EXTENDED TO FEBRUARY 15, 2019

990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Open to Public Inspection

<u>A</u>	רטו נווי	e 2017 calendar year, or tax year beginning APR 1, 2017 and	ending M	AR 31, 2016	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addre				
	Name chang	e Doing business as		23-7	238580
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final	PO BOX 17148		6025	601854
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,899,841.
Ļ	Amen return	FIIOENIX, AZ 05011		H(a) Is this a group re	
	Application pendi			for subordinates	
	•	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) 0	or 527	1 '	list. (see instructions)
		te: WWW.ACLUAZ.ORG	1. 1/	H(c) Group exemption	
_		organization: X Corporation Trust Association Other	L Year	of formation: 19/1 N	M State of legal domicile: AZ
P	art I	Summary	MTCCTO	N OF THE AC	T TT
Se	1	Briefly describe the organization's mission or most significant activities: THE 1 FOUNDATION OF ARIZONA IS TO DEFEND AND P	BEGEBA	F (CONT ON	CCHEDIII'E U/
nan		Check this box if the organization discontinued its operations or dispose	$\overline{}$		
Ver	2 3				23
යි	4	Number of independent voting members of the governing body (Part VI, line 1a)			23
Activities & Governance	1 -	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			15
ij	1	Total number of volunteers (estimate if necessary)		_	23
ŧ		Total unrelated business revenue from Part VIII, column (C), line 12		· · · · · · · · · · · · · · · · · · ·	0.
ď		Net unrelated business taxable income from Form 990-T, line 34			0.
		, , , , , , , , , , , , , , , , , , , ,		Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		2,475,688.	1,848,559.
ğ	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		27,807.	38,491.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,503,495.	1,887,050.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,029,646.	1,048,722.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 205, 55		0.	0.
ă	b			106 105	500 500
ш	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		406,425.	599,709.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,436,071.	
	19	Revenue less expenses. Subtract line 18 from line 12		1,067,424.	238,619.
IS O			Ве	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		2,844,888.	3,182,691. 190,414.
let A	21	Total liabilities (Part X, line 26)		2,704,714.	2,992,277.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		2,/04,/14.	2,332,211.
		lities of perjury, I declare that I have examined this return, including accompanying schedule:	e and etatem	ents and to the hest of m	v knowledge and helief it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and belief, it is
	, 001100	to and complete. Social attention of property (called after smooth to based on all information of wi	mon propuror	nao any knowleage.	
Sig	n	Signature of officer		Date	
He		DALE BAICH, PRESIDENT			
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	COLETTE KAMPS COLETTE KAMPS	1	1/06/18 if self-employ	P00367616
Pre	parer	Firm's name HENRY & HORNE, LLP	1	Firm's EIN	86-0133881
Use	Only	Firm's address 2055 E WARNER RD, STE 101			
		TEMPE, AZ 85284		Phone no. (4	80) 839-4900
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)		·····	X Yes No

orm=	990 (2017) ACLU FOUNDATION OF ARIZONA	23-7238580	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE MISSION OF THE ACLU FOUNDATION OF ARIZONA IS TO DEF	'END AND	
		VIDUAL RIGHTS	S
	AND FREEDOMS GUARANTEED TO ALL BY THE CONSTITUTION AND		
	UNITED STATES AND ARIZONA.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	7 Ves	X No
•	If "Yes," describe these changes on Schedule O.	·	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	iors, the total expenses, e	ina
4a	(Code:) (Expenses \$ 513,318 • including grants of \$) (Rever	nue \$	
ти	LEGAL PROGRAM - THE ACLU FOUNDATION OF ARIZONA PROVIDES		
		REATENED OR	
	VIOLATED. IN FISCAL YEAR 2018, WE MAINTAINED A DOCKET O		ASES
	CHALLENGING VIOLATIONS BY GOVERNMENT. THE ORGANIZATION		
	CASES AND 5 NEW FRIEND-OF-THE-COURT BRIEFS, AND SENT 15		ERS
	ON GOVERNMENT POLICIES AND/OR ACTIONS THAT VIOLATED CIV		
	·	DOCKET THANKS	S TO
	THE DONATED LEGAL SERVICES FROM LOCAL ATTORNEYS TOTALIN		
	DURING FISCAL YEAR 2017-2018. THE ACLU FOUNDATION OF AR		SED
	1,695 COMPLAINTS FROM COMMUNITY MEMBERS SEEKING LEGAL A	SSISTANCE FRO	MC
	THE ACLU FOUNDATION OF ARIZONA.		
4b	(Code:) (Expenses \$ 744,915 • including grants of \$) (Rever	nue \$	
	PUBLIC EDUCATION PROGRAM - THROUGH PUBLIC EDUCATION AND	COMMUNITY	
	OUTREACH, THE ACLU FOUNDATION OF ARIZONA INFORMS PEOPLE	ABOUT CIVIL	
	LIBERTIES AND CIVIL RIGHTS THAT ARE PROTECTED BY THE CO	NSTITUTION A	ND
	LAWS OF THE UNITED STATES AND ARIZONA. THE ORGANIZATION	HOSTED PUBL	IC
	EDUCATION EVENTS, DISTRIBUTED LEGAL HANDBOOKS AND CONDU	CTED MEDIA	
	INTERVIEWS ON PRESSING CIVIL LIBERTIES ISSUES AFFECTING	ARIZONANS.	
4c	(Code:) (Expenses \$	nue \$)
			
4d	Other program services (Describe in Schedule O.)		
	1 U 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T		

732002 11-28-17

Form **990** (2017)

including grants of \$ 1,258,233.

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		Х
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		21
4	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	7		
3	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			
Ü	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? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	^	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	x	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	ıza		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
		14a		X
	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
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	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		Х
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	000	X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	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
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? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
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			٦,
	of any of these persons? If "Yes," complete Schedule L, Part III	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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			, v
	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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
•	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I	31		_^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34	Х	
252	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
35a h	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"		
30	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	11000 / Will office and required to complete concading of	1 30		

