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Form 8879-TE	for a	Signature Authorization Tax Exempt Entity		OMB No. 1545-0047
	For calendar year 2022, or fiscal year beginning	APR 1 , 2022, and ending MAR 31	, 20 2 3	2022
Department of the Treasury		I to the IRS. Keep for your records.		ZUZZ
Internal Revenue Service	Go to www.irs.go	v/Form8879TE for the latest information.		
Name of filer			EIN or SSN	F 0 0
	UNDATION OF ARIZON		23-7238	580
Name and title of officer or pe	son subject to tax BELEN GON PRESIDENT			
Part I Type of	eturn and Return Informatio			
		B79-TE and enter the applicable amount, if any,	from the return Eq	m 8038-CP and
Form 5330 filers may enter or 10a below, and the amo	dollars and cents. For all other forms unt on that line for the return being file	enter whole dollars only. If you check the box ed with this form was blank, then leave line 1b , ed -0- on the return, then enter -0- on the applic	on line 1a, 2a, 3a, 4 2b, 3b, 4b, 5b, 6b,	la, 5a, 6a, 7a, 8a, 9a, 7b, 8b, 9b, or 10b,
1a Form 990 check h	ere X b Total revenue	e, if any (Form 990, Part VIII, column (A), line 12) 1b	2,397,640.
2a Form 990-EZ che		e, if any (Form 990-EZ, line 9)		
3a Form 1120-POL	neck here 📃 b Total tax (For	m 1120-POL, line 22)		
4a Form 990-PF che		i investment income (Form 990-PF, Part V, line		
5a Form 8868 check		(Form 8868, line 3c)		
6a Form 990-T chec		m 990-T, Part III, line 4)		
7a Form 4720 check		m 4720, Part III, line 1)	7b	
8a Form 5227 check		s at end of tax year (Form 5227, Item D)		
9a Form 5330 check		n 5330, Part II, line 19)		
10a Form 8038-CP ch Part II Declarat	eck here b Amount of cr	edit payment requested (Form 8038-CP, Part ion of Officer or Person Subject to 1	III, line 22) 10 k)
of entity)	declare that [A] I am an officer of	the above entity or I am a person subject , (EIN)	-	o (name nined a copy of the
of any refund. If applicable entry to the financial institu financial institution to debi later than 2 business days payment of taxes to receiv personal identification num PIN: check one box only	I authorize the U.S. Treasury and its ion account indicated in the tax prep the entry to this account. To revoke a prior to the payment (settlement) date confidential information necessary to	ission, (b) the reason for any delay in processi designated Financial Agent to initiate an electro aration software for payment of the federal taxe a payment, I must contact the U.S. Treasury Fin I also authorize the financial institutions involv o answer inquiries and resolve issues related to pronic return and, if applicable, the consent to e	nic funds withdrawa so wed on this retu ancial Agent at 1-85 ed in the processing the payment. I have lectronic funds with	al (direct debit) rn, and the 18-353-4537 no 9 of the electronic e selected a drawal.
A l authorize BA) firm name	to enter my PIN	
	ERU) firm name		nter five numbers, but o not enter all zeros
with a state age		d return. If I have indicated within this return the he IRS Fed/State program, I also authorize the		
return. If I have i		ne entity, I will enter my PIN as my signature on of the return is being filed with a state agency(i m's disclosure consent screen		•
				/16/2024
Signature of officer or person subject Part III Certifica	ion and Authentication	Bur 6	on sale Date	
		n		
-	ir six-digit electronic filing identificatio our five-digit self-selected PIN.	866161145 Do not enter all ze		
-		ature on the 2022 electronically filed return ind Ib. 4163, Modernized e-File (MeF) Information f		
ERO's signature SHA	RLYNN GARZA	Date	2/15/24	
		ain This Form - See Instructions n to the IRS Unless Requested To D	o So	
LHA For Privacy Act and	Paperwork Reduction Act Notice, s			rm 8879-TE (2022)
202521 12-16-22				

	0	00	EXTENDED TO FEBRUARY 15, 20 Return of Organization Exempt From	²⁴ Income Tax	OMB No. 1545-0047
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ons) 2022
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the late	•	Open to Public Inspection
		enue Service	Ţ.	MAR 31, 2023	
_	heck if		f organization	D Employer identit	
a	pplicab	le:			
	Addre	ge ACLU	FOUNDATION OF ARIZONA		
	Name Chang	ge Doing b	usiness as	23-72385	580
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final return termii	n-	OX 17148	60256018	
_	ated Amen	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,614,501.
	_return]Applie	PHOE	NIX, AZ 85011	H(a) Is this a group	
	_tion pendi		nd address of principal officer: BELEN GONZALEZ AS C ABOVE	for subordinate	
		empt status:		527 H(b) Are all subordinates	included? Yes No
	Vebsi		ACLUAZ.ORG	H(c) Group exempti	
					M State of legal domicile: AZ
	irt I	Summary			
	1	Briefly describ	e the organization's mission or most significant activities: $\ \underline{ extsf{THE}} \ \ extsf{MISS}$	ION OF THE AC	LU
nce		FOUNDAT	ION OF ARIZONA IS TO DEFEND AND PRESER	VE, (CONT.ON S	SCHEDULE 0)
rna	2	Check this bo	x if the organization discontinued its operations or disposed of m	ore than 25% of its net as	
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)	3	
ত	4		lependent voting members of the governing body (Part VI, line 1b)		
Activities & Governance	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)		
iviti	6		of volunteers (estimate if necessary)		-
Act			d business revenue from Part VIII, column (C), line 12		
	a	Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	2,578,103	
Revenue	9			0.	· · ·
ver	10	U U	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	649	
å	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	217,788.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,796,540.	2,397,640.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	
ŝ			r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,143,953.	
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	. 0.
Expenses			ing expenses (Part IX, column (D), line 25) 399, 450.		
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	436,284.	
		-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,580,237.	
	19	Revenue less	expenses. Subtract line 18 from line 12	1,216,303	-
ts or	•	Tatala 1 "		Beginning of Current Year 5,888,501.	
Assets Balanc		Total assets (F		137,869	409,776.
let A			(Part X, line 26)	5,750,632	5,599,475.
	nrt II		fund balances. Subtract line 21 from line 20	5,150,052	, J,JJJ,4/J.
			I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of n	ny knowledge and belief, it is

