enter total number of section 501(c)(3	3) and government or	ganizations listed	in the line 1 table			·····	19
3 Enter total number of other organizati	ions listed in the line	1 table					

Part III	<b>Grants and Other Assistance to</b>	Domestic Individ	uals Complete if th	e organization ans	wered 'Yes' on Form (	990 Part IV line 22 Part III
1 artin	can be duplicated if additional sp		uuisi oompiete ii ti	ic organization and	wered res our oun.	550, 1 are 17, mile 22.1 are m
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance

(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
1					
2					
3					
4					
5					
6					
7					

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

## 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 WITHING BUDGET AND WITHIN 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.

2018

Continuation Page 1 of 2

Name of the organization

AMERICAN CIVIL LIBERTIES UNION

Employer identification number 94-0279770

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 non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
FATHERS & FAMILIES OF SJ								
338_E_MARKET_STREET							CRIMINAL	
STOCKTON, CA 95202	32-0171398	501C3	20,000.				JUSTICE	
MOVEMENT STRATEGY CENTER							VOTING RIGHTS &	
436_14TH_ST_STE_500							CRIMINAL	
OAKLAND, CA 94612	20-1037643	501C3	51,000.				JUSTICE	
SACRAMENTO AREA CONGREGATIONS								
2409_15TH_ST							CRIMINAL	
SACRAMENTO, CA 95818	94-3146791	501C3	20,000.				JUSTICE	
SILICON_VALLEY_DE-BUG								
701_LENZEN_AVE							CRIMINAL	
SAN JOSE, CA 95126	46-4274158	501C3	24,500.				JUSTICE	
SOCIAL_GOOD_FUND_INC								
_ 12651 SAN PABLO AVE #5473							CRIMINAL	
RICHMOND, CA 94805	46-1323531	501C3	20,000.				JUSTICE	
STARTING_OVER_INC								
_ <u>1390 W 6TH ST #100</u>							CRIMINAL	
CORONA, CA 92882	90-0455003	501C3	20,000.				JUSTICE	
CHINESE FOR AFFIRMATIVE ACTIO_								
_ 17 WALTER U. LUM_PLACE							IMMIGRANT	
SAN FRANCISCO, CA 94108	94-2161304	501C3	6,000.				RIGHTS	
COMMON_CAUSE_EDUCATION_FUND								
453_S_SPRING_ST.#401								
LOS ANGELES, CA 90013	31-1705370	501C3	39,000.				VOTING RIGHTS	
DISABILITY_RIGHTS_CALIFORNIA								
1831_K_ST								
SACRAMENTO, CA 95828	94-2505916	501C3	10,000.				VOTING RIGHTS	
ELLA_BAKER_CENTER								
1419_34TH_AVE_STE_202								
OAKLAND, CA 94601	94-3252009	501C3	10,000.				LEGAL	

# **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.

2018

Continuation Page 2 of 2

Name of the organization

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 non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					otner)		
UNIVERSITY OF SOUTHERN CA							
3720 SOUTH FLOWER ST.							
LOS ANGELES, CA 90089	95-1642394	501C3	46,000.				VOTING RIGHTS
ACLU FOUNDATION SDIC							
PO BOX 87131							IMMIGRANT
SAN DIEGO, CA 92138	33-0325791	501C3	40,000.				RIGHTS
ACLU UNION OF NORTHERN CA							
39 DRUMM STREET							
SAN FRANCISCO, CA 94111	94-2151925	501C4	400,000.				LEGISLATIVE

### 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

**2018** 

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 **Questions Regarding Compensation** Yes No 1 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) 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 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 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: 4a Χ 4 b Χ c Participate in, or receive payment from, an equity-based compensation arrangement?..... 4 c Χ If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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 Χ 5 h Χ If 'Yes' on line 5a or 5b, describe in Part III. 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: 6 a **a** The organization?..... Χ **b** Any related organization? 6 b Χ If 'Yes' on line 6a or 6b, describe in Part III. 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 Χ 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..... Χ If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?.....