Part V Statements Regarding Other IRS Filings and Tax Compliance

the Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G included in line 1a. Enter 0-1 in not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, riled for the calendar year ending with or within the year covered by this return 1.5 b) If at least one is reported on line 2a, did the organization file all required feodral employment tax returns? 2 Note. If the sum of lines 1 and 2a is greater than 260, you may be required to 6-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did the organization and the organization have an interest in, or a signature or other authority over, a financial account; for this year? If "No." to line 3b, provide an explanation in Schedule 0 3 Did any time the name of the foreign country; but have a bank account, or other financial account; (FBAR). 5 Did was the organization apountry to a prohibited tax sheler transaction at any time during the tax year? 5 Did was the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that were not tax deductibles? 5 Did was the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that were not tax deductibles of m888617 6 Did the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that were not tax deductibles of m888617 6 Did the organization service apparent in excess of \$75 made path year apparent in the service provided? 7 Organizations that may receive deductible					Yes	No	
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (agambing) winnings to prize wirnes? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5 If all east one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 8 Did the organization have unrelated business gross income of \$100 or more during the year? 8 A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts, or other financial accounts or filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 8 Was the organization are party to a prohibitod tax sheller transaction at any time during the tax year? 9 Did any taxable party notify the organization file are managed on at any time during the taxy ere. 9 See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 8 Was the organization are party to a prohibitod tax sheller transaction at any time during the taxy ere. 9 Did any taxable party notify the organization file Form 888817 5 Did any taxable party notify the organization file form 888817 5 Did any contributions that were not tax deductible orbitolisticins? 9 Prognalization state any receive deductible contributions under section 170(c). 10 If the organization that may receive deductible contributions under section 170(c). 10 If the organization self, exchange, or otherwise dispose of tangible personal property for which it was required? 10 If the organization exceeded a contribution of case, or otherwise dispose of tangible personal property	1a						
dependingly winnings to prize winners? a Enter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements. a filed for the calendar year anding with or within the year covered by this return Note. If the sum of lines 1s and 2s is greater than 250, you may be required federal employment tax returns? Note is the sum of lines 1s and 2s is greater than 250, you may be required to e-fice (see instructions) a bit files, his win of lines 1s and 2s is greater than 250, you may be required to e-fice (see instructions) bit files, his tifled a Form 990-71 for this year? If No. 1º line 20, provide an explanation in Schedule O bit files, his tifled a Form 990-71 for this year? If No. 1º line 20, provide an explanation in Schedule O day 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 orther financial account)? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," enter the name of the foreign country. See Instructions for filing requirements for Financial Accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, if one so or 5b, did the organization file it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, if one so or 5b, did the organization file Form 8889 is explicitly any contributions that were not tax deductibles of the Form 889 is a statement that such contributions or grits were not tax deductibles of the companization statement and the organization and party for poods and services provided to the payor? 7c Organizations that many receive deductible contributions under section 170(c). 8d If "Yes," indicate the number o	b		ID				
2a Enter the number of employees reported on Form W.3, transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this return. 15 b If at least one is reported on line 23, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of St. 000 or more during the year? 3a At any time during the calendary year, of the organization have uninterest in, or a signature or other authority over, a financial account) is a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time during the calendary year, of 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 Accounts (FBAR). 5a Was the organization a party to a prohibited tax sheller transaction of Foreign Bank and Financial Accounts (FBAR). 5b If "Yes," enter the name of the foreign country; be a prohibited tax sheller transaction? 5b Did any textable party northy the organization that it was or is a party to a prohibited tax sheller transaction? 5c Did the organization and prost receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Did the organization that may receive deductible as charitable contributions? 5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5d Did the organization receive a payment in excess of \$75 made party as a contribution of qualty for poods and services provided? 5d Did the organization receive any permit in excess of \$75 made party as a contribution of qualty and payment and payment and payment and payment and payment and payment a	С				v		
fleed for the calendary year ending with or within the year covered by this return. 1			 I	1c	Λ		
b if a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-fife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b if "Yes," has it filed a Form 990-T for this year? if "No," to line 3b, provide an explanation in Schedule O 3b 4 As any time during the calendary 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, so-curities account, or other financial account)? 4a As a time the name of the foreign country Such as a bank account, so-curities account, or other financial accounts (FBAR). 5b 11 "Yes," an interest in or a signature or other authority over, a financial Accounts (FBAR). 5c Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Did any texable party notify the organization file Form 8886.17 5c Yes, 'to line Sa or Sb, did the organization file Form 8886.17 5c Sa 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? 5c Wes, 'to line Sa or Sb, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(a), 8d Wes, 'to line form 8882? 7c Organization section applied in excess of Sr's made party as a contribution and pathy for poods and services provided to the payor? 7a Wes, 'to line form 8882? 7b Organization section applied in excess of Sr's made party as a contribution and pathy for poods and services provided to the payor. 7c Yd 9c Wes, 'to line form 88892 Yes, 'to line 1st, 'to line 1st, 'to line 1st, 'to	2a		_ 1 _ 1 _				
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11c 12c Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? 13a Letter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it fi	d						
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			•	44		v	
	b	if res, has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	U		gan	(20 1 7)	

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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			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	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			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AZ		1-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain in Schedule O)	£: ·	_:_!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ıınan	cial	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 6025601854			
	PO BOX 17148, PHOENIX, AZ 85011			

Form **990** (2017)

