Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning $APR \ 1$, 2019, and ending $MAR \ 31$, 20 20

Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization Employer identification number ACLU FOUNDATION OF ARIZONA 23-7238580

Name and title of officer

DALE BAICH PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Form 990 check here 🕨 🗓	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,435,390.
Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	2b	
Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b	
Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
Form 8868 check here	b Balance Due (Form 8868, line 3c)	5b	
	Form 990-EZ check here Form 1120-POL check here Form 990-PF check here	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part VI, line 5)	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) corm 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize HENRY & HORNE, to enter my PIN ERO firm name

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

__ Date **>** 2/16/2021 Officer's signature

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

86423512505

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► COLETTE KAMPS

Date = 02/15/21

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

EXTENDED TO FEBRUARY 16, 2021

Return of Organization Exempt From Income Tax

(Rev. January 2020)

Department of the Treasury

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

OMB No. 1545-0047

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

Open to Public

2020 A For the 2019 calendar year, or tax year beginning APR 1, 2019 and ending MAR C Name of organization D Employer identification number Check if applicable: Address change ACLU FOUNDATION OF ARIZONA Name 23-7238580 change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 6025601854 PO BOX 17148 2,518,059. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 85011 PHOENIX, AZ H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ALESSANDRA SOLER _Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.ACLUAZ.ORG **H(c)** Group exemption number K Form of organization: X Corporation Other > L Year of formation: 1971 M State of legal domicile: AZ Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE ACLU **Activities & Governance** FOUNDATION OF ARIZONA IS TO DEFEND AND PRESERVE, (CONT.ON SCHEDULE 0) if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 15 4 29 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 0. 7h **Current Year Prior Year** 2,383,405. 1,529,497. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 98.601. 55,268. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 -3,283. 11 2,435,390. 1,628,098. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,052,329. 1,104,938. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 560,460. 621,970. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,612,789. 1,726,908. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 15,309. 708,482. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 3,109,620. 3,678,899. Total assets (Part X, line 16) 125,700. 106,784. 21 Total liabilities (Part X, line 26) 三年 983,920. 572,115 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DALE BAICH, PRESIDENT Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature COLETTE KAMPS COLETTE KAMPS 02/15/21 P00367616 self-employed Paid Firm's EIN ▶ 86-0133881 Firm's name | HENRY & HORNE, LLP Preparer Firm's address 2055 E WARNER ROAD, SUITE 101 Use Only Phone no. 480 - 839 - 4900 TEMPE, AZ 85284

May the IRS discuss this return with the preparer shown above? (see instructions)

No

X Yes

Pai	t 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 DEFEND AND
	PRESERVE, THROUGH LITIGATION AND PUBLIC EDUCATION, INDIVIDUAL RIGHTS
	AND FREEDOMS GUARANTEED TO ALL BY THE CONSTITUTION AND THE LAWS OF THE
	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? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	· · · · · · · · · · · · · · · · · · ·
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	042-024
44	(Code:) (Expenses \$843, U34. including grants of \$) (Revenue \$) LEGAL PROGRAM - THE ACLU FOUNDATION OF ARIZONA PROVIDES LEGAL
	REPRESENTATION TO PERSONS WHOSE CIVIL LIBERTIES ARE THREATENED OR
	VIOLATED. IN FISCAL YEAR 2020, WE MAINTAINED A DOCKET OF 17 ACTIVE
	CASES CHALLENGING VIOLATIONS BY GOVERNMENT. WE FILED 3 NEW CASES AND 11
	NEW FRIEND-OF-THE-COURT BRIEFS AND SENT 12 DEMAND LETTERS ON GOVERNMENT
	POLICIES AND/OR ACTIONS THAT VIOLATED CIVIL LIBERTIES. WE WERE ABLE TO
	MAINTAIN OUR LEGAL DOCKET OF CASES THANKS TO THE DONATED LEGAL SERVICES
	OF LOCAL ATTORNEYS TOTALING \$1,213,506 DURING FISCAL YEAR 2019-2020.
	THE ACLU FOUNDATION OF ARIZONA PROCESSED 1,387 COMPLAINTS FROM
	COMMUNITY MEMBERS SEEKING LEGAL ASSISTANCE FROM US.
	COMMONITI MEMBERS SEEKING DEGAL ASSISTANCE FROM US:
4b	(Code:) (Expenses \$334 , 303 . including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$
	OUTREACH, THE ACLU FOUNDATION OF ARIZONA INFORMS PEOPLE ABOUT CIVIL
	LIBERTIES AND CIVIL RIGHTS THAT ARE PROTECTED BY THE CONSTITUTION AND
	LAWS OF THE UNITED STATES AND ARIZONA. THE ORGANIZATION HOSTED PUBLIC
	EDUCATION EVENTS, DISTRIBUTED LEGAL HANDBOOKS, PUBLISHED ISSUE REPORTS,
	AND CONDUCTED MEDIA INTERVIEWS ON PRESSING CIVIL LIBERTIES ISSUES
	AFFECTING ARIZONANS.
4c	(Code:) (Expenses \$ 87,901. including grants of \$) (Revenue \$)
	COMMUNICATIONS - THROUGH TARGETED COMMUNICATIONS, AND TRADITIONAL AND
	ONLINE MEDIA, THE ACLU OF ARIZONA HELPS INFORM THE PUBLIC ABOUT
	PRESSING CIVIL LIBERTIES ISSUES. WE USE A VARIETY OF COMMUNICATIONS
	STRATEGIES TO EDUCATE AND RAISE AWARENESS AMONG OUR MEMBERS, (WHICH
	TOTALED 12,932 IN 2020) AND SUPPORTERS, INCLUDING DRAFTING OP-EDS AND
	LETTERS TO THE EDITOR AND RESPONDING TO CIVIL LIBERTIES-RELATED NEWS
	ITEMS IN THE MEDIA THE ACLU OF ARIZONA HAD 1,138 MENTIONS IN THE PRESS;
	263,000 SOCIAL MEDIA HITS AND HAD 34,054 SOCIAL MEDIA FOLLOWERS, AND
	PUBLISHED OVER 25 BLOGS.
_	
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	1 205 220
	Form 990 (2019)

Form 990 (2019) ACLU FOUNDATION OF ARIZONA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	Schedule D, Part III	8		X
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_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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,	44.	Х	
	Part VI	11a	Λ	_
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b	Х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110	21	
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	110		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			.,
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	4-		v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	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	<u> </u>		<u> </u>
	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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2019) ACLU FOUNDATION OF Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> X</u>
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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			₩.
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
a	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
٠.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	Ц
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
932004	4 01-20-20	Form	990	(2019)