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

Schedule J (Form 990) 2018

94-0279770

# 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.

(A) Name and Title  (B) Control A processes (C)			(B) Breakdown	of W-2 and/or 1099-MIS	SC compensation	(C) Detinent	<b>(D)</b> Nieusteursleie	<b>(F)</b> T-1-1 - f	(E) Common antion
CHIEF FIN & ADM	(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	reportable	deferred	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	reported as deferred on prior
CHIEF FIN & ADM	JENNIFER TAPKEN	(i)	96,410.	0.	0.	0.	15,349.	111,759.	0.
ABDI SOLTANI 2 EXECUTIVE DIR. 60 96,953. 0. 0. 0. 0. 14,001, 159,431. 0. 2 EXECUTIVE DIR. NATASHA MINSKER 0 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 3 CENTER DIRECTOR 60 166,820. 0 0. 0. 0. 0. 8,444. 175,264. 0. 121,584. 0. 0. 0. 0. 0. 19,506. 141,090. 0. 4 SENIOR STAFF ATTY 60 13,509. 0 0. 0. 0. 0. 2,167. 15,676. 0. 0. 0. 0. 2,267. 15,676. 0. 0. 0. 0. 0. 2,278. 0 0 167,720. 0 0. 0. 0. 0. 2,278. 0 0 18,8225. 0 0 0 0. 0. 0. 2,278. 0 0 18,8225. 0 0 0 0. 0. 0. 2,278. 0 0 18,8225. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 CHIEF FIN & ADM			0.	0.		<b></b>		
NATASHA MINSKER   0		(i)		0.	0.	0.			
NATASHA MINSKER   0	2 EXECUTIVE DIR.	(ii)	96,953.	0.	0.	$\frac{1}{0}$ .	9,334.	106,287.	0.
JULIA MASS   00   121,584.   0   0   0   19,506.   141,090.   0   0   4 SENIOR STAFF ATTY   (0)   13,509.   0   0   0   0   0   0   2,167.   15,676.   0   0   0   0   0   0   0   0   0		(i)		0.	0.	0.	•		
ULIA MASS   0   121,584.   0   0   0   19,506.   141,090.   0   0   4   SENIOR STAFF ATTY   0   13,509.   0   0   0   0   0   0   2,167.   15,676.   0   0   0   167,720.   0   0   0   0   0   0   22,505.   188,225.   0   0   0   0   18,636.   0   0   0   0   0   2,278.   20,914.   0   0   0   0   0   0   0   23,559.   166,789.   0   0   0   0   0   0   0   0   0	3 CENTER DIRECTOR	(ii)	166,820.	0.	0.	$\frac{1}{0}$ .	8,444.	175,264.	0.
CHRISTINE SUN  60 167,720. 5 LEGAL & POL DIR  60) 18,636. 0. 0. 0. 0. 2,278. 20,914. 0. 0. 0. 0. 2,278. 20,914. 0. 0. 0. 0. 0. 2,278. 20,914. 0. 0. 0. 0. 0. 0. 2,278. 20,914. 0. 0. 0. 0. 0. 2,278. 20,914. 0. 0. 0. 0. 0. 2,278. 20,914. 0. 0. 0. 0. 0. 2,618. 18,532. 0. 0. 0. 0. 0. 2,618. 18,532. 0. 0. 0. 0. 0. 2,618. 18,532. 0. 0. 0. 0. 0. 2,618. 18,532. 0. 0. 0. 0. 0. 2,618. 18,532. 0. 0. 0. 0. 0. 2,7828. 161,325. 0. 0. 0. 0. 0. 0. 3,092. 17,925. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	JULIA MASS	(i)	121,584.	0.	0.	0.		141,090.	
S LEGAL & POL DIR	4 SENIOR STAFF ATTY	(ii)	13,509.	0.	0.	$\frac{1}{0}$ .	2,167.	15,676.	0.
DOROTHY STELL   (0)	CHRISTINE SUN	(i)	167,720.	0.	0.	0.		188,225.	0.
6 DIR DEVELOPMENT LINDA LYE 0 133,497. 0. 0. 0. 27,828. 161,325. 0. 7 SENIOR STAFF ATTY 0 0 14,833. 0. 0. 0. 3,092. 17,925. 0.  8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 LEGAL & POL DIR	(ii)	18,636.	0.	0.	$\frac{1}{0}$ .	2,278.	20,914.	0.
LINDA LYE 7 SENIOR STAFF ATTY (i) 14,833. 0. 0. 0. 0. 3,092. 17,925. 0.  (i) 0. 0. 0. 0. 3,092. 17,925. 0.  (ii) 0. 0. 0. 0. 0. 3,092. 17,925. 0.  (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	DOROTHY STELL	(i)	143,230.	0.	0.	0.	23,559.	166,789.	0.
7 SENIOR STAFF ATTY  (i) 14,833. 0. 0. 0. 3,092. 17,925. 0.  (i) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6 DIR DEVELOPMENT	(ii)	15,914.	0.	0.	$\frac{1}{0}$ .	2,618.	18,532.	0.
8 (i) (ii) (ii) (ii) (iii) (ii	LINDA LYE	(i)	133,497.	0.	0.	0.	27,828.	161,325.	0.
8 (i) (i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiiii	7 SENIOR STAFF ATTY	(ii)	14,833.	0.	0.	$\overline{0}$ .	3,092.	17,925.	0.
9 (i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiiii) (iiiiiiii								L	
9 (ii) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiiii	8	(ii)							
10 (i) (ii) (ii) (iii) (iiii)				L		L		L	
10 (i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii	9								
(i) (ii) (ii) (iii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii						L		L	
11 (i) (i) (ii) (ii) (ii) (iii) (iiii) (iiii) (iiiiii) (iiiiiiii	10								
12 (i) (i) (i) (ii) (ii) (ii) (ii) (ii) (						L		L	
12 (i) (i) (i) (ii) (ii) (ii) (ii) (ii) (	11								
13 (i) (ii) (ii) (ii) (ii) (iii) (iiii) (iiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiii) (iiiiiii) (iiiiiiii						L		L	
13 (ii) (i) (ii) (ii) (ii) (ii) (ii) (ii)	12	(ii)							
14 (i) (i) (i) (ii) (ii) (ii) (ii) (ii) (						L		L	
14 (i) (i) (i) (ii) (ii) (ii) (ii)	13								
15 (i) (ii) (ii) (iii)						L		L	
15 (ii) (ii) (ii) (iii) (iiii) (iii)	14	_							
(i)				L		L		L	
	15								
16 (ii)				<b> </b>		L		<u> </u>	
	16	(ii)							