10145691

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

(A)	(B)	J. 9.		((C)			(D)	(E)	(F)
Name and Title	Average hours per	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation	Reportable compensation	Estimated amount of			
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated the highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ALICE BENDHEIM	1.00	۱.,							0	•
BOARD MEMBER	1 00	Х			<u> </u>			0.	0.	0.
(2) LETICIA DE LA VARA	1.00	ļ ,,						0	0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(3) LAURA DENT	1.00	X			[-			0.	0.	0.
BOARD MEMBER (4) ROOPALI DESAI	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	X				1		0.	0.	0.
(5) BO DUL	1.00					\vdash		0.	•	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(6) JOHN FIFE	1.00					\vdash		0.0		
BOARD MEMBER		x						0.	0.	0.
(7) BELEN GONZALEZ	1.00									
BOARD MEMBER		x						0.	0.	0.
(8) RIVKO KNOX	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MATT KORBECK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JACKIE LEAHY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) NADIA MUSTAFA	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(12) JESSICA PACHECO	1.00	ļ								
BOARD MEMBER	1 00	Х				_		0.	0.	0.
(13) ZENAIDO QUINTANA	1.00	۱.,							0	0
BOARD MEMBER	1 00	Х				-		0.	0.	0.
(14) CASSIE RAMIREZ BRENEMAN	1.00	Į.,							0	0
BOARD MEMBER	1.00	Х				-		0.	0.	0.
(15) M. MUJAHID SALIM, MD BOARD MEMBER	1.00	x						0.	0.	0.
(16) SARAH (MOHUR) SIDHWA	1.00	^				\vdash		0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(17) D. MARIE PROVINE	1.00	122		\vdash		+		0.	0.	<u> </u>
SECRETARY	1.00	X		x				0.	0.	0.
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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A)	(B)			(((D)	(E)		(F)		
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable		Estimated		d
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			nount o	of
	week (list any	officer and			II ecit	Ji/u us	100)	from	from related			other	
	hours for	Individual trustee or director						the organization	organizations (W-2/1099-MIS0			pensar om the	
	related	e or (stee			Highest compensated employee		(W-2/1099-MISC)	(W 2/ 1000 WIIOC	"		anizati	
	organizations	truste	Institutional trustee		yee	mbei		(** = *********************************				d relate	
	below	/id ual	tution	er	key employee	lest co	ner				orga	anizatio	ons
	line)	Indi	Insti	Officer	Key 6	High	Former						
(18) FRAN DICKMAN	1.00												_
PERSONNEL CTTE CHAIR		Х		X				0.		0.			0.
(19) JULIA NIERAD	1.00	l		l									_
TREASURER	1 00	Х		Х				0.		0.			0.
(20) SYLVIA LETT CANELOS	1.00	l		l						ا ۲			•
EQUITY OFFICER	1 00	Х		Х				0.		0.			0.
(21) MAY LU	1.00	,,		,,						ا ۸			^
GENERAL COUNSEL	1 00	Х		Х				0.		0.			0.
(22) CAROL FLAHERTY-ZONIS	1.00	٦,		,,					•	ا ۸			^
VICE PRESIDENT	1 00	Х		Х		_		0.		0.			0.
(23) DALE BAICH	1.00	ν,		\ \						ا ۸			^
PRESIDENT	40.00	Х		Х				0.		0.			0.
(24) ALESSANDRA SOLER	40.00			x	١.,			108,204.		٥.	1	4,7	2.0
EXECUTIVE DIRECTOR				_				100,204.		" 		4,/	40.
										\dashv			
1h Sub-total		<u> </u>				_		108,204.		0.	1	4,7	20.
1b Sub-total c Total from continuation sheets to Part VI								0.		0.		-,,,	0.
d Total (add lines 1b and 1c)								108,204.		0.	1	4,72	
Total number of individuals (including but n			_					·		-			
compensation from the organization	or minico to th	.000	liote	Ju u		o, w.	10 11		,,ooo or reportable				1
compensation from the organization			\neg									Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e. ke	v er	olan	vee	. or	highest compensated e	mplovee on	Ī			
line 1a? If "Yes," complete Schedule J for s										ı	3		Х
4 For any individual listed on line 1a, is the su										I			
and related organizations greater than \$150			-					•	-	[4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated ind	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of comp	ens	ation f	rom	
the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	ithir	the organization's tax	year.				
(A)				_				(B)		_	(C		
Name and business	address	N	INC	€				Description of s	ervices	C	ompei	nsatior	1
							_						
							_						
							-						
2 Total number of independent contractors (i \$100,000 of compensation from the organic	•	ot li	mite	d to		se li:	sted	above) who received m	nore than				
wroo,ooo or compensation from the organi.	_ution					_						000 (

Ра	rt VII				=			
		Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f g h	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	1b	848,559. 452. Business Code	1,848,559.	revenue	revenue	sections 512 - 514
am S even	C d							
ogra	e							
P.	f	All other program service reve	enue					
	3 4 5	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of ta Royalties	dividends, intere	est, and oroceeds	38,734.			38,734.
	6 a b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities 12,548.	(ii) Other				
	d	Net gain or (loss)		>	-243.			-243.
Other Revenue		Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of 1c). See					
0	С	Net income or (loss) from fund	draising events	>				
	b	Gross income from gaming ac Part IV, line 19 Less: direct expenses	a					
	10 a	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	returns a					
	С	Net income or (loss) from sale						
	_	Miscellaneous Revenu	ie	Business Code				
	11 a b c d	All other revenue						
	е	Total. Add lines 11a-11d			1 007 050			20 401
	12	Total revenue See instructions			1.887.050.	0.	0.	38.491.

Part IX | Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	117,570.	94,056.	11,757.	11,757
	trustees, and key employees	117,570.	94,030.	11,757.	11,737
6	Compensation not included above, to disqualified		4		
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	732,875.	548,522.	59,831.	124,522
, 8	Pension plan accruals and contributions (include	752,075	340,322.	33,031.	124,522
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	132,633.	93,725.	28,098.	10,810
0	Payroll taxes	65,644.	49,658.	5,513.	10,473
1	Fees for services (non-employees):	03,0110	1370301	3/3231	10,175
	Management				
	Legal	25,520.	25,520.		
	Accounting	14,730.		14,730.	
	Lobbying	,		,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	11,265.		11,265.	
	Other. (If line 11g amount exceeds 10% of line 25,	, VA			
Ŭ	column (A) amount, list line 11g expenses on Sch 0.)	180,347.	174,320.	6,027.	
2	Advertising and promotion	28,412.	28,412.		
3	Office expenses	61,081.	29,995.	15,537.	15,549
4	Information technology	29,202.	18,200.	3,818.	7,184
5	Royalties				
6	Occupancy	84,459.	69,155.	6,942.	8,362
7	Travel	51,339.	31,886.	3,874.	15,579
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	465.	465.		
0	Interest				
1	Payments to affiliates	64,607.	64,607.		
2	Depreciation, depletion, and amortization	2,662.		2,662.	
3	Insurance	7,285.	5,490.	1,795.	
4	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 0.)				
а	DUES AND SUBSCRIPTIONS	14,966.	10,156.	3,881.	929
b	PUBLIC EDUCATION FORUMS	12,783.	12,783.		
С	BOARD & VOLUNTEER	6,940.	99.	6,841.	C
d	GIFTS	3,604.	1,184.	2,060.	360
е	All other expenses	42.		42.	
5	Total functional expenses. Add lines 1 through 24e	1,648,431.	1,258,233.	184,673.	205,525
6	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)				

Form 990 (2017)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			898,233.	1	951,344.
	2	Savings and temporary cash investments			1,017,986.	2	621,156.
	3	Pledges and grants receivable, net			3	108.	
	4	Accounts receivable, net			50,000.	4	
	5	Loans and other receivables from current and f					
	`	trustees, key employees, and highest compens					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
	-	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
Ŋ		employees' beneficiary organizations (see instr)		·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				28,386.	9	51,408.
	1	Land, buildings, and equipment: cost or other	 				
		basis. Complete Part VI of Schedule D	10a	82,224.			
	b	Less: accumulated depreciation	10b		2,662.	10c	0.
	11	Investments - publicly traded securities			833,743.	11	1,418,063.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			13,878.	15	140,612.
	16	Total assets. Add lines 1 through 15 (must equ		2,844,888.	16	3,182,691.	
	17	Accounts payable and accrued expenses			74,990.	17	125,807.
	18	Grants payable				18	
	19	Deferred revenue			18,173.	19	0.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and forme	r office	rs, directors, trustees,			
Ě		key employees, highest compensated employe	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24). Complete Part X of	45 044		64 60
		Schedule D		47,011.	25	64,607.	
	26	Total liabilities. Add lines 17 through 25			140,174.	26	190,414.
		Organizations that follow SFAS 117 (ASC 95		ck here LX and			
ses	l	complete lines 27 through 29, and lines 33 ar			2 011 010		2 160 016
<u>a</u>	27	Unrestricted net assets			2,011,919.	27	2,169,816.
Fund Balances	28				533,197. 159,598.	28	646,148. 176,313.
<u>n</u>	29				139,390.	29	1/0,313.
Ę		Organizations that do not follow SFAS 117 (A	ASC 95	8), check here			
S		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or e				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			2,704,714.	32	2,992,277.
_	33	Total net assets or fund balances			2,704,714.	33 34	3,182,691.
	34	Total liabilities and net assets/fund balances			4,044,000.	34	5,102,091.