08130216 758360 1014569

Form 990 (2019) ACLU FOUNDATION OF ARIZONA

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

	i (continued)			1				
_		1		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 29						
L	filed for the calendar year ending with or within the year covered by this return		2b	Х				
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return		20	21				
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		3a		х			
			3b		122			
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule 0. At any time during the calendar year, did the organization have an interest in, or a signature or other at		JU					
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial ac	-	4a		x			
h	If "Yes," enter the name of the foreign country		та					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR)						
5a			5a		х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	any contributions that were not tax deductible as charitable contributions?		6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution							
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required						
	to file Form 8282?		7с		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X			
f	3 , 3 , 71 , 7							
g								
h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the						
_	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.							
a			9a					
b 10			9b					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a						
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	100						
	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against	114						
-	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	•	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	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	13b						
С	Enter the amount of reserves on hand	13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	e O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?		15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.				77			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X			
	If "Yes," complete Form 4720, Schedule O.			000				

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

800						X					
Sec	tion A. Governing Body and Management					Γ					
		Ι.	1 15		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	15								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		4.5								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15								
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	direc	t supervision								
	of officers, directors, 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 9	90 wa	s filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X					
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	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, st										
	persons other than the governing body?			7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea										
	The governing body?		•	8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read										
_	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re										
	This doctor b requests information about pointed not required by the internal re-	V O I I G O	<u> </u>		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such ch										
			, ,	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	X						
b											
12a											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y										
	in Schedule O how this was done	,		12c	X						
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 approva										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- 7									
а	The organization's CEO, Executive Director, or top management official			15a	Х						
	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 arrangen	nent w	ith a								
	taxable entity during the year?			16a		х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat										
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	•								
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (Section 501(c)(3)	only)	availa	ble					
	for public inspection. Indicate how you made these available. Check all that apply.			• • • • • • • • • • • • • • • • • • • •							
	X Own website Another's website X Upon request Other (explain	on Sc	chedule (0)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	l financ	cial						
	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 boo	ks and	d records								
_0	THE ORGANIZATION - 6025601854	c ui ii									
	PO BOX 17148, PHOENIX, AZ 85011										

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.

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

(A)	(B)		II <u>L</u> Q		C)	.pci	Juli	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	amount of
	week		cer ar	la a a	irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	m pen		(VV 27 1033 WIGO)		and related
	below	idual	Institutional trustee	 	Key employee	est co	er			organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) FRANCES BAKER DICKMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(2) SIMAN QAASIM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) JOHN FIFE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) MICHELLE GAHEE	1.00									
BOARD MEMBER		X	L				ŀ	0.	0.	0.
(5) BELEN GONZALEZ	1.00		Ы							
BOARD MEMBER		X						0.	0.	0.
(6) ROSEMARIE CHRISTOFOLO	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) ZENAIDO QUINTANA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) MERL WASCHLER	1.00									
BOARD MEMBER		X						0.	0.	0.
(9) NADIA MUSTAFA	1.00									
EQUITY OFFICER		Х		Х				0.	0.	0.
(10) LETICIA DE LA VARA	1.00									
NATIONAL BOARD REPRESENTAT		Х		Х				0.	0.	0.
(11) MAY LU	1.00									
GENERAL COUNSEL		Х		Х				0.	0.	0.
(12) MARIE PROVINE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(13) CASSIE RAMIREZ BRENEMAN	1.00									
TREASURER		Х		Х				0.	0.	0.
(14) CAROL FLAHERTY-ZONIS	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(15) DALE BAICH	1.00									
PRESIDENT		Х	_	Х		_		0.	0.	0.
(16) DEANNA ROBINSON	40.00]								
FINANCE DIRECTOR		<u> </u>	_	Х		_		67,515.	0.	15,855.
(17) ALESSANDRA NAVIDAD	40.00]								
EXECUTIVE DIRECTOR				Х				115,089.	0.	28,722.
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932007 01-20-20

23-7238580

(A) Name and title	(B) Average hours per	Average Po			rson i	than dis both	n an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC		comp fro orga and	ther ensat m the nization relate nization	e on ed
										\perp			
										\downarrow			
										\perp			
										\downarrow			
										+			
										+			
										+			
1b Subtotal						Ц		182,604.		0.	44	,57	77.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A							182,604	,	0.			
Total number of individuals (including but compensation from the organization	t not limited to th				_) wh	o re		•			,	1
		4			7	_					,	Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for	or such individual)							3		Х
4 For any individual listed on line 1a, is the and related organizations greater than \$											4		Х
5 Did any person listed on line 1a receive rendered to the organization? If "Yes." or	or accrue comper	sati	on fr	om a	any	unre	elate	ed organization or indiv	idual for services		5		х
Section B. Independent Contractors 1 Complete this table for your five highest										nootic	n from	n	
the organization. Report compensation t	-	-						the organization's tax	· · · · · · · · · · · · · · · · · · ·				
(A) Name and busine	ess address	NC	NE	3				(B) Description of	services	Coı	(C) mpen		1
Total number of independent contractor\$100,000 of compensation from the org.		ot lin	nited	d to t	thos (_	ted	above) who received n	nore than				
,										F.	orm 9	90 (2	2019)