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date								
-	BELEN GONZALEZ, PRESIDENT									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	_				
Paid	SHARLYNN GARZA	SHARLYNN GARZA	02/15	/24 self-employed	₽02038329					
Preparer	Firm's name BAKER TILLY US, L	LP		Firm's EIN 39-	0859910					
Use Only	Firm's address 2055 E WARNER RD,	STE 101								
	TEMPE, AZ 85284			Phone no. 480 .	839.4900					
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pa	ACLU FOUNDATION OF ARIZONA	23-7238580 F	Page
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE MISSION OF THE ACLU FOUNDATION OF ARIZONA IS TO D		
	PRESERVE, THROUGH LITIGATION AND PUBLIC EDUCATION, IN		
	AND FREEDOMS GUARANTEED TO ALL BY THE CONSTITUTION AN	D THE LAWS OF THE	3
	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 🛽	XN
	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 serv	ices? Yes 🔰	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program servic	es, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.		
4a	070 000	(Revenue \$ 573, 59	99.
та	LEGAL PROGRAM - THE ACLU FOUNDATION OF ARIZONA PROVID		
	REPRESENTATION TO PERSONS WHOSE CIVIL LIBERTIES ARE T		
	VIOLATED. IN FISCAL YEAR 2023, WE MAINTAINED A DOCKET		
	CASES CHALLENGING VIOLATIONS BY GOVERNMENT. WE FILED		
	SENT 8 DEMAND LETTERS ON GOVERNMENT POLICIES AND/OR A		
	VIOLATED CIVIL LIBERTIES. WE WERE ABLE TO MAINTAIN OU		
	CASES THANKS TO THE DONATED LEGAL SERVICES OF LOCAL A		}
	\$977,787 DURING FISCAL YEAR 2022-2023. THE ACLU FOUND		
	PROCESSED 884 COMPLAINTS FROM COMMUNITY MEMBERS SEEKI	NG LEGAL	
	ASSISTANCE FROM US.		
4b	(Code:) (Expenses \$205, 370. including grants of \$)	(Revenue \$	
	RIGHTS THAT ARE PROTECTED BY THE CONSTITUTION AND LAW		
	STATES AND ARIZONA. THE ORGANIZATION HOSTED PUBLIC ED DISTRIBUTED LEGAL HANDBOOKS, PUBLISHED ISSUE REPORTS, MEDIA INTERVIEWS ON PRESSING CIVIL LIBERTIES ISSUES A ARIZONANS. THE ACLU FOUNDATION RECRUITS, TRAINS, AND LEADERS. 39 VOLUNTEER LEADERS WERE RECRUITED DURING F 2022-2023.	AND CONDUCTED FFECTING DEVELOPS VOLUNTEE	ER
	DISTRIBUTED LEGAL HANDBOOKS, PUBLISHED ISSUE REPORTS, MEDIA INTERVIEWS ON PRESSING CIVIL LIBERTIES ISSUES A ARIZONANS. THE ACLU FOUNDATION RECRUITS, TRAINS, AND LEADERS. 39 VOLUNTEER LEADERS WERE RECRUITED DURING F 2022-2023. (Code:)(Expenses \$502,762. including grants of \$)	AND CONDUCTED FFECTING DEVELOPS VOLUNTEE ISCAL YEAR (Revenue \$	ER
4c	DISTRIBUTED LEGAL HANDBOOKS, PUBLISHED ISSUE REPORTS, MEDIA INTERVIEWS ON PRESSING CIVIL LIBERTIES ISSUES A ARIZONANS. THE ACLU FOUNDATION RECRUITS, TRAINS, AND LEADERS. 39 VOLUNTEER LEADERS WERE RECRUITED DURING F 2022-2023. (Code:)(Expenses\$	AND CONDUCTED FFECTING DEVELOPS VOLUNTEE ISCAL YEAR (Revenue \$ TRADITIONAL AND	ER
4c	DISTRIBUTED LEGAL HANDBOOKS, PUBLISHED ISSUE REPORTS, MEDIA INTERVIEWS ON PRESSING CIVIL LIBERTIES ISSUES A ARIZONANS. THE ACLU FOUNDATION RECRUITS, TRAINS, AND LEADERS. 39 VOLUNTEER LEADERS WERE RECRUITED DURING F 2022-2023. (Code:)(Expenses \$	AND CONDUCTED FFECTING DEVELOPS VOLUNTEE ISCAL YEAR (Revenue \$ TRADITIONAL AND BLIC ABOUT	ER
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4c	DISTRIBUTED LEGAL HANDBOOKS, PUBLISHED ISSUE REPORTS, MEDIA INTERVIEWS ON PRESSING CIVIL LIBERTIES ISSUES A ARIZONANS. THE ACLU FOUNDATION RECRUITS, TRAINS, AND LEADERS. 39 VOLUNTEER LEADERS WERE RECRUITED DURING F 2022-2023. (Code:)(Expenses 5	AND CONDUCTED FFECTING DEVELOPS VOLUNTEE ISCAL YEAR (Revenue \$ TRADITIONAL AND BLIC ABOUT COMMUNICATIONS EMBERS, (WHICH FTING OP-EDS AND ES-RELATED NEWS NS IN THE PRESS;	<u></u>
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4d	DISTRIBUTED LEGAL HANDBOOKS, PUBLISHED ISSUE REPORTS, MEDIA INTERVIEWS ON PRESSING CIVIL LIBERTIES ISSUES A ARIZONANS. THE ACLU FOUNDATION RECRUITS, TRAINS, AND LEADERS. 39 VOLUNTEER LEADERS WERE RECRUITED DURING F 2022-2023. (Code:)(Expenses \$	AND CONDUCTED FFECTING DEVELOPS VOLUNTEE ISCAL YEAR (Revenue \$ TRADITIONAL AND BLIC ABOUT COMMUNICATIONS EMBERS, (WHICH FTING OP-EDS AND ES-RELATED NEWS NS IN THE PRESS;	5R
	DISTRIBUTED LEGAL HANDBOOKS, PUBLISHED ISSUE REPORTS, MEDIA INTERVIEWS ON PRESSING CIVIL LIBERTIES ISSUES A ARIZONANS. THE ACLU FOUNDATION RECRUITS, TRAINS, AND LEADERS. 39 VOLUNTEER LEADERS WERE RECRUITED DURING F 2022-2023. (Code:)(Expenses 5	AND CONDUCTED FFECTING DEVELOPS VOLUNTEE ISCAL YEAR (Revenue \$ TRADITIONAL AND BLIC ABOUT COMMUNICATIONS EMBERS, (WHICH FTING OP-EDS AND ES-RELATED NEWS NS IN THE PRESS; FOLLOWERS, AND)	
4d 4e	DISTRIBUTED LEGAL HANDBOOKS, PUBLISHED ISSUE REPORTS, MEDIA INTERVIEWS ON PRESSING CIVIL LIBERTIES ISSUES A ARIZONANS. THE ACLU FOUNDATION RECRUITS, TRAINS, AND LEADERS. 39 VOLUNTEER LEADERS WERE RECRUITED DURING F 2022-2023. (Code:)(Expenses \$	AND CONDUCTED FFECTING DEVELOPS VOLUNTEE ISCAL YEAR (Revenue \$ TRADITIONAL AND BLIC ABOUT COMMUNICATIONS EMBERS, (WHICH FTING OP-EDS AND ES-RELATED NEWS NS IN THE PRESS;	