				<u> </u>	90
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments	1 2 3 4 5	1,88 1,64 23 2,70	8,4 8,6	31. 19. 14.
6 7 8	Donated services and use of facilities Investment expenses Prior period adjustments	6 7 8			
9	Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,99	2,2	0. 77.
Pa	TT XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				X
1 2a	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.		Yes	No X
	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separal consolidated basis, or both: Separate basis Separate basis	te basis, ne audit,		X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits explain why in Schedule O and describe any steps taken to undergo such audits.	ngle Audit	3a		X

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

		ACLU	FOUNDATIO	N OF ARIZONA				4	3-123	38580
Pa	rt I	Reason for Public	Charity Status (All organizations must co	mplete th	is part.) Se	ee instructions			
The	organ	ization is not a private found	dation because it is: (For lines 1 through 12, c	heck only	one box.)				,
1		A church, convention of ch		•	•					
2		A school described in sect					Α Α,			
3		A hospital or a cooperative					ii).			
4		A medical research organiz					•	(iii) Enter	the hosp	ital's name
•		city, and state:	ation operated in 60	njanoson with a noopital	described	1 II 1 000 110	(2)(.)()	ini). Entor	ше поор	itaro namo,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental u	nit descrit	ned in	
3		section 170(b)(1)(A)(iv). (C		liege of difficulty owner	и ог орста	ica by a g	overnmentard	THE GOSOTIE	ocu III	
6		A federal, state, or local go	•	nontal unit described in	acation 17	70/6//4//4/	(4)			
7	H								nublic de	accribed in
′		An organization that norma		initial part of its support i	rom a gov	emmentai	unit or from tr	ie generai	public de	escribed in
_		section 170(b)(1)(A)(vi). (C		(4)(A)(-i) (Olete Deut						
8	H	A community trust describe								
9		An agricultural research org								
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of	the colleg	e or	
	v	university:								
10	X	An organization that norma								
		activities related to its exen				\				
		income and unrelated busin		(less section 511 tax) from	om busine	sses acqu	ired by the or	janization	after Jun	ıe 30, 1975.
		See section 509(a)(2). (Co	•							
11	\vdash	An organization organized								
12		An organization organized								
		more publicly supported or							Check the	box in
		lines 12a through 12d that								
а										
		the supported organization			a majority	of the dire	ctors or truste	es of the s	supporting	g
		organization. You must o								
b			anization supervised	or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	ving	
		control or management of			ame perso	ons that co	ontrol or mana	ge the sup	ported	
		organization(s). You mus								
С								y integrate	ed with,	
		its supported organizatio								
d										
		that is not functionally int						an attent	iveness	
		requirement (see instruct								
е		☐ Check this box if the orga					a Type I, Type	II, Type III		
		functionally integrated, or								
		er the number of supported o								
<u>g</u>		vide the following information i) Name of supported			(iv) Is the orga	nization listed	(v) Amount of	manatani	(vi) Am	accept of other
	(organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ins	-		nount of other see instructions)
		organization		above (see instructions))	Yes	No	capport (occ in		оаррон (
									ļ	

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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						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and		` '	. ,	, ,		,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to						
	, ,						
	the organization without charge						
	Total. Add lines 1 through 3						
5	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)						
	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the	4					
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instructi	one)			12	
	First five years. If the Form 990 is for		,	rd fourth or fifth t			
10	organization, check this box and stop				•	. , ,	
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (I			column (f))		14	%
	Public support percentage from 2016					15	
	33 1/3% support test - 2017. If the co						
IUa							
h	stop here. The organization qualifies						
D	33 1/3% support test - 2016. If the constant have The experience and						IIIS DOX
47.	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				-		
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	icly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ıs ▶∟

Schedule A (Form 990 or 990-EZ) 2017

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.)

Se	ction A. Public Support	,,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	987,387.	2,290,243.	1,229,556.	2,475,688.	1,848,559.	8,831,433.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
6	Total. Add lines 1 through 5	987,387.	2,290,243.	1,229,556.	2,475,688.	1,848,559.	8,831,433.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	428,061.	658,835.	108,400.	256,600.	174,088.	1,625,984.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year	400 061	650 035	100 100	056 600	154 000	0.
	Add lines 7a and 7b	428,061.	658,835.	108,400.	256,600.	174,088.	1,625,984.
8	Public support. (Subtract line 7c from line 6.)						7,205,449.
	ction B. Total Support		2000				
	endar year (or fiscal year beginning in)	(a) 2013 987, 387.	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	901,301.	2,290,243.	1,229,556.	2,475,688.	1,848,559.	8,831,433.
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,				20 102	38,734.	67 016
	and income from similar sources				29,182.	30,734.	67,916.
K	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
					29,182.	38,734.	67,916.
	Add lines 10a and 10b Net income from unrelated business				29,102.	30,734.	07,910.
••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.)	987,387.	2,290,243.	1,229,556.	2,504,870.	1,887,293.	8,899,349.
	First five years. If the Form 990 is for				, ,	, ,	
•	check this box and stop here				_		▶
Se	ction C. Computation of Publ						
	Public support percentage for 2017 (I			column (f))		15	80.97 %
	Public support percentage from 2016					16	78.20 %
	ction D. Computation of Inves						
17	Investment income percentage for 20	17 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	.76 %
18	Investment income percentage from 2	2016 Schedule A, I	Part III, line 17			18	.00 %
19	33 1/3% support tests - 2017. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	X
k	33 1/3% support tests - 2016. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶∐
20	Private foundation If the organization	n did not check a	hay an line 1/1 10	a or 10h check th	ie hay and eae inc	tructions	

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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 **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI 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.
- 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **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 Part VI.
- c 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **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.)

	Yes	No
1		
2		
За		
3b		
_		
Зс		
4a		
44		
4b		
4c		
5a		
5b		
5c		_
33		
6		
7		
8		
9a		
9d		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	<u> </u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported	-		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	tion C. Type II Supporting Organizations			
	men er type in eapper mig erganimatiene		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	tion D. All Type III Supporting Organizations			
	and the state of t		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruct	ions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	,		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	inizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion 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	<u> </u>	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	Distributable Amount. 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-functional	y integra	ited Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	ιv	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organi	zations, in excess of income from activity			
3	Admin	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualifi	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsiv	е	
	(provid	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From 2	2013			
С	From 2	2014			
d	From 2	2015			
е	From 2	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	d to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Remai	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2017 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2017 distributable amount			
С	Remai	inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2017, if			
	any. S	subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Remai	ining underdistributions for 2017. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part V	/I. See instructions.			
7	Exces	ss distributions carryover to 2018. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а	Exces	s from 2013			
b	Exces	s from 2014			
С	Exces	s from 2015			
d	Exces	s from 2016			
е	Exces	s from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

732028 10-06-17

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

etion 501(c) and section 527

ach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.