08130216 758360 1014569

Form 990 (2019) ACLU FO
Part VIII Statement of Revenue

			Check if Schedule O	containe a ree	onea i	or note to any lir	ne in this Part VIII			
			nieck ii Scriedule O C	Jonitali is a res	001156	or note to any in	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenuè excluded
							Total Tovollas	function revenue	business revenue	from tax under
										sections 512 - 514
ध द	1 :	a Feder	rated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts				1b						
ية و			raising events		+	88,754.	-			
fs, A	ľ					00,751	1			
ig i	'		ed organizations		1		-			
JS, jim	•		rnment grants (contr				-			
ž ti	1	f All oth	ner contributions, gifts,	grants, and						
p t		simila	r amounts not included	above 1f	2,	294,651.				
j j	,	9 Noncas	sh contributions included in	lines 1a-1f 1g	\$	5,000.				
Sol		- h Total	. Add lines 1a-1f				2,383,405.			
						Business Code		_		
	•	_								
<u>.</u>	2 :									
Program Service Revenue		·								
am Ser evenue	•	·								
an ev		d								
og B		e								
Pr	1	F All otl	her program service	revenue					*	
			. Add lines 2a-2f							
	3		tment income (includ					A		
	U						18,185.			18,185.
	_		similar amounts)				10,105.			10,103.
	4		ne from investment o		-					
	5	Roya	Ities							
				(i) Re	eal	(ii) Personal				
	6	a Gross	s rents	6a						
	- 1	Less:	rental expenses	6b						
	,	Renta	al income or (loss)	6c						
			ental income or (loss)							
			amount from sales of	(i) Secu		(ii) Other				
	′ ′			7a 37,0		(ii) Guilei				
			other than inventory	7a 57,0	05.					
-			cost or other basis		^					
ne		and sa	ales expensesor (loss)	7b	0.					
ver		Gain	or (loss)	7c 37,0	83.					
Revenue		d Netg	ain or (loss)		.,,, <u>,,,,,</u>		37,083.			37,083.
her	8 :	a Gross	income from fundraising	ng events (not						
d				,754. of						
			ibutions reported on							
			V, line 18	•	8a	79,386.				
							-			
			direct expenses			02,009.	2 202			2 202
			ncome or (loss) from	-		D	-3,283.			-3,283.
	9 :		s income from gamin							
		Part I	V, line 19		. <u>9a</u>					
	1	b Less:	direct expenses		. 9b					
		Net in	ncome or (loss) from	gaming activit	ies					
			s sales of inventory, I							
			llowances		10a					
							-			
			cost of goods sold			1				
	(Net ir	ncome or (loss) from	sales of inven	ory	D				
S						Business Code				
no a	11 :	a								
ane pur	ı	b								
Miscellaneous Revenue	,									
Sc			her revenue							
Σ			. Add lines 11a-11d							
							2,435,390.	0.	0.	51,985.
	12	iviai	revenue. See instruction	פות		····· 🚩	<u>µ</u> , zJJ, JJU•	1 0.	1 0.	<u> </u>

Form 990 (2019) ACLU FOUNDATION OF ARIZONA 23-7238580 Page Part IX Statement of Functional Expenses											
Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a respon	se or note to any line in	this Part IX								
	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,										
	trustees, and key employees	227,742.	116,008.	90,840.	20,894.						
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	662,004.	521,315.		140,689.						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	32,489.	19,877.	7,257.	5,355.						
9	Other employee benefits	115,485.	66,444.	29,768.	19,273.						
10	Payroll taxes	67,218.	48,986.	5,690.	12,542.						
11	Fees for services (nonemployees):										
а	Management										
b	Legal	162,414.	162,414.								
С	Accounting	10,958.		10,958.							
	,										
е	Professional fundraising services. See Part IV, line 17	12 622		12 500							
f	Investment management fees	13,699.		13,699.							
g	` -	02 150	67 400	6 550	0 000						
	column (A) amount, list line 11g expenses on Sch 0.)	83,150.	67,400.	6,750.	9,000.						
12	Advertising and promotion	1,599.	1,599.	10 040	11 015						
13	Office expenses	32,617.	9,932.	10,840.	11,845.						
14	Information technology	40,663.	27,751.	4,674.	8,238.						
15	Royalties	02 712	60 625	7 062	9 024						
16	Occupancy	83,712. 38,811.	68,625. 19,983.	7,063.	8,024. 13,322.						
17	Travel	30,011.	19,903.	3,300.	13,344.						
18	Payments of travel or entertainment expenses										
40	for any federal, state, or local public officials	1,683.	1,616.	34.	33.						
19	Conferences, conventions, and meetings	1,003.	1,010.	34.							
20	Interest	98,031.	98,031.								
21	Payments to affiliates	70,031.	70,031.								
22		9,360.	6,556.	2,804.							
23 24	Other expenses. Itemize expenses not covered	7,300.	0,330.	2,004.							
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
а	DUES AND SUBSCRIPTIONS	22,339.	17,641.	3,428.	1,270.						
b	PUBLIC EDUCATION FORUMS	13,070.	10,106.	,	2,964.						
c	BOARD AND VOLUNTEER SUP	6,940.	,	6,805.	135.						
d	GIFTS	1,982.	22.	1,565.	395.						
	All other expenses	942.	932.	10.							
25	Total functional expenses. Add lines 1 through 24e	1,726,908.	1,265,238.	207,691.	253,979.						
	International Commission of the Commission of th	-	-	·	-						

Form **990** (2019)

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 (2019)
Part X | Balance Sheet

Par	τχ	Balance Sheet					
		Check if Schedule O contains a response or no	ote to ar	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			684,810.	1	852,067.
	2	Savings and temporary cash investments			623,378.	2	627,267.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sec	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			47,976.	9	39,024.
	10a	Land, buildings, and equipment: cost or other				P 1	
		basis. Complete Part VI of Schedule D		57,790.			
	b	Less: accumulated depreciation	10b	52,790.	0.	10c	5,000. 561,871.
	11	Investments - publicly traded securities			593,486.	11	561,871.
	12	Investments - other securities. See Part IV, line	884,100.	12	854,263.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	275,870.	15	739,407.		
	16	Total assets. Add lines 1 through 15 (must eq			3,109,620.	16	3,678,899.
	17	Accounts payable and accrued expenses			125,700.	17	106,784.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Ħ		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre	4			23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line				0.5	
	00	of Schedule D			125,700.	25	106,784.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch			125,700.	26	100,704.
S		and complete lines 27, 28, 32, and 33.	ieck nei				
nce	27	Net assets without donor restrictions			2,727,185.	27	3,278,106.
ala	28	Net assets with donor restrictions			256,735.	28	294,009.
d E	20	Organizations that do not follow FASB ASC	23077331	20	231,0031		
Fun		and complete lines 29 through 33.	330, CII	.K liele			
P	29	Capital stock or trust principal, or current fund	c			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated i		i i		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,983,920.	32	3,572,115.
z	33	Total liabilities and net assets/fund balances			3,109,620.	33	3,678,899.

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	2,43		
2	Total expenses (must equal Part IX, column (A), line 25)	1,726		
3	Revenue less expenses. Subtract line 2 from line 1	708	8,4	82.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	2,983	3,9	20.
5	Net unrealized gains (losses) on investments	-120	0,2	<u>87.</u>
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain on Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	3,572	<u>2,1</u>	<u> 15.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	·····		<u> </u>
			Yes	No
1	Accounting method used to prepare the Form 990:	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2019)

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

ACLU FOUNDATION OF ARIZONA

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Pa	πı	Reason for Public C	Snarity Status (All organizations must co	mplete th	is part.) Se	ee instructions.		
he	organ	ization is not a private found	ation because it is: (I	or lines 1 through 12, c	neck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	\Box	An organization that norma	ŭ					oublic described in	
		section 170(b)(1)(A)(vi). (C	•		Ü				
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org			•	ed in conju	inction with a land-grant	college	
		or university or a non-land-g						-	
		university:	, , ,	,					
10	X	An organization that norma	Illy receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membership fees, an	d gross receipts from	
		activities related to its exem	*					*	
		income and unrelated busir							
		See section 509(a)(2). (Con		,			, ,	•	
11		An organization organized a	•	vely to test for public sa	ety. See	section 50	09(a)(4).		
12		An organization organized a	•		_			purposes of one or	
		more publicly supported or	•				•		
		lines 12a through 12d that							
а		Type I. A supporting orga						giving	
		the supported organization	•			-			
		organization. You must o							
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ving	
		control or management o							
		organization(s). You mus			•				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,	
		its supported organization	n(s) (see instructions)	You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attentiv	/eness	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(iv) Is the oras	anization listed		T (3A) (3	
	((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
ota	ıl								