Form 990 (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 X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	х	
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	- 23	
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes." complete Schedule D</i> .			
a		11a	х	
h	Part VI	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	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			
	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	Х	
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	Х	
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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	– "		
10	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		X
	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
232003	12-13-22	Form	990	(2022)

232003 12-13-22

 3 2022.05050 ACLU FOUNDATION OF ARIZON 289553_1

Form	990	(2022)
	330	(2022)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
22		22		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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		v	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20				
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			77
	"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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		x
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		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	· · · ·	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance			L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
		1		
C	(gambling) winnings to prize winners?	1c		
00000			990	l (2022)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
20	Enter the number of employees reported on Form $W/2$. Transmittel of W/a and Tay Statements			Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х	
3a			3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		<u> </u>
-	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				x
Ь		ana ar aifta	<u>6a</u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
	to file Form 8282?		7c		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	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
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.		0-		
a b			9a 9b		
10	Section 501(c)(7) organizations. Enter:		- 50		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:		1		
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	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	1041?	12a		
b	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.				
D	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			14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		<u> </u>
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		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.			0000	
232005	12-13-22		Form	ז 990	(2022)

Form 990	(2022)
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 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

						Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		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 0.						
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 a	iny other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	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				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				10		
a	The governing body?	-	0		8a	Х	
h	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				00		
5	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				3		-
	tion 211 onoices (This Section B requests information about policies not required by the internal Re	venue	Code.)			Yes	N
0-	Did the experimentian have level chapters, branches, or affiliates?			1	10a	162	X
	Did the organization have local chapters, branches, or affiliates?				10a		- 2
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch				104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the f	2 mr	11a	<u>^</u>	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				40 -	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Δ	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				77	
	on Schedule O how this was done				12c	X X	
3	Did the organization have a written whistleblower policy?				13		<u> </u>
4	Did the organization have a written document retention and destruction policy?				14	Х	
5	Did the process for determining compensation of the following persons include a review and approva	l by inc	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					77	
	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a				
	taxable entity during the year?				16a		X
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	ization	's				
	exempt status with respect to such arrangements?				16b		
ec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed NONE						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	ld 990-	T (section 5	01(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other <i>(explain</i>						
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest po	licy, and	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	l records				
	THE ORGANIZATION - 6025601854						
	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 the instructions for definition of "key employee."

List all of the organization's **current** key employees, if any, bee the instructions for definition of key employees.

• 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Average hours per hours per hours per hours per list any hours or hours and related organization below Description hours and related organization below Description hours and hours per hours per hours and hours and related organization Reportable compensation from related organization Estimated and hours and related organization (1) JENNIFER ALLEN 38.00 X 153,468. 19,331. (2) VICTORIA LOPEZ TRENONT 0.00 X 109,800. 7,742. (3) DEANNA ROBINSON 28.00 X 109,800. 7,742. (3) DEANNA ROBINSON 28.00 X 0. 0. 0. (4) MAY LU 1.000 X X 0. 0. 0. (5) NADIA MOSTAPA 1.000 X X 0. 0. 0. (6) MAR WILLTS 1.000 X X 0. 0. 0. (7) CASIF RAMIREZ 1.000 X X 0. 0. 0. (6) MAR WILLTS 1.000 X X 0.	(A)	(B)				C)			(D)	(E)	(F)
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Form **990** (2022)

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4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> 4 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2												3		х
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) 1 Name and business address NONE Description of services Compensation 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (C) Compensation 1 None Description of services Compensation 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (C) 1 None Description of services Compensation 1 <td></td>														
rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) (A) (B) (C) Compensation Name and business address NONE Description of services Compensation (A) (B) (C) Compensation (A) (B) (C) Compensation (B) (C) Compensation (C) (B) (C) Compensation (C) (B) (C) Compensation (C) (C) Compensation (C) (C) (C) (C) Compensation (C) (C) (C) (C) (C) Compensation (C) (C) (C) (C) (C) (C) (C) Compensation (C) (C) <t< td=""><td></td><td>,</td><td></td><td>,</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>4</td><td>x</td><td></td></t<>		,		,								4	x	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than												5		x
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Compensation of the calendar year ending with or within the organization's tax year. Image: Compensation Compensation Image: Compensation of the calendar year ending with or within the organization's tax year. Image: Compensation Compensation Image: Compensation of the calendar year ending with or within the organization of services Image: Compensation Compensation Image: Compensation of the calendar year ending with or within the organization of services Image: Compensation Image: Compensation Image: Compensation of the calendar year ending with or within the organization of services Image: Compensation Image: Compensation Image: Compensation of the calendar year ending Image: Compensation Image: Compensation Image: Compensation Image: Compensation of the calendar year ending Image: Compensation Image: Compensation Image: Compensation Image: Compensation of the calendar year ending Image: Compensation Image: Compensation Image: Compensation Image: Compensation of the calendar year ending Image: Compensation Image: Compensati				<u> </u>		2013	011							
(A) (B) (C) Name and business address NONE Description of services Compensation											ensat	ion fror	n	
Name and business address NONE Description of services Compensation	V	the calendar ye	ear e	ndin	g wi	ith c	or wi	thin 		ear.		(C)		
		s address	NC	ONE	2					ervices	C			
								_						
	•	e e	ot lin	nited	l to t	thos (se lis)	ted	above) who received mo	ore than				

Form **990** (2022)