BAA

TEEA4102L 10/29/18

Schedule J (Form 990) 2018

# 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.

TEEA4103L 10/29/18

# 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

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

Open to Public Inspection

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

Employer identification number 94-0279770

r ai	it Types of Floperty							
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	<b>(d)</b> od of de contribi	etermin	ing mounts
1	Art — Works of art							
2	Art – Historical treasures							
3	Art – Fractional interests.							
4	Books and publications.							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities – Publicly traded	Χ	13	1,153,147.	FMV			
10	Securities – Closely held stock							
11	Securities - Partnership, LLC, or trust interests.							-
12	Securities - Miscellaneous							-
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other							-
15	Real estate – Residential							
16	Real estate – Commercial							
17	Real estate – Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ()							
27	Other ► ()							
28	Other► ( )							
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done				29			
					_		Yes	No
30a	During the year, did the organization receive by contri it must hold for at least three years from the date	of the initial	contribution, and which	ch isn't required to be u		20.5		37
	for exempt purposes for the entire holding period	[				30 a		X
	If 'Yes,' describe the arrangement in Part II.      Does the organization have a gift acceptance political.	ov that rocui	res the review of any n	onstandard contribution	ns?	21	v	
	Does the organization have a gift acceptance poli				13:	31	Х	
	a Does the organization hire or use third parties or a noncash contributions?	•				32 a		Х
	f 'Yes,' describe in Part II.	man (a) f	han at man and the	aiah aaluman (-) i!	ادمما			
33	If the organization didn't report an amount in colu describe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	кеа,			

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

Schedule M (Form 990) 2018

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 10/22/18 Schedule M (Form 990) 2018

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 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

Employer identification number 94-0279770

#### 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. THE ACLU NC FOUNDATION IS PARTICULARLY CONCERNED ABOUT FREEDOM OF EXPRESSION, THE RIGHT TO PRIVACY, DUE PROCESS, AND EQUAL PROTECTION UNDER THE LAW.

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

LEGAL PROGRAM - 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 LIGHT EQUALITY. THE LEGAL 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 LEGAL PROGRAM IS STAFFED
IN SAN FRANCISCO AND IN FRESNO, AS PART OF THE ACLU NC FOUNDATION'S PRIORITY OF
DEDICATING RESOURCES IN THE CALIFORNIA CENTRAL VALLEY.

### FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

THE ACLU NC FOUNDATION AMENDED AND RESTATED ITS BYLAWS ON JUNE 28, 2018. THE CHANGES

Employer identification number 94-0279770

#### FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

THE ACLU NC UNION; INSTEAD THE ACLU NC UNION SHALL SERVE AS THE DESIGNATOR, WITH THE AUTHORITY TO APPOINT AND REMOVE THE ACLU NC FOUNDATION DIRECTORS. THE BYLAW CHANGES ALSO ESTABLISH GUIDELINES FOR THE COMPOSITION OF THE FOUNDATION BOARD, CLARIFY QUORUM AND MAJORITY VOTE REQUIREMENTS FOR CERTAIN ACTIONS, AND SPECIFY THOSE ACTIONS THAT ALSO REQUIRE APPROVAL OF THE ACLU NC UNION AS THE DESIGNATOR.

#### FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

THE ACLU NC FOUNDATION HAS NO SHAREHOLDERS. UNDER THE BYLAWS THAT WERE IN EFFECT AT THE BEGINNING OF THE FISCAL YEAR COVERED BY THIS FORM 990, THE ACLU NC FOUNDATION HAD ONE CLASS OF VOTING MEMBERS, CONSISTING OF THOSE PERSONS THEN SERVING ON THE BOARD OF DIRECTORS OF THE ACLU NC UNION. AS EXPLAINED ABOVE IN OUR RESPONSE TO FORM 990, PART VI, LINE 4, THE ACLU NC FOUNDATION AMENDED AND RESTATED ITS BYLAWS EFFECTIVE AS OF JUNE 28, 2018. AS OF THAT DATE, THE ORGANIZATION NO LONGER HAS VOTING MEMBERS.

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

UNDER THE BYLAWS IN EFFECT DURING THE BEGINNING OF THE FISCAL YEAR COVERED BY THIS FORM 990, THE MEMBERS OF THE ACLU NC FOUNDATION (WHO WERE THE PERSONS THEN SERVING ON THE BOARD OF DIRECTORS OF THE ACLU NC UNION) ELECTED THE ORGANIZATION'S BOARD OF DIRECTORS WHICH CONSISTED OF THE ACLU NC UNION'S EXECUTIVE COMMITTEE AND UP TO THREE ADDITIONAL DIRECTORS WHO WERE INDEPENDENT OF THE ACLU NC UNION. A NOMINATING COMMITTEE RECOMMENDED INDIVIDUALS FOR ELECTION. AS NOTED ELSEWHERE IN SCHEDULE O, THE BYLAWS WERE AMENDED DURING THE FISCAL YEAR COVERED BY THIS 990 TO PROVIDE, AMONG OTHER THINGS, THAT 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

UNDER CALIFORNIA LAW, AND UNDER THE BYLAWS IN EFFECT DURING THE BEGINNING OF THE

FISCAL YEAR COVERED BY THIS FORM 990, A LIMITED NUMBER OF DECISIONS (SUCH AS

Employer identification number 94-0279770

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

APPROVAL OF AMENDMENTS TO THE BYLAWS WHICH SUBSTANTIALLY AFFECT THE RIGHTS OF VOTING MEMBERS) WERE RESERVED TO THE VOTING MEMBERS OF THE ACLU NC FOUNDATION. BYLAWS WERE AMENDED DURING THE FISCAL YEAR REPORTED IN THIS FORM 990, THE CORPORATION NO LONGER HAS VOTING MEMBERS.

#### 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 IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM

ANNUALLY AND TO UPDATE THE FORM IF CIRCUMSTANCES CHANGE DURING THE YEAR. THE FORMS

ARE PROVIDED TO THE AUDIT AND COMPLIANCE COMMITTEE WHICH REVIEWS THEM WITH THE

ASSISTANCE OF THE CORPORATION'S GENERAL COUNSEL AND ADVISES THE BOARD CHAIR AND

EXECUTIVE DIRECTOR OF ANY ISSUES REQUIRING ATTENTION OR FURTHER ACTION.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE ACLU NC FOUNDATION BOARD OF GOVERNORS TAKES THE FOLLOWING STEPS REGARDING
COMPENSATION: (A) IT SETS THE SALARY AND BONUS FOR THE EXECUTIVE DIRECTOR EACH YEAR
BASED ON A REVIEW PROCESS, CONSULTATION OF SALARY SURVEY DATA AND SOMETIMES AFTER
CONSULTING WITH INDEPENDENT EXPERTS, (B) IT RELIES ON THE WORK OF A COMPENSATION
COMMITTEE, (C) THE SALARIES OF THE EXECUTIVE DIRECTOR AND ALL OTHER EMPLOYEES ARE
SUBJECT TO THE TERM OF THE BUDGET SET EACH YEAR BY THE ACLU NC FOUNDATION BOARD OF
GOVERNORS.

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

THE ACLU NC FOUNDATION CONDUCTS EXTERNAL SALARY STUDIES PER OUR PERSONNEL

PROCEDURES.

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

Employer identification number 94-0279770

# 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.

### **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.

2018

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.