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	furnished by a governmental unit to					_	
	the organization without charge						
4	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,					Y	
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	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						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	
_	organization, check this box and stor	here	<u></u>				>
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (I		•	***		14	%
	Public support percentage from 2018					15	%
16a	33 1/3 % support test - 2019. If the o	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac				=	-	
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	in Part VI how the	e
	organization meets the "facts-and-circ			· ·			>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Caba	dula A /Faum OOC	or 990-F7) 2019

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1229556.	2475688.	1848559.	2137414.	2383405.	10074622.
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	1229556.	2475688.	1848559.	2137414.	2383405.	10074622.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	108,400.	256,600.	174,088.	123,679.	100,750.	763,517.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		·			•	0.
,	Add lines 7a and 7b	108,400.	256,600.	174,088.	123.679.	100,750.	
	Public support. (Subtract line 7c from line 6.)						9311105.
Sec	ction B. Total Support						1 2 2 2 2 2 2 2
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	1229556.	2475688.	1848559.	2137414.	2383405.	10074622.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		29,182.	38,734.	43,284.	18,185.	129,385.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
,	Add lines 10a and 10b		29,182.	38,734.	43,284.	18,185.	129,385.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		23/1020	3077310	13/2010	10/1031	123/3031
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1229556.	2504870.	1887293.	2180698.	2401590.	10204007.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	501(c)(3) organiza	ation,
							>
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (I		· ·	column (f))		15	91.25 %
	Public support percentage from 2018	·				16	85.65 <u>%</u>
	ction D. Computation of Inves						1 07
	Investment income percentage for 20					17	1.27 %
18	Investment income percentage from					18	1.28 %
19a	33 1/3% support tests - 2019. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	
	line 18 is not more than 33 1/3%, che	ck 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 l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	

Ves No

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.)

1	
2	
3a	
3b	
3c	
4a	
- iu	
4b	
4c	
5a	
5b	
5c	
6	
-	
7	
8	
9a	
9b	
9c	
30	
10a	
10b	

Par	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		
Sec	ction B. Type I Supporting Organizations			
			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		
2	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		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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		
2	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		
3	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		
Sec ⁻	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ıctions).		
а				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions,)	
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		
b	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		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	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-I	Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the o	rganization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (explain in Pa	rt VI). See instructions. Al
	other Type III non-f	unctionally integrated supporting organizations must comp	olete S	ections A through E.	
Sect	ion A - Adjusted Net Inco	ome		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital ga	in	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 depleti	on	5		
6	Portion of operating expe	enses paid or incurred for production or			
	collection of gross incom	e or for management, conservation, or			
	maintenance of property	held for production of income (see instructions)	6		
7	Other expenses (see inst	ructions)	7		
8	Adjusted Net Income (s	ubtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset A	mount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market va	lue of all non-exempt-use assets (see			
	instructions for short tax	year or assets held for part of year):			
а	Average monthly value o	f securities	1a		
b	Average monthly cash ba	alances	1b		
С	Fair market value of othe	r non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, a	nd 1c)	1d		
е	Discount claimed for blo	ckage or other			
	factors (explain in detail i	n 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 ex	tempt 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 Amoun	t (add line 7 to line 6)	8		
Sect	ion C - Distributable Am	punt			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 f	or 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 p	rior year	5		
6	Distributable Amount.	Subtract line 5 from line 4, unless subject to			
	emergency temporary re	duction (see instructions).	6		
7	Check here if the o	urrent year is the organization's first as a non-functionally i	ntegra	ted Type III supporting organi	zation (see
	inatmustians)				

Schedule A (Form 990 or 990-EZ) 2019

Par	^ব V │ Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified 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	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.)
	(Gee instructions.)
-	

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

2019

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

rax) (see separate instructions), then			A	
 Section 501(c)(4), (5), or (6) organizat 	ions: Complete Part III.			
Name of organization			Emple	oyer identification number
ACLU FO	UNDATION OF ARIZO	ONA		23-7238580
Part I-A Complete if the org	anization is exempt unde	er section 501(c) o	or is a section 527 org	anization.
 Provide a description of the organiz. Political campaign activity expenditus Volunteer hours for political campaign 	ures		▶\$	
Part I-B Complete if the org	anization is exempt unde	er section 501(c)(3	3).	
 Enter the amount of any excise tax i Enter the amount of any excise tax i If the organization incurred a section Was a correction made? 	ncurred by organization managen 1 4955 tax, did it file Form 4720	ers under section 4955 for this year?	> \$	Yes No
b If "Yes," describe in Part IV.	onization is avament und	or coation 501/o	oveent eastion FO1/s	1/2)
	anization is exempt unde		· · · · · · · · · · · · · · · · · · ·	
 Enter the amount directly expended Enter the amount of the filing organi exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and emmade payments. For each organization contributions received that were propolitical action committee (PAC). If a 	zation's funds contributed to other. Add lines 1 and 2. Enter here an	ner organizations for second on Form 1120-POL, N) of all section 527 polition the filing organization separate political organizations.	tical organizations to which ation's funds. Also enter the nization, such as a separate	Yes No the filing organization amount of political
(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) 2019

LHA

932041 11-26-19

Part II-A Complete if the org	anization is exer	npt under section	501(c)(3) and file		ction under
section 501(h)). A Check if the filing organiza	ition belongs to an affi	liated group (and list in	Part IV each affiliated	group member's name	address FIN
	re of excess lobbying		Tare IV Saori animatoa	group mombor o name	, addi 555, Eiri,
	, ,	nd "limited control" pro	visions apply		
Limi	ts on Lobbying Expe	•	visions apply.	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience nublic opinion (arassroots Johhvina)		0.	
b Total lobbying expenditures to influ	0.				
c Total lobbying expenditures (add li				0.	
d Other exempt purpose expenditure				1,726,908.	
e Total exempt purpose expenditure				1,726,908.	
f Lobbying nontaxable amount. Enter	•			236,345.	
If the amount on line 1e, column (a) o		bying nontaxable am		230,3131	
Not over \$500,000	• •	the amount on line 1e.	Julit 13.		
Over \$500.000 but not over \$1.000			ess over \$500 000		
Over \$1,000,000 but not over \$1,5					
Over \$1,500,000 but not over \$17,					
Over \$17,000,000					
() () () () () () () () () ()	ψ1,000,				
g Grassroots nontaxable amount (en	iter 25% of line 1f)			59,086.	
h Subtract line 1g from line 1a. If zer	0.				
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze	,				
reporting section 4911 tax for this					Yes No
	•	eraging Period Under			
(Some organizations the			, ,	of the five columns be	low.
	See the separa	ate instructions for lin	es 2a through 2f.)		
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	218,607.	232,422.	230,640.	236,345.	918,014.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					1,377,021.
c Total lobbying expenditures	16,000.				16,000.
d Grassroots nontaxable amount	54,652.	58,106.	57,660.	59,086.	229,504.
e Grassroots ceiling amount (150% of line 2d, column (e))					344,256.
	i e	i			i de la companya de

Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2019 ACLU FOUNDATION OF ARIZONA 23-72385 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)).

local le or refe a Volunt b Paid s' c Media d Mailing e Publica f Grants g Direct h Rallies i Other a j Total. A 2a Did the b If "Yes c If "Yes	the year, did the filing organization attempt to influence foreign, national, state, or gislation, including any attempt to influence public opinion on a legislative matter rendum, through the use of: eers? aff or management (include compensation in expenses reported on lines 1c through 1i)? advertisements? Is to members, legislators, or the public? ations, or published or broadcast statements? to other organizations for lobbying purposes? contact with legislators, their staffs, government officials, or a legislative body? demonstrations, seminars, conventions, speeches, lectures, or any similar means? activities? Add lines 1c through 1i e activities in line 1 cause the organization to be not described in section 501(c)(3)? "enter the amount of any tax incurred under section 4912	es	No	Amo	bunt
local le or refe a Volunt b Paid s' c Media d Mailing e Publica f Grants g Direct h Rallies i Other a j Total. A 2a Did the b If "Yes	gislation, including any attempt to influence public opinion on a legislative matter rendum, through the use of: gers? aff or management (include compensation in expenses reported on lines 1c through 1i)? advertisements? gs to members, legislators, or the public? ations, or published or broadcast statements? to other organizations for lobbying purposes? contact with legislators, their staffs, government officials, or a legislative body? demonstrations, seminars, conventions, speeches, lectures, or any similar means? activities? Add lines 1c through 1i e activities in line 1 cause the organization to be not described in section 501(c)(3)? "enter the amount of any tax incurred under section 4912				
local le or refe a Volunt b Paid s' c Media d Mailing e Publica f Grants g Direct h Rallies i Other a j Total. A 2a Did the b If "Yes	gislation, including any attempt to influence public opinion on a legislative matter rendum, through the use of: gers? aff or management (include compensation in expenses reported on lines 1c through 1i)? advertisements? gs to members, legislators, or the public? ations, or published or broadcast statements? to other organizations for lobbying purposes? contact with legislators, their staffs, government officials, or a legislative body? demonstrations, seminars, conventions, speeches, lectures, or any similar means? activities? Add lines 1c through 1i e activities in line 1 cause the organization to be not described in section 501(c)(3)? "enter the amount of any tax incurred under section 4912				
or refe a Volunt b Paid si c Media d Mailing e Publici f Grants g Direct h Rallies i Other; j Total. 2a Did the b If "Yes	rendum, through the use of: eers? aff or management (include compensation in expenses reported on lines 1c through 1i)? advertisements? gs to members, legislators, or the public? ations, or published or broadcast statements? to other organizations for lobbying purposes? contact with legislators, their staffs, government officials, or a legislative body? demonstrations, seminars, conventions, speeches, lectures, or any similar means? activities? Add lines 1c through 1i e activities in line 1 cause the organization to be not described in section 501(c)(3)? "enter the amount of any tax incurred under section 4912				
a Volunt b Paid si c Media d Mailing e Public f Grants g Direct h Rallies i Other j Total. 2a Did the b If "Yes c If "Yes	aff or management (include compensation in expenses reported on lines 1c through 1i)? advertisements? Is to members, legislators, or the public? ations, or published or broadcast statements? to other organizations for lobbying purposes? contact with legislators, their staffs, government officials, or a legislative body? demonstrations, seminars, conventions, speeches, lectures, or any similar means? activities? Add lines 1c through 1i activities in line 1 cause the organization to be not described in section 501(c)(3)? If enter the amount of any tax incurred under section 4912				
b Paid si c Media d Mailing e Publica f Grants g Direct h Rallies i Other j Total. 2a Did the b If "Yes c If "Yes	aff or management (include compensation in expenses reported on lines 1c through 1i)? advertisements? Is to members, legislators, or the public? ations, or published or broadcast statements? to other organizations for lobbying purposes? contact with legislators, their staffs, government officials, or a legislative body? demonstrations, seminars, conventions, speeches, lectures, or any similar means? activities? Add lines 1c through 1i e activities in line 1 cause the organization to be not described in section 501(c)(3)? If enter the amount of any tax incurred under section 4912				
c Media d Mailing e Publica f Grants g Direct h Rallies i Other j Total. 2a Did the b If "Yes c If "Yes	advertisements? Is to members, legislators, or the public? Is to other organizations for lobbying purposes? Is contact with legislators, their staffs, government officials, or a legislative body? Is demonstrations, seminars, conventions, speeches, lectures, or any similar means? Is activities? In demonstrations in the staffs in th				
 d Mailing e Publication f Grants g Direct h Rallies i Other j Total. 2a Did the b If "Yes c If "Yes 	sto members, legislators, or the public? ations, or published or broadcast statements? to other organizations for lobbying purposes? contact with legislators, their staffs, government officials, or a legislative body? demonstrations, seminars, conventions, speeches, lectures, or any similar means? activities? Add lines 1c through 1i activities in line 1 cause the organization to be not described in section 501(c)(3)? "enter the amount of any tax incurred under section 4912				
 Public f Grants g Direct h Rallies i Other j Total 2a Did the b If "Yes c If "Yes 	ations, or published or broadcast statements? to other organizations for lobbying purposes? contact with legislators, their staffs, government officials, or a legislative body? demonstrations, seminars, conventions, speeches, lectures, or any similar means? activities? Add lines 1c through 1i activities in line 1 cause the organization to be not described in section 501(c)(3)? "enter the amount of any tax incurred under section 4912				
f Grants g Direct h Rallies i Other j Total. 2a Did the b If "Yes c If "Yes	to other organizations for lobbying purposes? contact with legislators, their staffs, government officials, or a legislative body? demonstrations, seminars, conventions, speeches, lectures, or any similar means? activities? Add lines 1c through 1i activities in line 1 cause the organization to be not described in section 501(c)(3)? "enter the amount of any tax incurred under section 4912				
h Rallies i Other; j Total. 2a Did the b If "Yes c If "Yes	contact with legislators, their staffs, government officials, or a legislative body? demonstrations, seminars, conventions, speeches, lectures, or any similar means? activities? Add lines 1c through 1i e activities in line 1 cause the organization to be not described in section 501(c)(3)? " enter the amount of any tax incurred under section 4912				
h Rallies i Other; j Total. 2a Did the b If "Yes c If "Yes	activities? Add lines 1c through 1i e activities in line 1 cause the organization to be not described in section 501(c)(3)? e enter the amount of any tax incurred under section 4912				
i Other aj Total.2a Did theb If "Yesc If "Yes	Add lines 1c through 1i e activities in line 1 cause the organization to be not described in section 501(c)(3)? enter the amount of any tax incurred under section 4912				
2a Did the b If "Yes c If "Yes	Add lines 1c through 1i activities in line 1 cause the organization to be not described in section 501(c)(3)? enter the amount of any tax incurred under section 4912				
2a Did the b If "Yes c If "Yes	e activities in line 1 cause the organization to be not described in section 501(c)(3)? " enter the amount of any tax incurred under section 4912				
b If "Yesc If "Yes	" enter the amount of any tax incurred under section 4912				
c If "Yes					
d If the f	enter the amount of any tax incurred by organization managers under section 4912				
u ii iiie i	ling organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A	Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5),	or sec	tion	
	501(c)(6).				
				Yes	No
1 Were s	ubstantially all (90% or more) dues received nondeductible by members?		1		
? Did the	e organization make only in-house lobbying expenditures of \$2,000 or less?		2		
	organization agree to carry over lobbying and political campaign activity expenditures from the pric Complete if the organization is exempt under section 501(c)(4), section 50		3		
1 Dues.	answered "Yes." assessments and similar amounts from members		1		
	n 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		-		
	ses for which the section 527(f) tax was paid).				
a Curren	t year		2a		
	ver from last year		2b		
			2c		
	pate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
	es were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess				
	ne organization agree to carryover to the reasonable estimate of nondeductible lobbying and politica				
	diture next year?		4		
	e amount of lobbying and political expenditures (see instructions)		5		
art IV	Supplemental Information				
ovide the	lescriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list);	Part II-A, li	nes 1 ar	nd 2 (see	
structions);	and Part II-B, line 1. Also, complete this part for any additional information.				
Part IV Provide the o	Supplemental Information descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list);	Part II-A, li		nd 2 (see	_