232008 12-13-22

		0 (2022) ACLU FOUNDATION (OF ARIZONA		23-7238	580 Page 9
Pa	rt V	III Statement of Revenue				
		Check if Schedule O contains a response or note	(1)	(B)	(0)	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1 :	a Federated campaigns 1a				
ran		b Membership dues 1b				
n G		c Fundraising events 1c				
ar A		d Related organizations 1d				
s, 0		e Government grants (contributions) 1e				
rtion S	1	f All other contributions, gifts, grants, and				
ţ,		similar amounts not included above If 1,709	,348.			
Contributions, Gifts, Grants and Other Similar Amounts	9	g Noncash contributions included in lines 1a-1f	1 700 249			
<u>o</u> e		h Total. Add lines 1a-1f	1,709,348.			
	•					
Program Service Revenue	2 :					
Ser		b [
		d				
Be		e				
Pro	1	f All other program service revenue				
		g Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				
		other similar amounts)				82,845.
	4	Income from investment of tax-exempt bond proceed				
	5	Royalties	Personal			
	~		Personal			
	6					
		b Less: rental expenses 6b c 6c 6c				
		d Net rental income or (loss)				
			i) Other			
		assets other than inventory 7a 248 , 709 .				
	I	b Less: cost or other basis				
en		and sales expenses 7b 216 , 861 .				
venue		c Gain or (loss)				
Re		d Net gain or (loss)				31,848.
Other R	8 8	a Gross income from fundraising events (not				
Ò		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18 8a b Less: direct expenses 8b				
		c Net income or (loss) from fundraising events				
		a Gross income from gaming activities. See				
		Part IV, line 19 9a				
		b Less: direct expenses 9b				
		c Net income or (loss) from gaming activities				
	10 :	a Gross sales of inventory, less returns				
		and allowances 10a				
		b Less: cost of goods sold10b				
		c Net income or (loss) from sales of inventory	ness Code			
sno	11 :		573,599.	573,599.		
Duec		b				
Miscellaneous Revenue		c				
Alisc. B		d All other revenue				
2		e Total. Add lines 11a-11d	573,599.			
	12	Total revenue. See instructions	2,397,640.	573,599.	0.	
23200	9 12-1	13-22	_			Form 990 (2022)

9

ACLU FOUNDATION OF ARIZONA Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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	425,843.	250,078.	123,854.	51,911.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	047 700	(11 (7)	40.005	102 071
7	Other salaries and wages	847,708.	611,672.	42,965.	193,071.
8	Pension plan accruals and contributions (include	57 107	33,997.	Q 152	15 2/7
~	section 401(k) and 403(b) employer contributions)	57,497. 124,814.	82,040.	8,153.	<u> 15,347.</u> 31,647.
9 10	Other employee benefits Payroll taxes	89,931.	61,298.	10,229.	18,404.
11	Fees for services (nonemployees):	05,551.	01,250.	10,225.	10,101.
'' a					
	Legal	48,923.	48,923.		
	Accounting	10,935.		10,935.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	24,280.		24,280.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	56,700.	35,248.	12,936.	8,516.
12	Advertising and promotion	3,832.	3,832.		
13	Office expenses	95,087.	28,279.	27,816.	38,992.
14	Information technology	79,700.	60,401.	6,210.	13,089.
15	Royalties				12 001
16		95,465.	56,988.	24,556.	13,921.
17		46,030.	24,897.	9,068.	12,065.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	4,077.	2,513.	43.	1,521.
19 20	Conferences, conventions, and meetings	= ,0//•	<u> </u>	±J•	±,J4±•
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization				
23	Insurance	8,752.	5,694.	3,058.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
	amount, list line 24e expenses on Schedule 0.)				
а	ADVOCACY INFRASTRUCTURE	258,702.	258,702.		
b	DUES AND SUBSCRIPTIONS	20,213.	12,910.	6,657.	646.
с	PUBLIC EDUCATION FORUMS	10,108.	10,108.		
d	GIFTS AND HONORARIUMS	2,494.	482.	1,692.	320.
	All other expenses	52.	52.	202 570	200 450
<u>25</u>	Total functional expenses. Add lines 1 through 24e	2,311,143.	1,588,114.	323,579.	399,450.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
-					

232010 12-13-22

15550215 144198 289553

10 2022.05050 ACLU FOUNDATION OF ARIZON 289553_1

Form 990 (2022)

15550215 144198 289553

(A) Beginning of year 1,133,219. 1 1 Cash - non-interest-bearing 737,815. 2 Savings and temporary cash investments 2 589,000. Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 41,163. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 57,790. basis. Complete Part VI of Schedule D _____ 10a 52,790. 5,000. b Less: accumulated depreciation 10b 10c 2,336,335. Investments - publicly traded securities 11 11 293,290. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 752,679. Other assets. See Part IV, line 11 15 15 5,888,501. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 137,869. 17 Accounts payable and accrued expenses 17 18 18 Grants payable Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

X

ACLU FOUNDATION OF ARIZONA

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

controlled entity or family member of any of these persons

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Secured mortgages and notes payable to unrelated third parties

of Schedule D

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Unsecured notes and loans payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

(B) End of year

949,397.

200,122.

100,000.

41,522.

5,000.

2,420,068.

2,156,250.

136,892.

190,250.

219,526.

409,776.

4,763,693.

5,599,475.

6,009,251.

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835,782.

6,009,251.

22

23

24

25

26

27

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30

31

32

33

0.

137,869.

4,731,467.

1,019,165.

5,750,632.

5,888,501.

Form 990 (2022)
Part X Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

23

24

25

26

27

28

29

30

31

32

33

Form	ACLU FOUNDATION OF ARIZONA	23-723	8580	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,397	7,6	<u>40.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,311		
3	Revenue less expenses. Subtract line 2 from line 1	3			97.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,750		
5	Net unrealized gains (losses) on investments	5	-237	7,6	54.
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)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,599),4	75.
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>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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	Х	
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2022
Open to Public Inspection

Name of the organization

Nam	e of t	he organization							identification number
Der	41			N OF ARIZONA					3-7238580
Par	τι	Reason for Public C	Sharity Status.	(All organizations must c	complete th	nis part.) S	ee instruction	S.	
The c	rgan	ization is not a private found			-				
1		A church, convention of chu	-			on 170(b)(1	I)(A)(i).		
2		A school described in secti		-					
3		A hospital or a cooperative					-		
4 [A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_ [city, and state:							
5		An organization operated for		lege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C					<i>·</i> · ·		
6 		A federal, state, or local gov	-						and the state of the state of the
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							
•				(1)(A)(ui) (Complete Der	+ 11 \				
8 9		A community trust describe			-	ad in acrii	notion with a	land grant	
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or							
		university:	grant conege of agric			name, ony	, and state of	the college	
10	X	An organization that normal	Ilv receives (1) more	than 33 1/3% of its supr	port from o	ontribution	s membersh	in fees and	d aross receipts from
		activities related to its exem							
		income and unrelated busin							
		See section 509(a)(2). (Cor							,
11		An organization organized a	• •	vely to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a through 12d that of	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	• • • •					ly integrate	ed with,
		its supported organization	. , .	•			-		
d		Type III non-functionally						-	
		that is not functionally int			•		-	an attentiv	/eness
	_	requirement (see instructi		-					
е		Check this box if the orga					Type I, Type	II, Type III	
	Fato	functionally integrated, or		<i>y o i i</i>	ng organiz	ation.			
1		er the number of supported on vide the following information entition	•	d organization(a)					
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see ir	nstructions)	support (see instructions)
Total									