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

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

·ux	, (000 00)	sarate motractione, then				
•	Section 5	601(c)(4), (5), or (6) organiza	ations: Complete Part III.			
Nan	ne of orga				Empl	oyer identification number
			OUNDATION OF ARIZO			23-7238580
Pa	art I-A	Complete if the or	ganization is exempt und	er section 501(c)	or is a section 527 o	rganization.
2	Political	campaign activity expendi	ization's direct and indirect politica itures aign activities		▶\$	
Pa	art I-B	Complete if the or	ganization is exempt und	er section 501(c)(3).	
1	Enter the	e amount of any excise tax	cincurred by the organization und	er section 4955	▶\$	
2	Enter the	e amount of any excise tax	c incurred by organization manage	ers under section 4955	▶\$	
3	If the ord	ganization incurred a section	on 4955 tax, did it file Form 4720 t	for this year?		Yes No
		describe in Part IV.				
Pa	art I-C	Complete if the or	ganization is exempt und	er section 501(c),	except section 501(c)(3).
1	Enter the	e amount directly expende	ed by the filing organization for sec	ction 527 exempt function	ion activities \$	
			nization's funds contributed to oth			
_		0 0				
3			s. Add lines 1 and 2. Enter here a			
3			S. Add lines 1 and 2. Enter here al	•		
1			1120-POL for this year?			
4			mployer identification number (EI)			
3	made pa	ayments. For each organizations received that were p	ation listed, enter the amount paid romptly and directly delivered to a fadditional space is needed, provi	from the filing organiz a separate political orga	ation's funds. Also enter th anization, such as a separa	ne amount of political
	political	• • • • • • • • • • • • • • • • • • • •		1	1	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

	, , , , , , , , , , , , , , , , , , , ,	FOUNDATION OF ARIZONA		238580 Page 2
Pa	-	tion is exempt under section 501(c)(3) and fil	led Form 5768 (el	ection under
	section 501(h)).			
4 C	heck 🕨 🔲 if the filing organization bel	ongs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and share of exc	ess lobbying expenditures).		
3 C	heck 🕨 🔲 if the filing organization che	cked box A and "limited control" provisions apply.		
		bbying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influence p	ublic opinion (grass roots lobbying)	0.	
b	Total lobbying expenditures to influence a	legislative body (direct lobbying)	0.	
c	Total lobbying expenditures (add lines 1a	and 1b)	0.	
d	Other exempt purpose expenditures		1,648,431.	
е	Total exempt purpose expenditures (add I	nes 1c and 1d)	1,648,431.	
f	Lobbying nontaxable amount. Enter the ar	nount from the following table in both columns.	232,422.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
9	Grassroots nontaxable amount (enter 25%	of line 1f)	58,106.	
h	Subtract line 1g from line 1a. If zero or less	, enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less	enter -0-	0.	
j	If there is an amount other than zero on ei	her line 1h or line 1i, did the organization file Form 4720	_	
	reporting section 4911 tax for this year?		L	Yes No
		4-Year Averaging Period Under section 501(h)		
	, ,	e a section 501(h) election do not have to complete all ee the separate instructions for lines 2a through 2f.)	of the five columns b	elow.

			,		
	Lobbying Expen	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	203,923.	199,303.	218,607.	232,422.	854,255.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,281,383.
c Total lobbying expenditures	7,325.	28,147.	16,000.		51,472.
d Grassroots nontaxable amount	50,981.	49,826.	54,652.	58,106.	213,565.
e Grassroots ceiling amount (150% of line 2d, column (e))					320,348.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 ACLU FOUNDATION OF ARIZONA 23-723858 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)).

the lobbying activity.					
	Yes	No	o	Am	ount
During the year, did the filing organization attempt to influence foreign, national, state or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?	_				
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	F04/-	\(\(\bar{\alpha}\)\\ -		- 45	
art III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), 0	r se	ction	
					N
501(c)(6).				Yes	14
501(c)(6).		Г	1	Yes	'''
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			1 2	Yes	
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ne prior yea	 ar?)(5), o	2 3 or se	ection	
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ne prior yea	 ar?)(5), o	2 3 or se	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the last III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	ne prior yea on 501(c) "No," O	 ar?)(5), o	2 3 or se Par	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	ne prior yea on 501(c) "No," O	 ar?)(5), o	2 3 or se Par	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ne prior yez on 501(c "No," O)(5), o R (b)	2 3 or se Par	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year	ne prior yea on 501(c "No," O	ar? (5), o	2 3 or se Par	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	ne prior yea on 501(c "No," O	ar? (b)	2 3 or se Par 1	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	ne prior yea on 501(c "No," O	(b)	2 3 or see Par 1 2a 2b	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	ne prior yea on 501(c) "No," O	(b)	2 3 or se Par 1 2a 2b 2c	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ne prior yez on 501(c) "No," O	(b)	2 3 or se Par 1 2a 2b 2c	ection	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ne prior yea on 501(c) "No," O cal	(b)	2 3 or se Par 1 2a 2b 2c	ection	

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

Name of the organization

ACLU FOUNDATION OF ARTZONA

Employer identification number 23-7238580

Pai	rt I Organizations Maintaining Donor Advised		ds or Accounts Complete if the
ı aı			33 Of Addod 113. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Borior devised failes	(b) i unus una suna 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		<u></u>
5	Did the organization inform all donors and donor advisors in w	_	
_	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	
Do	impermissible private benefit?		Yes No
	rt II Conservation Easements. Complete if the organization		, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	·	
	Preservation of land for public use (e.g., recreation or ed		storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		*
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located	_
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements it	holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conser	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expen-	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue stat	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of p	public service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2017