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 ARIZONA

Employer identification number 23-7238580

Pa			milar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bonor advised	2 101105	(b) I and and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets hel	d in donor advised	funds
_	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			
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes	" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribu	tion in the form of	a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a		/	
_	listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the oi	rganization during the tax
	year			
4	Number of states where property subject to conservation ease	_		
5	Does the organization have a written policy regarding the peri			Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		d enforcing conser	
U	Starr and volunteer flours devoted to morntoning, inspecting, i	ianuling of violations, and	a emorcing conser	valion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enfo	orcina conservatio	n easements during the year
•	S	ing or violations, and one	oromig conservatio	Troubernerite during the your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)((4)(B)(i)
_	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservatio			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statement	ts that describes the
	organization's accounting for conservation easements.	· ·		
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reve	nue statement and	l balance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education,	or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and bal	ance sheet works of
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or	research in further	ance of 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	asures, or other similar as	sets for financial g	ain, provide
	the following amounts required to be reported under FASB AS			
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) 2019

l Pai	rt III Organizations Maintaining Coll	ections of Ar	t Historical T	reasures o	r Othe	r Similar Ass	ets /		age Z
	organizations maintaining con						1	nuea)	
3	Using the organization's acquisition, accession,	and other records	s, check any or tr	e following tha	i make s	ignincant use or	its		
_	collection items (check all that apply):								
a	Public exhibition	d		xchange progr					
b	Scholarly research	е	Other						
С	Preservation for future generations				,				
4	Provide a description of the organization's collect						art XIII.		
5	During the year, did the organization solicit or re								1
Da	to be sold to raise funds rather than to be maint rt IV Escrow and Custodial Arrange						Yes		No
Га	rt IV Escrow and Custodial Arrange reported an amount on Form 990, Part X		ete if the organiza	tion answered	"Yes" on	Form 990, Part	IV, line 9, or		
1a	Is the organization an agent, trustee, custodian		iary for contributi	ons or other as	sets not	included			
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII and								,
~	Too, oxplain the arrangement in that you are		iowing table.				Amoun	t	
c	Beginning balance					1c	7 11110011		
	Additions during the year								
	Distributions during the year								
f	Ending balance					1f			
2а	Did the organization include an amount on Form	990 Part X line	21 for escrow or	custodial acco	ount liabil		Yes		No
	If "Yes," explain the arrangement in Part XIII. Ch		•]
	rt V Endowment Funds. Complete if th					10.			
		a) Current year	(b) Prior year	(c) Two year		(d) Three years ba	ack (e) Fou	vears	hack
1a	Beginning of year balance	216,734.	211,95	1	8,940.	12,73			064.
	Contributions	,	,		6,715.	148,22			
c	Net investment earnings, gains, and losses	-18,288.	4,78		6,603.	19,71			668.
d		,			,	,			
	Other expenditures for facilities			1					
ŭ	and programs					1,35	66.		
f	Administrative expenses				327.	•	77.		
g g	End of year balance	198,446.	216,73	4. 21	1,951.	178,94	0.	12.	732.
2	Provide the estimated percentage of the current				,	,			
a	Board designated or quasi-endowment	your one balance	%	(d)) Hold do.					
b	100 00	%	70						
	Term endowment ▶ %	_^~							
·	The percentages on lines 2a, 2b, and 2c should	equal 100%							
За	Are there endowment funds not in the possessignment funds not in the possession funds not in the p		tion that are held	and administe	red for th	ne organization			
- Ju	by:	on or the organiza		ara aariiinoto	100 101 11	io organization		Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations							Х	
b	If "Yes" on line 3a(ii), are the related organization	ns listed as requir	ed on Schedule F	1?				х	
4	Describe in Part XIII the intended uses of the org							-	
Pa	rt VI Land, Buildings, and Equipmen								
	Complete if the organization answered "\	Yes" on Form 990), Part IV, line 11a	. See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o		ost or other	T	ccumulated	(d) Boo	k value	 e
		basis (investn		is (other)		preciation			
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment			57,790.		52,790.		5,00	0.
	Other					-			
	I. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part	X. column (B) line	10c.)				5,00	0.