Schedule	A (Forn	n !	990) 2	2022
Part II		Su	p	poi	t	Sc

23-7238580 Page 2

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	. <u> </u>	1			1	I
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,		4				
	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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,		,				
13	First 5 years. If the Form 990 is for th	0					
500	organization, check this box and stor ction C. Computation of Publi		rcentade				
				a aluma (f))		44	0/
	Public support percentage for 2022 (I					14	<u>%</u>
	Public support percentage from 2021 33 1/3% support test - 2022. If the o						
104	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the c		-			or more check th	
N	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		•••••			and line 14 is 10%	
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
h	10% -facts-and-circumstances test	-		• • • •		17a, and line 15 is	 10% or
~	more, and if the organization meets the		-				
	organization meets the facts-and-circu						
18	Private foundation. If the organization		•				s
			, · -				(Form 990) 2022

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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.)

<u>Sec</u>	ction A. Public Support	-		-		-	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2137414.	2383405.	1997985.	2578103.	1709348.	10806255.
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	2137414.	2383405.	1997985.	2578103.	1709348.	10806255.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	123,679.	100,750.	137,248.	426,935.	203,286.	991,898.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b	123,679.	100,750.	137,248.	426,935.	203,286.	991,898.
	Public support. (Subtract line 7c from line 6.)	123,013.	100,150	131,210.	120,555.	205,200.	9814357.
Sec	ction B. Total Support						5014557.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	2137414.	2383405.	1997985.	2578103.	1709348	10806255.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	43,284.	18,185.	29,787.	2,291.	82,845.	176,392.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	43,284.	18,185.	29,787.	2,291.	82,845.	176,392.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)			35,655.	217,788.	573,599.	827,042.
13	Total support. (Add lines 9, 10c, 11, and 12.)	2180698.	2401590.	2063427.	2798182.	2365792.	11809689.
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, t	fourth, or fifth tax y	, ear as a section 5	01(c)(3) organizatio	on,
		C C					,
Sec	ction C. Computation of Publi						
15	Public support percentage for 2022 (I	ine 8. column (f). d	ivided by line 13. c	column (f))		15	83.10 %
16	Public support percentage from 2021					16	88.10 %
	ction D. Computation of Inves					· · · ·	
	Investment income percentage for 20			ne 13. column (f))		17	1.49 %
18	Investment income percentage from 2					18	1.17 %
	33 1/3% support tests - 2022. If the						
100	more than 33 1/3%, check this box ar						X
h	33 1/3% support tests - 2021. If the						
L.	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organizatio						
20		IT UIU HUL CHECK A	DOX OF INTE 14, 198	a, OF THE CR LE	IND NUN ANU SEE INS		
23202	23 12-09-22					Scheuule P	1 1 UIII 33UJ 2022

15

2022.05050 ACLU FOUNDATION OF ARIZON 289553_1

Yes No

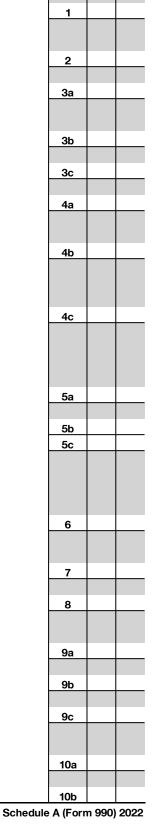
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in 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 line 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.)

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ACLU FOUNDATION OF ARIZONA Schedule A (Form 990) 2022

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	slow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described on line 11a above?	11b		
с	A 35%	controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		n Part VI.	11c		
Sec		. Type I Supporting Organizations			
				Yes	No
1	more s directo <i>effecti</i>	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> <i>rely operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>reation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	•	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
	organi	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	${f I}$ how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	superv	ised, or controlled the supporting organization.	2		
Sec	ction C	. Type II Supporting Organizations			
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mar	agement of the supporting organization was vested in the same persons that controlled or managed			
	the su	oported organization(s).	1		
Sec	ction D	All Type III Supporting Organizations			
				Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (i	i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organi	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	zation(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). By reason of the relationship described on line 2, above, did the organization's supported organizations have a З 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.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that th	e organization used to satisfy the Integral P	Part Test during the year (see instructions)
---	--	---	--

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-------------------------------------	-----------------------------

- Activities Test. Answer lines 2a and 2b below. 2
- a 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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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? If "Yes" or "No" provide details in Part VI.

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. 232025 12-09-22

3b Schedule A (Form 990) 2022

2

3

2a

2b

3a

Yes No

17

1	Check here if the organization satisfied the Integral Part Test as a qualifying t			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E. (A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

 Schedule A (Form 990) 2022
 ACLU
 FOUNDATION
 OF
 ARIZONA

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Sect	ction D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3					
4	Amounts paid to acquire exempt-use assets	4						
5	Qualified set-aside amounts (prior IRS approval required - pro	5						
6	Other distributions (<i>describe in Part VI</i>). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the							
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2022 from Section C, line 6							
10	Line 8 amount divided by line 9 amount		10					
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
a	From 2017							
b	From 2018							
C	From 2019							
d	From 2020							
e	From 2021							
f	Total of lines 3a through 3e		· · · · · · · · · · · · · · · · · · ·					
g	Applied to underdistributions of prior years							
h	Applied to 2022 distributable amount							
i	Carryover from 2017 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D, line 7: \$							
а	Applied to underdistributions of prior years							
	Applied to 2022 distributable amount							
с	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
a	Excess from 2018							
b	Excess from 2019							
c	Excess from 2020							
d	Excess from 2021							
е	Excess from 2022							

 Schedule A (Form 990) 2022
 ACLU FOUNDATION OF ARIZONA
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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)
 (continued)

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<u>Schedule A</u>	(Form 990) 2022		FOUNDATION (23-7238580	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D	1, 2, 3b, 3c, 4	4b, 4c, 5a, 6, 9a, 9b, 9d	c, 11a, 11b, and 11c; F	Part IV, Section B, lines 1	17b; Part III, line 12; and 2; Part IV, Section	ıC,
	Section D, lines 5, 6, and (See instructions.)	d 8; and Part	V, Section E, lines 2, 5	, and 6. Also complete	this part for any addition	al information.	it v,
					-		
232028 12-09-2	2			20		Schedule A (Form S	90) 2022
				4 U			