Pai	rt III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or Otl	ner Similar	Assets(co	ontinu	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, check any of the	following that are a	significant us	e of its colle	ction i	tems
	(check all that apply):							
а	Public exhibition	d	Loan or excl	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	n how they further th	he organization's ex	cempt purpose	in Part XIII.		
5	During the year, did the organization solicit or	receive donations	of art, historical trea	sures, or other simi	lar assets			
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's co	ollection?		🔲 Ye	s	No_
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "Yes" o	on Form 990, F	Part IV, line 9	, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for contribution	s or other assets n	ot included			
	on Form 990, Part X?					🔲 Ye	s	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
						Am	ount	
С	Beginning balance				1c			
	Additions during the year				1d			
е	Distributions during the year) 1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial account lia	bility?	L Ye	s	L No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanation has been	provided on Part X	III			
Pai	rt V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	orm 990, Part IV, line	e 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea	rs back (e)	Four y	ears back
1a	Beginning of year balance	178,940.	12,732.	12,064	. 11	,476.		10,749.
b	Contributions	16,715.	148,222.					
С	Net investment earnings, gains, and losses	16,603.	19,719.	668		588.		727.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs		1,356.					
f	Administrative expenses	327.	377.					
g	End of year balance	211,951.	178,940.	12,732	. 12	,064.		11,476.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment ► 100.00	%						
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.						
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered for	the organizat	ion	_	
	by:					_	Y	es No
	(i) unrelated organizations					38	a(i)	X
	(ii) related organizations					3a	` '	X
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as requir	red on Schedule R?			<u>3</u>	b 2	X
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	rt VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Part	X, line 10.			
	Description of property	(a) Cost or o basis (investr		, ,	Accumulated epreciation	(d) E	Book v	/alue
1a	Land	[
b	Buildings							
С	Leasehold improvements							
d	Equipment		8	2,224.	82,224	ł .		0.
	Other							
Tota	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column (B), line 1	0c.)		>		0.

Schedule D (Form 990) 2017

Complete if the organization answered "Yes"	on Form 900 Part IV	/ line 11h See Form 900	Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives	. ,	,,,		•
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11d. See Form 990,	Part X, line 15.	
(a) l	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV		n 990, Part X, line 25	5.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DUE TO ACLU NATIONAL		64,607.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) >	64,607.		

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 X

Schedule D (Form 990) 2017

Part XI	Recond	ciliation	of Revenue	per Audited	Financial	Statements	With	Revenue	per	Return

Pa	Reconciliation of Revenue per Audited Financial State	ements with	Revenue per R	eturi	1.
	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	2,828,724.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	48,944.		
b	Donated services and use of facilities	2b	968,602.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-75,872.		
е	Add lines 2a through 2d			2e	941,674.
3	Subtract line 2e from line 1			3	1,887,050.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,887,050.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		n Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	2,541,161.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	968,602.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	968,602.
3	Subtract line 2e from line 1			3	1,572,559.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	75,872.		
С	Add lines 4a and 4b			4c	75,872.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

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

PART V, LINE 4:

THE PURPOSE OF THE TRUST IS TO BUILD AN ENDURING ENDOWMENT TO CARRY OUT

THE WORK OF THE ACLU FOUNDATION AND ITS AFFILIATES IN PROTECTING,

PRESERVING AND EXPANDING THE CIVIL LIBERTIES OF ALL PERSONS IN THE UNITED

STATES OF AMERICA.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES TAX POSITIONS IN THE CONSOLIDATED FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY-THAN-NOT THAT THE POSITIONS WILL NOT BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. AS OF MARCH 31, 2018, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

732054 10-09-17 Schedule D

1,648,431.

Schedule D (Form 990) 2017 ACLU FOUNDATION OF ARIZONA	23-7238580 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	_
INVESTMENT FEES NETTED WITH INVESTMENT INCOME	-11,265
PAYMENTS TO NATIONAL NETTED WITH REVENUE	-64,607
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-75,872
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT FEES NETTED WITH INVESTMENT INCOME	11,265
PAYMENTS TO NATIONAL NETTED WITH REVENUE	64,607
TOTAL TO SCHEDULE D, PART XII, LINE 4B	75,872

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

2017
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ACLU FOUNDATION OF ARIZONA

Employer identification number 23-7238580

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH LITIGATION AND PUBLIC EDUCATION, INDIVIDUAL RIGHTS AND FREEDOMS

GUARANTEED TO ALL BY THE CONSTITUTION AND THE LAWS OF THE UNITED STATES

AND ARIZONA.

FORM 990, PART VI, SECTION B, LINE 11B:

DRAFT COPIES ARE DISTRIBUTED TO THE FINANCE COMMITEE FOR REVIEW PRIOR TO

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF ITNEREST POLICY IS INCLUDED IN THE NEW BOARD MEMBER

ORIENTATION MANUAL AND ALL BOARD MEMBERS MUST SIGN A COPY OF THE CONFLICT

OF INTEREST FORM ANNUALLY TO AFFIRM THAT THEY HAVE READ AND UNDERSTOOD IT.

FORM 990, PART VI, SECTION B, LINE 15A:

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

THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS SHALL MAKE

RECOMMENDATIONS TO THE BOARD OF DIRECTORS REGARDING THE EXECUTIVE

DIRECTOR'S COMPENSATION WITHIN THE BOARD-APPROVED SALARY RANGE FOR THIS

POSITION. ONLY THOSES MEMBERS OF THE PERSONNEL COMMITTEE WHO ARE FREE

OF CONFLICTS OF INTEREST MAY BE INVOLVED IN RECOMMENDATION OF THE

EXECUTIVE DIRECTOR'S COMPENSATION. THE PERSONNEL COMMITTEE SHALL

CONSIDER APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS

RECOMMENDATION, FOR EXAMPLE THE ACLU SALARY SURVEY AND THE ASU NONPROFIT

COMPENSATION & BENEFITS REPORT MARICOPA COUNTY AND PIMA COUNTY. THE

PERSONNEL COMMITTEE SHALL DOCUMENT IS BASIS FOR BELIEVING THE PROPOSED

COMPENSATION IS REASONABLE. THE COMMITTEE SHALL PLACE SUCH DATA AND

732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization ACLU FOUNDATION OF ARIZONA	Employer identification number 23-7238580
REASONS FOR ITS RECOMMENDATION IN THE PERSONNEL COMMITTEE	E REPORT.
FORM 990, PART VI, SECTION C, LINE 19:	
AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INS	SPECTION ON THE
WEBSITE, WWW.ACLUAZ.ORG, FOR 5 YEARS. FORM 990S ARE AVAIL	ABLE ON THE
WEBSITE AS WELL. OTHER GOVERNING DOCUMENTS AND POLICIES A	ARE AVAILABLE
UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	97,320.
MANAGEMENT AND GENERAL EXPENSES	6,027
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	103,347.
PROJECT COORDINATOR:	
PROGRAM SERVICE EXPENSES	77,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	77,000.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	180,347.
FORM 990, PART XII, LINE 2C:	
THE FINANCE COMMITTEE IS RESPONSIBLE FOR APPROVING THE AN	NUAL BUDGET
AND SUBMITTING IT TO THE FULL BOARD FOR APPROVAL, REVIEWI	ING AND
APPROVING MONTHLY FINANCIAL REPORTS, REVIEWING AND APPROV	ING THE ANNUAL
TAX FORM (990) AND AUDITED FINANCIAL STATEMENTS AND APPOI	INTING,
EVALUATING AND RETAINING THE INDEPENDENT AUDITOR.	
720010 00 07 17 Scho	dula () (Form 990 or 990-F7) (2017

Schedule O (Form 990 or 9	990-EZ) (20°	17)			Page 2
Name of the organization	ACLU	FOUNDATION	OF	ARIZONA	Employer identification number 23-7238580
			4		
		4			
	4				

SCHEDULE R (Form 990)

Part I

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.