94-0279770

N/A

N/A

Employer identification number

Part I Identification of Disregarded Entities. C	omplete if the organiz	ation ansv	vered 'Yes' on Forr	n 990, Part I\	/, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded er	(b) Primary a	) activity	(c) Legal domicile (state or foreign country)	(d) Total incor	me End-	(e) of-year assets	(f) Direct cont entity	rolling '
<u>(1)</u>								
<u>(2)</u>								
<u>(3)</u>								
Part II Identification of Related Tax-Exempt Or had one or more related tax-exempt organized to the control of	ganizations. Complet anizations during the	e if the org tax year.	anization answere	d 'Yes' on Fo	rm 990, Par	t IV, line 34,	because it	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal dom	c) (d) icile (state a country) Exempt section	Code Public (if sect	(e) charity status ion 501(c)(3))	Direct control entity	Iling Sec 5 control	(g) 12(b)(13) led entity?
(1) ACLU NC UNION 39 DRUMM STREET	LEGISLATIVE						Yes	No

CA

NY

ADVOCACY &

PUBLIC POLICY

DEFENDING BILL

OF RIGHTS

SAN FRANCISCO, CA 94111

AMERICAN CIVIL LIBERTIES

94-2151925

13-6213516

125 BROAD STREET NEW YORK, NY 10004 Χ

Χ

501(C)(4)

501 (C) (3)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) 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	(h) Disproportionate allocations?		opor- late amount in box 20 of Schedule K-1 (Form 1065)		) ral or aging ner?	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
<u>(1)</u>												
(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)	Critity	or trusty				Yes	No
(1)									
(2)									-
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(3)									
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# Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

	<b>Note:</b> 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 lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1 a		Х
b	Gift, grant, or capital contribution to related organization(s)			1b	Х	
С	Gift, grant, or capital contribution from related organization(s)			1 c	X	
d	Loans or loan guarantees to or for related organization(s).			1 d		Х
е	Loans or loan guarantees by related organization(s)			1 е		X
f	Dividends from related organization(s)			1f		X
g	Sale of assets to related organization(s)			1 g		X
h	Purchase of assets from related organization(s)			1 h		X
i	Exchange of assets with related organization(s)			1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)			1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)			1 k		X
ı	Performance of services or membership or fundraising solicitations for related organization(s)			11		X
n	n Performance of services or membership or fundraising solicitations by related organization(s)			1r	1	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1r	Х	
0	Sharing of paid employees with related organization(s)			10	Х	
р	Reimbursement paid to related organization(s) for expenses			1p	X	
q	Reimbursement paid by related organization(s) for expenses.			1 c	X	
r	Other transfer of cash or property to related organization(s).			1r		X
s	Other transfer of cash or property from related organization(s)			1s		Х
2	If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered	ed relationships and trans	action thresholds.		•	•
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	Method o	(d) deter	mining
		type (a-s)		amoui	t IIIVOI	veu
1\ 7	ACITI NC TINTON	D	400 000	COCT		
1) <u>F</u>	ACLU NC UNION	В	400,000.	C021		
<u> </u>			150.000	~~~		
<b>2)</b> <i>E</i>	ACLU NC UNION	N	150,896.	COST		
			,			
<b>3)</b> [	ACLU NC UNION	0	1,828,026.	COST		
			,			
<b>4)</b> <i>[</i>	ACLU NC UNION	Q	944,113.	COST		
<b>5)</b> [	AMERICAN CIVIL LIBERTIES UNION FDN, INC.	С	4,880,402.	FMV		
<u> </u>	,	-	, , , , , , , , , , , , , , , , , , , ,			
<b>6)</b> <sup>7</sup>	AMERICAN CIVIL LIBERTIES UNION FDN, INC.	P	259,113.	COST		
ΔΔ	,			LA <b>P</b> (Fo	m 990	n 2018

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	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			from tax under sections 512-514)	Yes	No	•		Yes	No	, ,	Yes	No	
<u>(1)</u>													
	-												
	-												
(2)													
7-7	1												
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(3)	-												
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**BAA** TEEA5004L 06/07/18 Schedule **R** (Form 990) 2018

#### Part VII Supplemental Information.

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

#### **PART VII - SUPPLEMENTAL INFORMATION**

SCHEDLUE 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.

# 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 Name(s) shown on return AMERICAN CIVIL LIBERTIES UNION

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

OMB No. 1545-0172

Identifying number

Attachment Sequence No. 179

FOUNDATION OF NORTHERN CALIFORNIA, INC. 94-0279770 Business or activity to which this form relates DEPRECIATION SCHEDULES ONLY **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)..... 3 Threshold cost of section 179 property before reduction in limitation (see instructions)..... 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..... Tentative deduction. Enter the smaller of line 5 or line 8..... 9 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 2019. 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)..... 378,821 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2018 ..... 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 2018 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (a) Classification of property (g) Depreciation deduction 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 2018 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

378,821