Schedule D (Form 990) 2019

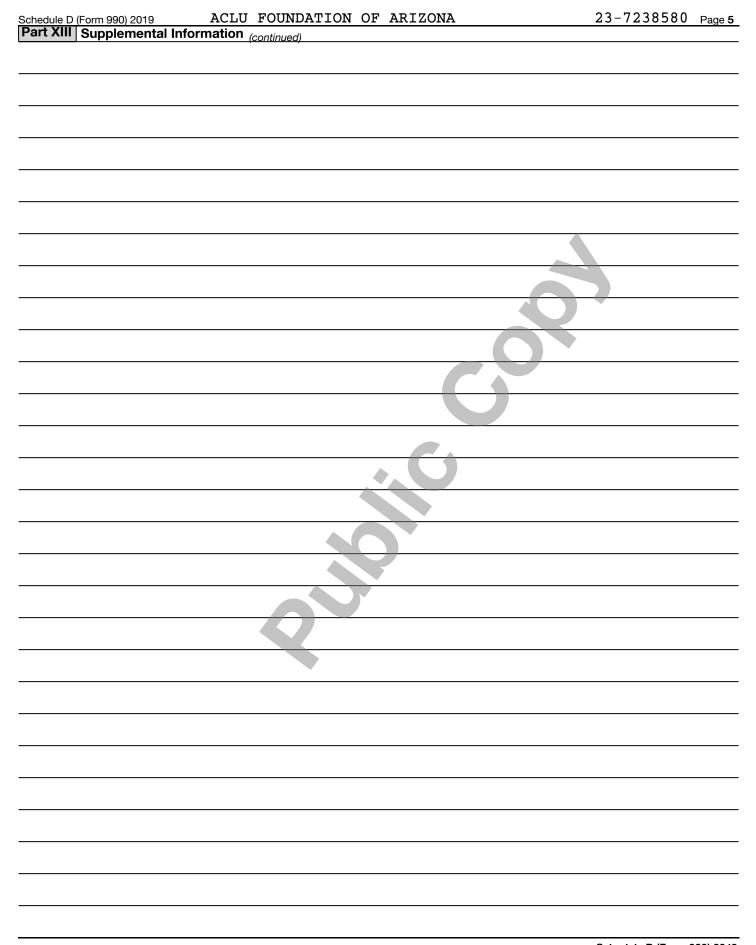
	TION OF ARIZON	NA 23-	-7238580	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market v	alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) INVESTMENTS HELD WITH				
(B) ACLU NATIONAL AND AT ACF	854,263.	COST		
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	054 063			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	854,263.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				-1
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	or-year market v	alue
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(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 1	11d See Form 990 Part V line 15		
	Description	ru. dee romi 930, rait X, iiile 13.	(b) Book va	
(1) DUE FROM NATIONAL	Boompton		734,	
(2) DEPOSITS				046
(3)				0 1 0
(4)				
(5)				
(6)				
(7)				
(8)	7			
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	2 15.)	>	739,	407
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	11e or 11f See Form 990 Part Y line 25		
1. (a) Description of liability	on roini ooo, raitiv, iiile	110 St. 111. GCC FORM 990, Fart A, lifte 25.	(b) Book va	
(1) Federal income taxes				
(., . odoral moonio taxoo				

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" on Form 990, Part N, line 12a. 1 Total revenue, gains, and other support per audited fernaled statements 2 Amounts included on line 1 but not on Form 990, Part Vill, line 12: a Net urnealized gains (fosces) on investments b Donated services and use of facilities 2 C C C Reacovisies of prory year gains d Other (Describe in Part XIII) 2 Substant line 25 from line 1 4 Amounts included on Form 990, Part Vill, line 12, but not on line 1: a investment spenses not included on Form 990, Part Vill, line 70 b Other (Describe in Part XIII) 4 Southstant line 2 from line 1 5 Total revenue, Add lines 3 and 4e. This must equal Form 990, Part I line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part I, line 12a. 1 Total expenses and lines of part Gaines 2a. 2 Donated services and uses of part add for financial statements 2 Amounts included on line 1 but not on Form 990, Part X, line 25: a Donated services and used for facilities. b Pior year adjustments c Other Describe in Part XIII) 4 Amounts included on Form 990, Part X, line 25: a Donated services and used of facilities b Pior year adjustments c Add lines 2 at through 2 d 3 Substant line 2e form line 1 4 Amounts included on Form 990, Part V, line 75 b Other Describe in Part XIII) c Add lines 4 through 2 d 4 Amounts included on Form 990, Part V, line 75 b Other Describe in Part XIII) c Add lines 4 amounts included on Form 990, Part V, line 75 b Other Describe in Part XIII) Fines 2 d and 4b, and Part XIII lines 2 and 4b, Also complete line part for provide any additional information. Provide the descriptions required for Part I, lines 3, 5, and 9, Part III, line 10 and 4b, Part V, line 4; Part X, line 2; Part X, lines 2 and 4b, Also complete line part for 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	Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Re	turn.
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SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number						
ACLU FOUNDATION OF ARIZONA	23-7238580						
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990 EZ filers are not							
required to complete this part.							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.							

1 Indicate whether the organization rais	ed funds through any of the following	g activ	ities. (Check all that apply.					
a Mail solicitations	e Solicitat	ion of	non-g	overnment grants					
b Internet and email solicitations	Internet and email solicitations f Solicitation of government grants								
c Phone solicitations	c Phone solicitations g Special fundraising events								
d In-person solicitations									
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees, or				
key employees listed in Form 990, P	art VII) or entity in connection with pr	ofessi	onal fu	undraising services?	☐ Yes	☐ No			
b If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursua	ant to	agreer	ments under which th	ne fundraiser is to be)			
compensated at least \$5,000 by the organization.									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribi	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No						
-otal			>						
3 List all states in which the organization or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration			