(c)

Legal domicile (state or

(d)

Total income

(e)

End-of-year assets

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Name, address, and EIN (if applicable)

Department of the Treasury Internal Revenue Service

ACLU FOUNDATION OF ARIZONA

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

(b)

Primary activity

Employer identification number 23-7238580

(f)

Direct controlling

of disregarded entity		foreign country)			е	ntity	
			40				
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	e or more related tax-ex	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled rity?
ACLU OF ARIZONA - 86-0205157						1.55	110
PO BOX 17148	PRESERVATION OF						
PHOENIX, AZ 85011	INDIVIDUALS' LIBERTIES	ARIZONA	501(C)4	N/A	N/A		Х
For Panerwork Reduction Act Notice see the Instruction					Schodula P		20) 20:-

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

	· ·		1								1
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General c	Percentage ownership
of related organization		(state or	entity	(related, unrelated,	income	end-of-year		itions?	amount in box	managing partner?	ownership
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No		Yes No	7
-		,,		,			1.00	1	,	1 00111	1
	-										
	-										
-											
	-										
	1										
	1										
	l .						l	L	L		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	I Section	
		country)		or trusty		433013		Yes	
	_								

Page 3

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

Not	e: 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 listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
С	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
				v
	Dividends from related organization(s)	1f		X
	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
0	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1 p		Х
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		Х
	Other transfer of cash or property from related organization(s)	1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		-	

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ACLU OF ARIZONA	N	6,700.	COST
(2) ACLU OF ARIZONA	0	250,969.	COST
(3) ACLU OF ARIZONA	Q	287,128.	соѕт
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>	20		

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)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(I	າ)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a partners	all s sec.	Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	related, unrelated,	501(c))(3)	total	end-of-year	alloca	nate tions?	amount in box 20	managir partner	ownership
		country)		Yes I		income	assets	Ves	No	(Form 1065)	Yes N	5
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Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file incom	e tax retu	rns.			
				Enter file	er's identifying nun	nber
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification numb	er (EIN) or
print						
File by the	ACLU FOUNDATION OF ARIZONA					0
due date for filing your	Number, street, and room or suite no. If a P.O. box, so PO BOX 17148	ee instruc	tions.	Social se	curity number (SSN)
return. See instructions.	City, town or post office, state, and ZIP code. For a for PHOENIX, AZ 85011					
Enter the	Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	PBL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990	9-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	0-T (trust other than above)	06	Form 8870			12
Teleph If the	THE ORGANIZATION cooks are in the care of ▶ PO BOX 17148 — none No. ▶ 6025601854 organization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶	PHOE s in the Ur Group Exe and atta	Fax No.	this is fo	r the whole group, o	
for	quest an automatic 6-month extension of time until the organization named above. The extension is for the c calendar year or tax year beginning APR 1, 2017	organizati	on's return for:		npt organization retu 	ırn
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on:	inal retur	'n	
	Change in accounting period				<u> </u>	
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			٥
	nrefundable credits. See instructions.			3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069		•			0.
	imated tax payments made. Include any prior year overp			3b	\$	<u> </u>
	ance due. Subtract line 3b from line 3a. Include your pa using EFTPS (Electronic Federal Tax Payment System).	•	· · · · · · · · · · · · · · · · · · ·	3c	\$	0.
	If you are going to make an electronic funds withdrawal					

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

Arizona Form 99 Arizona Exempt Organization Annual Information Return 2017

For the calendar year 2017 or X fiscal year beginning 04/01/2017 and ending 03/31/2018.

CK ONE: Name Employer Identification Number (EIN)

	K ONE:	Name			Identification Number (EIN	1)
	Original	ACLU FOUNDATION OF ARIZONA		23-	7238580	
	Amended	Address - number and street or PO Box				
	ss Telephone Number	PO BOX 17148				
l `	rea code) 5601854	City, Town or Post Office PHOENIX, AZ 85011		State	ZIP Code	
			box if ret	urn filed	under extension:	
		began: 03/09/1971	ΕX			
		ies: PRESERVING RIGHTS AND L				
		990 990-F7 Other (specify)	IUE USE ON	LY. DO N	OT MARK IN THIS AR	EA.
•						
NONPR	ROFIT MEDICAL MA	RIJUANA DISPENSARY (NMMD) ONLY -				
D [_	lentification Number:				
E Wha	at type of entity is the	e dispensary?				
	Corporation	Limited Liability Company (LLC) Partnership S corporation				
	☐ Sole Proprietorship	PM			66 RCVD	
F If th	ne dispensary is an Ll	LC, what is the federal tax classification?				
	Corporation	Disregarded Entity Partnership S corporation				
	If the dispensary is	s an LLC, a partnership or an S corporation, include a schedule that lists the fol	lowing ow	nership i	nformation:	
	name, address, TII	N, and ownership percentage at the end of the tax year.				
G Fed	leral form filed:	」1040	(specify)			
_						
	es of Income		1	ı		
	iross sales from busir		00			
		Id or of operations: Include itemized statement 2	00			
		ness activities: Subtract line 2 from line 1	734 00	ł		
		_				
		5	00	ł		
6 R	ents and royalties	es of assets, excluding inventory items 7 -	243 00	-		
		, , , , , , , , , , , , , , , , , , , ,	00	1		
		tc., from members 8 tc., from affiliates 9	00	1		
		rants, etc., received 10 1,848,		•		
		itemized statement 11	00	1		
		s 3 through 11		12	1,887,050	00
	nistrative Expen					- 100
		ers, directors, trustees, etc. 13 23,	514 ₀₀			
		her than amounts included on line 2 184,	353 00			
		15	00			
16 Ta		16 15,	986 00	1		
17 R			304 00	1		
18 D	epreciation: Include s	schedule18 2,	662 00		ATEMENT 1	
		es: Include itemized statement 19 148,	379 oo	ST	ATEMENT 2	
20 To	otal expenses: Add li	nes 13 through 19		20	390,198	900
Disbu	rsements					
21 D	isbursements from c	urrent income for exempt purposes from page 2, line A6		21	1,258,233	3 00
22 D	isbursements from p	rincipal for exempt purposes from page 2, line B6		22		00
		not itemized on Schedule A or Schedule B: Include schedule		23	-48,944	1 00
	mulation of Inco				005 566	
		ne in current year: Line 12 less the sum of lines 20, 21, 22, and 23		24	287,563	
		ne at beginning of year		25	2,704,714	
		ne at end of year: Add lines 24 and 25		26	2,992,277	/ 00
Penal ^a						16-
27 P	enalty for late filing o	r incomplete filing. See instructions		27		00