2022.05050 ACLU FOUNDATION OF ARIZON 289553_1

SCHEDULE C	Po	litical Campaign a	and Lobbying	g Activities		OMB No. 1545-0047	
(Form 990)	For Org	anizations Exempt From Income	Tax Under section 5	01(c) and section 5	27	2022	
	The terms of the Treasury Control to the Treasury Cont						
Department of the Treasury Internal Revenue Service	Intrant of the Treasury						
 Section 501(c)(3) org 	anizations: Com	Form 990, Part IV, line 3, or For plete Parts I-A and B. Do not com 11(c)(3)) organizations: Complete F	plete Part I-C.		-	tivities), then	
 Section 527 organiza 	•						
		Form 990, Part IV, line 4, or For					
		nave filed Form 5768 (election unc nave NOT filed Form 5768 (electio		•			
()() (•	Form 990, Part IV, line 5 (Proxy	• •	, ,			
Tax) (See separate inst		······································		···· ·		_,,, (. ·	
	, or (6) organizat	ions: Complete Part III.			1		
Name of organization					Employ	yer identification number	
Part I-A Comple		UNDATION OF ARIZO anization is exempt unde		r is a section 5	27 ora:	<u>23-7238580</u>	
	ete il tile org				Li orga		
1 Provide a description	on of the organiz	ation's direct and indirect political	l campaign activities in	Part IV.			
2 Political campaign					\$		
3 Volunteer hours for	political campai				_		
-		anization is exempt unde					
		incurred by the organization unde					
		incurred by organization manager n 4955 tax, did it file Form 4720 fo					
b If "Yes," describe in	n Part IV.						
Part I-C Comple	ete if the org	anization is exempt unde	r section 501(c), e	except section &	501(c)(3).	
1 Enter the amount d	irectly expended	l by the filing organization for sect	ion 527 exempt function	on activities	\$_		
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	er organizations for sec	ction 527			
exempt function ac					\$_		
-	-	. Add lines 1 and 2. Enter here an			¢		
		1120-POL for this year?				Yes No	
		ployer identification number (EIN)					
made payments. Fo	or each organizat	tion listed, enter the amount paid	from the filing organiza	ation's funds. Also er	nter the a	amount of political	
		omptly and directly delivered to a			eparate	segregated fund or a	
· · ·		additional space is needed, provic	1	Т			
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	on's 🛛	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	
For Paperwork Beducti	ion Act Notice	see the Instructions for Form 99	 0 or 990-E7	1	<u></u>	hedule C (Form 990) 2022	

ct Notice, see For Pape

dule C (Form 990) 2

232041 11-08-22

		TION OF ARIZ			238580 Page 2			
Part II-A Complete if the orga	anization is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under			
expenses, and share	e of excess lobbying e	xpenditures).	Part IV each affiliated	group member's name	e, address, EIN,			
Limit	s on Lobbying Exper	d "limited control" pro nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals			
1a Total lobbying expenditures to influ	a Total lobbying expenditures to influence public opinion (grassroots lobbying)							
b Total lobbying expenditures to influ	ence a legislative bod	y (direct lobbying)						
c Total lobbying expenditures (add lir	es 1a and 1b)							
d Other exempt purpose expenditure				2,311,143.				
e Total exempt purpose expenditures				2,311,143.				
f Lobbying nontaxable amount. Ente				265,557.				
If the amount on line 1e, column (a) or		bying nontaxable amo	ount is:					
Not over \$500,000 Over \$500,000 but not over \$1,000		<u>he amount on line 1e.</u> 0 plus 15% of the exce	200 over \$500 000					
Over \$1,000,000 but not over \$1,000	· · · · · · · · · · · · · · · · · · ·	0 plus 10% of the exce						
Over \$1,500,000 but not over \$17,0		0 plus 5% of the exces						
Over \$17,000,000	\$1,000,0							
, ,	· · · · · · · · · · · · · · · · · · ·							
g Grassroots nontaxable amount (ent	er 25% of line 1f)			66,389.				
h Subtract line 1g from line 1a. If zero	or less, enter -0-			0.				
i Subtract line 1f from line 1c. If zero	or less, enter -0			0.				
j If there is an amount other than zer reporting section 4911 tax for this y		ine 1i, did the organiza						
		raging Period Under		<u> </u>				
(Some organizations th	at made a section 50 See the separa	01(h) election do not h ate instructions for lin	nave to complete all ones 2a through 2f.)	f the five columns be	low.			
	Lobbying Exper	ditures During 4-Yea	r Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total			
2a Lobbying nontaxable amount	236,345.	222,324.	229,012.	265,557.	953,238.			
b Lobbying ceiling amount (150% of line 2a, column(e))					1,429,857.			
c Total lobbying expenditures								
d Grassroots nontaxable amount	59,086.	55,581.	57,253.	66,389.	238,309.			
e Grassroots ceiling amount (150% of line 2d, column (e))					357,464.			
f Grassroots lobbying expenditures				School	lle C (Form 990) 2022			
				Conede				

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

For e	h "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	o lobbying activity.	Yes	No	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
-	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	501(a)(F)		tion		
Fai	501(c)(6).	1 30 1(0)(3)	, 01 500	uon		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '	'No" OR (I	b) Part I	II-A, line	3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members		. 1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al				
	expenses for which the section 527(f) tax was paid).					
а	Current year		. 2a			
b	Carryover from last year		. 2b			
	Total					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditures next year?		. 4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Par	t IV Supplemental Information					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

SCHEDULE D)
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Department of the Treasury

Internal Revenue Service

Part I

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 L **Open to Public** Inspection