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

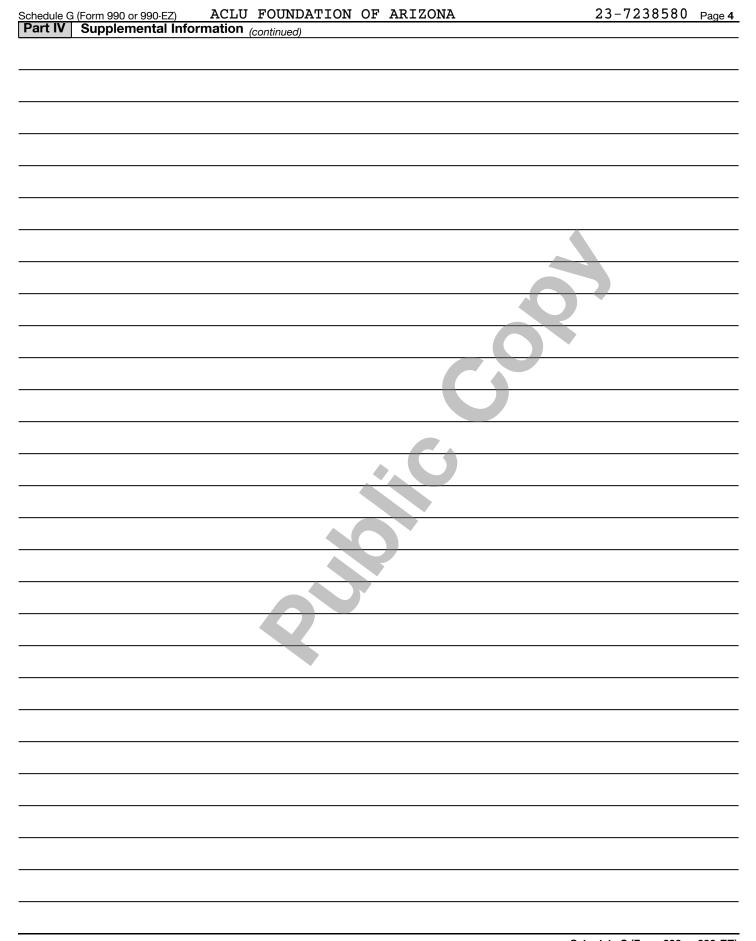
Schedule G (Form 990 or 990-EZ) 2019

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ANNIVERSARY NONE (add col. (a) through EVENT col. (c)) (event type) (total number) (event type) 168,140. 168,140. 1 Gross receipts 88,754 88,754. 2 Less: Contributions 79,386. 79,386. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 8,227. 8,227. 6 Rent/facility costs 29,884. 29,884. 7 Food and beverages 18,000. 18,000. 8 Entertainment 26,558. 26,558. Other direct expenses 82,669. 10 Direct expense summary. Add lines 4 through 9 in column (d) -3,283. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Sch	nedule G (Form 990 or 990-EZ) 2019 ACLU FOUNDATION OF ARIZONA 2	3-7238580 Pa	ge 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
		13a	%
	a The organization's facility		— <u>70</u> %
	a An outside facility	13b	90
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ►		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	t	
	of gaming revenue retained by the third party > \$		
(If "Yes," enter name and address of the third party:		
	Name ▶		
	Name		
	Address ▶		
	Address		
46	Coming manager information		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatany diatributiona:		
	Mandatory distributions:		
â	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		1
	retain the state gaming license?	Yes	No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne	
_	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, lines 9, 9b, 10	Ob,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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.

2019
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 COMMITTEE FOR REVIEW PRIOR TO FILING.

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 MEMEBRS 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:

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 ITS BASIS FOR BELIEVING THE PROPOSED

COMPENSATION IS REASONABLE. THE COMMITTEE SHALL PLACE SUCH DATA AND

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

Schedule O (Form 990 or 990-EZ) (2019)

ACLU FOUNDATION OF ARIZONA	Employer identification number 23-7238580
REASONS FOR ITS RECOMMENDATION IN THE PERSONNEL COMMITTEE	REPORT.
FORM 990, PART VI, SECTION C, LINE 19:	
AUDITED FINANCIAL STATEMENTS AND THE FORM 990S ARE AVAILAB	LE FOR PUBLIC
INSPECTION ON THE	
WEBSITE, WWW.ACLUAZ.ORG, FOR 5 YEARS. OTHER GOVERNING DOCU	MENTS AND
POLICIES ARE AVAILABLE	
UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
NO CHANGE FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

ACLU FOUNDATION OF ARIZONA

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

23-7238580

Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total incon	(e) ne End-of-yea		Direct c	(f) controlling ntity	g
		\G						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	inswered "Yes" on Form 990), Part IV, line 34, be	ecause it had one	or more	related tax-exer	mpt	
(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) ct controlling entity	cont	g) 512(b)(13) rolled tity?
ACLU OF ARIZONA - 86-0205157							163	140
PO BOX 17148 PHOENIX, AZ 85011	PRESERVATION OF INDIVIDUALS' LIBERTIES	ARIZONA	501(C)4	N/A	N/A			х
	-							

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

Schedule R (Form 990) 2019

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

											_
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	edominant income Share of total		Disproportionate Co		Code V-UBI	General o	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	alloca	itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner?	ownersnip
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
	<u>I</u>	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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	()	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		ction b)(13) rolled tity?
		couritry)						Yes	No
	*								

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

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	lated organizations listed i	in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a		Х		
	b Gift, grant, or capital contribution to related organization(s)								
	c Gift, grant, or capital contribution from related organization(s)								
	Loans or loan guarantees to or for related organization(s)				1d		X		
	e Loans or loan guarantees by related organization(s)								
				4					
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1g		Х		
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		Х		
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		X		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X			
0	Sharing of paid employees with related organization(s)				10	X			
р	Reimbursement paid to related organization(s) for expenses				1 p		X		
q	Reimbursement paid by related organization(s) for expenses				1q	X			
r	Other transfer of cash or property to related organization(s)				1r		X		
	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," and "Yes,	ho must complete th	is line, including covered r	elationships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved				
1) 2	ACLU OF ARIZONA	N	91,037.	COST					
2) 2	ACLU OF ARIZONA	0	723,507.	COST					
3) 2	ACLU OF ARIZONA	Q	800,000.	COST					
4)									

(5)

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.? Yes No		(g) Share of end-of-year assets	(h) Disproptionat allocatio Yes	or- amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
					~0	6,				
					U					
			Ail							

Form **8868**

(Rev. January 2020)

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.

► Go to www.irs.gov/Form8868 for the latest information.

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

OMB No. 1545-0047

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/e-file-providers/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. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 23-7238580 ACLU FOUNDATION OF ARIZONA Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your PO BOX 17148 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 85011 PHOENIX, AZ Enter the Return Code for the return that this application is for (file a separate application for each return) Return **Application Application** Return Code Is For Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 11 Form 990-T (trust other than above) 06 Form 8870 12 THE ORGANIZATION The books are in the care of ▶ PO BOX 17148 - PHOENIX, AZ 85011 Telephone No. ► 6025601854 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔃 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until FEBRUARY 16, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year \blacktriangleright X tax year beginning APR 1, 2019 $_$, and ending $_$ MAR $\,$ 31 , $\,$ 2020 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 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

923841 12-30-19

instructions

LHA

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

Form 8868 (Rev. 1-2020)