Nan	ne (as shown on page 1) ACLU FOUNDATION OF ARIZONA	EIN 23-7238580				
SCH	IEDULE A Disbursements From Current Income for Exempt	Purp	ooses			
A1	Dues, assessments, etc., paid to affiliates	A1	64,60	7 00		
A2	Contributions, gifts, grants, etc., paid	A2		00	l	
А3	Benefit payments to or for members or their dependents:				l	
	A3a Death, sickness, hospitalization, disability, or pension benefits	АЗа		00	ł	
	A3b Other benefits	A3b		00	l	
A4	Dividends and other distributions to members, shareholders, or depositors	A4		00	1	
A5	Other	A5	1,193,62		ន	STATEMENT 5
A6	Total: Add lines A1 through A5. Enter total here and on page 1, line 21				A6	1,258,233 00
<u>SCI</u>	IEDULE B Disbursements From Principal for Exempt Purpo	ses		_		
В1	Dues, assessments, etc., paid to affiliates	B1		00	l	
B2	Contributions, gifts, grants, etc., paid	B2		00	l	
В3	Benefit payments to or for members or their dependents:					
	B3a Death, sickness, hospitalization, disability, or pension benefits	ВЗа		00	l	
	B3b Other benefits	B3b		00		
B4	Dividends and other distributions to members, shareholders, or depositors	B4		00	l	
B5	Other	B5		00		T Incl
В6	Total: Add lines B1 through B5. Enter total here and on page 1, line 22				В6	00
SCF	HEDULE C Balance Sheet					
	E: Amounts reported in included schedules and in this column should be end of year amoun	te	(a)			(b)
14011	Assets	10.	Beginning of Yea	ar	l	End of Year
C1	Cash		1,916,21		C1	1,572,500 00
	Accounts receivable C2a	00	, , , , ,	100		, , , , , , , , , , , , , , , , , , , ,
0 _0	C2b Less allowance for doubtful accounts C2b	00				
	C2c Line C2a less line C2b. Enter difference in column (b)		50,00	0 00	C2c	00
СЗа	Other notes and loans receivable: Include schedule C3a	00	-	•		
	C3b Less allowance for doubtful accounts C3b	00				
	C3c Line C3a less line C3b. Enter difference in column (b)			00	СЗс	00
C4	Inventories				C4	00
C5	Investments (securities): Include schedule		833,74	3 00	C 5	1,418,063 00
C6	Investments (other): Include schedule			00	C6	00
C7a	Land, buildings, and equipment; basis: C7a 82,22					
	C7b Less accumulated depreciation: Include schedule C7b 82,22	4 00		<u> </u>		
	C7c Line C7a less line C7b. Enter difference in column (b)		2,66			00
C8	Other assets (describe): SEE STATEMENT	3_	42,26			192,128 00
C9	Total assets: Add lines C1 through C8		2,844,88	8 00	C9	3,182,691 ₀₀
040	Liabilities		74,99	م ام	040	125,807 ₀₀
	Accounts payable and accrued expenses		74,33	_		
C11	Mortgages and other notes payable: Include schedule Other liabilities (describe): SEE STATEMENT	Δ	65,18		C11	
	Total liabilities: Add lines C10 through C12		140,17			
CIS	Total habilities. Add lilles & 10 through & 12		110/1/	-100	CIS	1 2 2 7 1 1 1 100
	Net Assets					
C14	Capital stock or trust principal			00	C14	. 00
	Paid-in or capital surplus			00		
	Retained earnings or accumulated income		2,704,71			
	Total net assets: Add lines C14 through C16		2,704,71			2,992,277 00
C18	Total liabilities and net assets: Add lines C13 and C17		2,844,88	8 00	C18	$ 3,182,691 _{00} $

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

ADOR 10418 (17) 737972 10-11-17

Declaration	Under penalties of perjury, I declare that I have examined this to the best of my knowledge and belief, it is a true, correct an pursuant to the income tax laws of the State of Arizona.	, , , ,	•
Please Sign Here	OFFICER'S SIGNATURE	DATE	PRESIDENT TITLE
Paid Preparer's	COLETTE KAMPS PAID PREPARER'S SIGNATURE HENRY & HORNE, LLP	11/06/2018 DATE	PAID PREPARER'S PTIN 86-0133881
Use Only	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) 2055 E WARNER RD, STE 101 FIRM'S STREET ADDRESS		(480) 839-4900 FIRM'S TELEPHONE NUMBER 85284
	CITY	STATE	ZIP CODE

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153

737973 10-11-17

AZ 99 DEPRECIATION/AMORTIZATION	N EXPENSE	STATEMENT	1
DESCRIPTION		AMOUNT	
DEPRECIATION/AMORTIZATION		2,66	52.
TOTAL TO FORM 99, PAGE 1, LINE 18		2,66	52.
AZ 99 MISC EXPENSES		STATEMENT	2
DESCRIPTION		AMOUNT	
OTHER EMPLOYEE BENEFITS ACCOUNTING FEES INVESTMENT MANAGEMENT FEES OTHER PROFESSIONAL FEES OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL INSURANCE DUES AND SUBSCRIPTIONS BOARD & VOLUNTEER GIFTS ALL OTHER EXPENSES TOTAL TO FORM 99, PAGE 1, LINE 19		38,90 14,73 11,26 6,02 31,08 11,00 19,45 1,75 4,81 6,84 2,42	30. 65. 27. 86. 02. 53. 95. 41. 20.
AZ 99 OTHER ASSETS		STATEMENT	3
DESCRIPTION PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES DUE FROM NATIONAL	0. 28,386. 13,878.	51,40 140,61	08. 08. 12.
TOTAL TO FORM 99, PAGE 2, LINE C8	42,264.	192,12	28.

AZ 99	OTHER LIABILITIES		STATEMENT 4
DESCRIPTION		BEG OF YEAR	END OF YEAR
DUE TO ACLU NATIONAL DEFERRED REVENUE		47,011. 18,173.	64,607.
TOTAL TO FORM 99, PAGE 2, LIN	NE C12	65,184.	64,607.
AZ 99	OTHER EXPENSES		STATEMENT 5
DESCRIPTION			AMOUNT
COMPENSATION OF OFFICERS, DIR OTHER SALARIES AND WAGES OTHER EMPLOYEE BENEFITS PAYROLL TAXES LEGAL FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY OCCUPANCY TRAVEL CONFERENCES AND CONVENTIONS INSURANCE DUES AND SUBSCRIPTIONS PUBLIC EDUCATION FORUMS BOARD & VOLUNTEER GIFTS	RECTORS, TRUSTEES, E	TC	94,056. 548,522. 93,725. 49,658. 25,520. 174,320. 28,412. 29,995. 18,200. 69,155. 31,886. 465. 5,490. 10,156. 12,783. 99. 1,184.
TOTAL TO FORM 99, PAGE 2, SCH	HEDULE A, LINE A5		1,193,626.