Employer identification number

23-7238580

Name of the	e organization
-------------	----------------

ACLU FOUNDATION OF ARIZONA Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	
De			
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat		of a certified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	led conservation contribution in the form	Held at the End of the Tax Year
2			
a b			
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2d
3	Number of conservation easements modified, transferred, rel		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
	Deep each concernation accompany reported on line 2(d) about	a action the requirements of apption 170	
8	Does each conservation easement reported on line 2(d) abov and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and evnense	
Ū	balance sheet, and include, if applicable, the text of the footr	-	
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther 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 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance 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		al gain, provide
	the following amounts required to be reported under FASB A	-	•
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022
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Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Sche		UNDATION OF					38580	
colection time (check all that apply): a b	Par	t III Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or Othe	er Simila	r Assets	continu	ed)
a Public exhibition d Lean or exchange program b Scholarly research o Other	3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant (use of its		
b Scholarly research e Other c Previous addition to use operation to be organization is oblic to receive donations of art, historical treasures, or other similar asserts to be soft to eask shots article than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or responded an amount on Form 990, Part X, line 21. Is the organization answered "Yes" on Form 990, Part IV, line 9, or responded an amount on Form 990, Part X, line 21. 19 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization and the year c Beginning balance 10 11 14 2a Did the organization include an amount on Form 990, Part X, line 21. for Form 980, Part X, line 21. Yes No b If Yes, "splain the arrangement in Part XII. Other the organization include an amount on Form 990, Part X, line 21. for Horm 990, Part X, line 21. fo		collection items (check all that apply):							
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, do the organization solicit or receive donations of art, historical treasures, or other similar assets 1 Description of the corganization's collections and explain how they further the organization's exempt purpose in Part XIII. 6 Derror the second to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 500, Part X, line 9, or reported an amount on Form 500, Part X, line 21. 18 Is the organization angent; trustee, custodian or other intermediary for contributions or other assets not included on Form 590, Part X, line 21. 19 Is the organization include an amount on Form 590, Part X, line 21. 20 Datifications during the year 10 11 20 Datifications during the year 21 The organization include an amount on Form 590, Part X, line 21. 21 Datifications during the year 22 Datifications during the year 21 The organization include an amount on Form 590, Part X, line 21. 23 243, 240, 243, 240, 243, 240, 244, 241, 241, 543, 244, 241, 543, 244, 728, 244, 728, 244, 728, 244, 728, 244, 728, 244, 728, 244, 728, 244, 728, 244, 728, 244, 728, 244, 728, 244, 728, 244, 728, 244, 728, 244	а	Public exhibition	d	Loan or exc	hange program				
Provide a description of the organization's collections and explain how the further the organization's exempt purpose in Part XIII. During the year, did the organization is collection? Part V Escrow and Custodial Arrangements. Complete if the organization asswered "Ves" on Form 980, Part X, line 3, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 980, Part X, line 21. Is didutions during the year Is dignining balance Zampt and the organization include an amount on Form 980, Part X, line 21. If Yes, 'suplain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Reginning of year balance Zampt and the organization include an amount on Form 980, Part X, line 21. Is degrining of year balance Zampt and the organization include an amount on Form 980, Part X, line 21. Is contributions Is degrining of year balance Zampt and the organization account law line Y. Inform 900, Part X, line 21. Is downernet Funds. Complete if the organization include and program Is downernet funds. Zampt and the organization account law line Y. Inform 900, Part X, line 21. Is downernet funds. Is downernet funds. Is downernet funds. Is downernet funds. Is downernet funds and programs Is downernet explained an adwalance of the curre	b	Scholarly research	е	Other					
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Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21. Image: Complete intermediary for contributions or other assets not included on Form 990, Part X line 21. b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. c Beginning balance Image: Complete intermediary for escrow or custodial account liability? Image: Complete intermediary for escrow or custodial account liability? 2a Did the organization include an amount on Form 990, Part X, line 21. Form 990, Part IV, line 9. Image: Complete inthe explanation answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete inthe organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Complete inthe explanation answered 'Yes' on Form 990, Part IV, line 10. Image: Complete inthe organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance Image: Complete inthe organization as the explanation on Part XII Image: Complete inthe organization into the organization into the org	5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simila	r assets			
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b If "Yes," explain the arrangement in Part XIII and complete the following table: 	1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets not	included		_	
c Beginning balance Amount d Additions during the year 1d e Distributions during the year 1d 2 Distributions during the year 1f 2 Distributions 1f 1f Part V Endowment Funds. Complete if the organization naswered "Yes" on Form 980, Part W, time 10. 1f 1 Beginning of year balance 23, 290, 283, 102a, 198, 446, 216, 734, 221, 951, 273, 221, 951, 202, 198, 446, 216, 734, 212, 951, 273, 29, 293, 293, 293, 293, 293, 293, 293							L	Yes	No No
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3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Cost or other form 990, Part IV, line 11a. See Form 990, Part X, line 10. (i) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (i) Easehold improvements (i) Easehold improvements (i) Easehold improvements (i) Easehold improvements	U								
organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b X 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b X Part VI Land, Buildings, and Equipment. 3b X Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation b Buildings 57,790. 52,790. 5,000. c Leasehold improvements 4 4 4 b Equipment 4 4 4 b Buildings 57,790. 52,790. 5,000. c Leasehold improvements 4 4 4 c Cother 4 4 4 b Cother 4 4 4 c Cother	3a			tion that are held ar	nd administered for t	he			
(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b X 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b X Part VI Land, Buildings, and Equipment. 3b X Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings 57,790. 52,790. 5,000. c Leasehold improvements 4 4 4 b Guipment 4 4 4 b Si (investment) 52,790. 5,000. c Leasehold improvements 4 4 4 c 4 4 4 4 4 c 4 4 4 4 4 4 c 4 4 4 4 4 4 4 4 4	ou							Y	'es No
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Fart VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 577,790.52,790.52,790.5,000. 5,000. c Leasehold improvements 4 4 4 d Equipment 4 4 4		0						3a(i)	x
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b X 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 57,790. 52,790. 5,000. c Leasehold improvements 4 4 d Equipment 4 4 e Other 4 4									x
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b								
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land									
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par								
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
b Buildings 57,790. 52,790. 5,000. c Leasehold improvements		Description of property		. ,				(d) Book	value
b Buildings 57,790. 52,790. 5,000. c Leasehold improvements	1a	Land							
c Leasehold improvements d Equipment e Other				5	7,790.	52,7	90.	5	,000.
d Equipment									
e Other									
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)									
	Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X. column (B). line 1	0c.)			5	,000.

Schedule D (Form 990) 2022

232052 09-01-22

Complete if the organization answered "Yes" or	n Form 990 Part IV line 1	1h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
1) Financial derivatives			,
Closely held equity interests			
3) Other			
(A) INVESTMENTS HELD WITH			
(B) ACLU NATIONAL AND AT ACF	2,156,250.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,156,250.		
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990 Part IV line 1	1c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" or	n Form 000 Dort IV line 1	1d See Form 000 Part V line 15	
		10. See Form 990, Part A, line 15.	(b) Book value
	escription		(b) BOOK value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>		
art X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO NATIONAL AMERICAN C	IVIL		
(3) LIBERTIES UNION, INC.			219,526
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	 25)		219,526
otal. (Column (b) must equal Form 990, Part X, col. (B) line 2 Liability for uncertain tax positions. In Part XIII, provide th			

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) 2022

X

232053 09-01-22

ACLU FOUNDATION OF ARIZONA Schedule D (Form 990) 2022 Part VII Investments - Other Securities

	edule D (Form 990) 2022 ACLU FOUNDATION OF ARIZONA	23-7238580 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments 2a	
b	Donated services and use of facilities 2b	
с	Recoveries of prior year grants 2c	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.) 4b	
с	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments 2b	
С	Other losses 2c	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Pa	rt XIII Supplemental Information.	

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

PART V, LINE 4:

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

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

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

STATES OF AMERICA.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES TAX POSITIONS IN THE CONSOLIDATED FINANCIAL

STATEMENTS WHEN IT IS MORE LIKELY-THAN-NOT THAT THE POSITIONS WILL NOT BE

SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. AS OF MARCH 31, 2023,

32

THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

232054 09-01-22

Schedule D (Form 990) 2022

15550215 144198 289553

2022.05050 ACLU FOUNDATION OF ARIZON 289553_1

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES

Schedule D (Form 990) 2022

232055 09-01-22

15550215 144198 289553

SC	SCHEDULE J Compensation Information				No. 1545-0047		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22		
		Compensated Employees		20	22	-	
Dono	rtment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic	
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction		
Nan	ne of the organization	1		identificatio		nber	
		ACLU FOUNDATION OF ARIZONA	23-	723858	0		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c		nal use				
	Travel for companions						
		ation and gross-up payments					
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)				
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or					
-	•			1b			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
~	la d'ante colstate de la c						
3		ny, of the following the organization used to establish the compensation of the organization's					
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Eventium Director, but available in Part III	on to				
	X Compensation	ation of the CEO/Executive Director, but explain in Part III.					
		ompensation consultant Compensation survey or study					
	X Form 990 of o		ommittoo				
			Unimittee				
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
-	organization or a re						
а	-	e payment or change-of-control payment?		4a		x	
b		eive payment from a supplemental nonqualified retirement plan?				x	
С		eive payment from an equity-based compensation arrangement?				x	
-		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	,						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the r						
а	The organization?			5a		X	
		ation?				X	
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
	contingent on the r	et earnings of:					
						X	
	Any related organiz	ation?				x	
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie				
				8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
		1 53.4958-6(c)?					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2022	

232111 10-18-22

Schedule J (Form 990) 2022

23-7238580

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JENNIFER ALLEN	(i)	153,468.	0.	0.	9,759.	9,572.	172,799.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)		~					
	(ii)							
	(i) (ii)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE BOARD OF DIRECTORS DID A COMPENSATION STUDY FOR SIMILAR ORGANIZATIONS

FROM WHICH THEY APPROVED A COMPENSATION PACKAGE WHICH IS CONTAINED IN THE

EXECUTIVE DIRECTOR'S WRITTEN EMPLOYMENT CONTRACT.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



23-7238580

ACLU FOUNDATION OF ARIZONA

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

THROUGH LITIGATION AND PUBLIC EDUCATION, INDIVIDUAL RIGHTS AND FREEDOMS

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

AND ARIZONA.

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

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

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) 2022

 232211
 10-28-22

37

Schedule O (Form 990) 2022	Page 2
Name of the organization 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 AVAILAD	BLE FOR PUBLIC
INSPECTION ON THE	
WEBSITE, WWW.ACLUAZ.ORG, FOR 5 YEARS. OTHER GOVERNING DOCU	JMENTS AND
POLICIES ARE AVAILABLE	
UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
NO CHANGES FROM THE PRIOR YEAR.	
232212 10-28-22	Schedule O (Form 990) 2022

15550215 144198 289553

SCH	IEDULE R
/	

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 23 - 7238580

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

Name of the organization

ACLU FOUNDATION OF ARIZONA

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	3) o12(b)(13) olled ity?
				501(c)(3))		Yes	No
ACLU OF ARIZONA - 86-0205157							
PO BOX 17148	PRESERVATION OF						
PHOENIX, AZ 85011	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) 2022

Schedule R (Form 990) 2022 ACLU FOUNDATION OF ARIZONA

23-7238580 Page 2

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)	(i	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets			Disproportionate allocations? Code V-UBI amount in bo 20 of Schedu		Gener mana partr	al or Percentage ^{jing} ownership	
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sect 512(b contr enti	i) tion b)(13) rolled ity?
		country)		01 11 00 0				Yes	No

Schedule R (Form 990) 2022 ACLU FOUNDATION OF ARIZONA

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transaction						X
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity						
b Gift, grant, or capital contribution to related organization(s)						
c Gift, grant, or capital contribution from related organization(s)						
d Loans or loan guarantees to or for related organization(s)						
e Loans or loan guarantees by related organization(s)				<u>1e</u>		X
f Dividends from related organization(s)				1f		X X
g Sale of assets to related organization(s)						
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)						X
j Lease of facilities, equipment, or other assets to related organization(s)						X
k Lease of facilities, equipment, or other assets from related organization(s)						
I Performance of services or membership or fundraising solicitations for related organization(s)						X
m Performance of services or membership or fundraising solicitations by related organization(s)						
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)						
					X	
p Reimbursement paid to related organization(s) for expenses				1p		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
s 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 v	who must complete th	nis line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b)	(c)	(d)			
Name of related organization	Transaction	Amount involved	Method of determining amou	int involved		
	type (a-s)					
(1) ACLU OF ARIZONA	N	112,590.	COST			
	-	,,,,,,,				
(2) ACLU OF ARIZONA	0	577,864.	COST			
3) ACLU OF ARIZONA	Q	483,000.	COST			
(4)						
(5)						
(6)	I	1				

Schedule R (Form 990) 2022 ACLU FOUNDATION OF ARIZONA

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)	(e Are partner 501(c org:	all rs sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	(h Dispr tion allocat	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr) al or F ging ier?	(k) Percentage ownership
		oounity)	Sections 012-014)	Yes	<u>No</u>			Yes	No	(FUTH 1063)	Yes	NO	
						. (
			2										
			1				1						
			1				1						

Schedule R (Form 990) 2022

A Chedule R (Form 990) 2022 A Part VII Supplemental Informa	ACLU FOUNDATION C	F ARIZONA	23-7238580 Page 5
Provide additional information	n for responses to questions on	Schedule R. See instructions.	
32165 09-14-22			Schedule R (Form 990) 2022