## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN CIVIL LIBERTIES UNION OF TENNESSEE FOUNDATION, INC.

**Employer identification number** 62-0988329

Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(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 w		ed funds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
Pai	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial statement	ents that describes the
Da	organization's accounting for conservation easements.  rt III   Organizations Maintaining Collections of	Art Historical Transuras or Ot	har Similar Assats
Fai			ilei Siililai Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under FASB ASC 958	· ·	
	of art, historical treasures, or other similar assets held for public	, , ,	•
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		<b>.</b>
	(i) Revenue included on Form 990, Part VIII, line 1		
^			
2	If the organization received or held works of art, historical trea		ı gain, provide
_	the following amounts required to be reported under FASB AS	_	<b>•</b>
	Revenue included on Form 990, Part VIII, line 1		<b>L</b> 4
		for Form 990	
∟⊓А	For Paperwork Reduction Act Notice, see the Instructions	IUI FUIIII 33U.	Schedule D (Form 990) 2020

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ı Pai	't Ⅲ│ Organizations Maintaining Co	llections of Ar	t Hista	rical Tre	asures o	r Other	Similar	Assets		0
_									(continu	<u>iea)</u>
3	Using the organization's acquisition, accession	i, and other record	s, check	any or the	iollowing tha	t make sig	mincant us	se or its		
	collection items (check all that apply):		. —.		L					
a	Public exhibition	d			change progra					
b	Scholarly research	е	• •	Other						
C	Preservation for future generations	4:		6 11 11				. :- D-4	VIII	
4	Provide a description of the organization's coll							e in Part	XIII.	
5	During the year, did the organization solicit or								7	
Dai	to be sold to raise funds rather than to be main								_ Yes	No
rai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part		ete if the	organizatio	n answered	"Yes" on I	-orm 990,	Part IV,	ine 9, or	
			ion, for a	ontribution	0 0x 0th 0x 00	aata nat in				
ıa	Is the organization an agent, trustee, custodiar								7 v.s	□ No
	on Form 990, Part X?							L	Yes	No
D	If "Yes," explain the arrangement in Part XIII ar	na complete the fol	llowing ta	able:					A	
	Destination belows						4.		Amount	
	Beginning balance									
	Additions during the year									
_	Distributions during the year									
f	Ending balance								7	
	Did the organization include an amount on For	* *					y?		Yes	∐ No
Pai	If "Yes," explain the arrangement in Part XIII. C						<u></u>			
ı aı	- I - I - I - I - I - I - I - I - I - I				1			and back	( ) [	
	<del>_</del>	(a) Current year	(b) P	rior year	(c) Two yea	rs dack (	<b>d)</b> Three ye	ars back	(e) Four y	/ears back
_										
b	Contributions									
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f										
g	End of year balance									
2	Provide the estimated percentage of the current	nt year end balance	e (line 1g	, column (a	)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should	•								
3a	Are there endowment funds not in the possess	sion of the organiza	ation that	are held a	nd administe	red for the	organizat	ion	_	
	by:									<u>res No</u>
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the o		wment fu	unds.						
Pai	t VI Land, Buildings, and Equipme									
	Complete if the organization answered									
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulated reciation	t	(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements			2	1,050.		16,43	7.	4	,613.
	Equipment	I			9,774.		49,27			499.
	Other						•			
	. Add lines 1a through 1e. (Column (d) must equ		X colum	n (B) line 1	0c )			ightharpoonup	5	,112.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020	TENNESSEE	FOUNDATION,	INC.

Complete if the organization answered "Yes" of a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
Figure 1 at the state of	(a) Dook value	(5)	a or your marker value
Closely held equity interests			
Other			
(A) BILL OF RIGHTS TRUST	316,637.	END-OF-YEAR MARKET	' VALUE
(B)	0_0/00/0		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	316,637.		
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on 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 en	d-of-year market value
(1)		•	<u> </u>
(2)			
(3)			
4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   art IX Other Assets.  Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) DUE FROM NATIONAL			603,05
(2) DUE FROM AFFILIATE			305,94
(3) SECURITY DEPOSIT			4,55
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.	15.)	<b>&gt;</b>	913,55
Complete if the organization answered "Yes" of	on 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)			
(3)			
(4)			
(5)			
(6)			
(7)			
(0)			
(0)			1
(8) (9)			
	25.)	<b>&gt;</b>	

AMERICAN CIVIL LIBERTIES UNION OF TENNESSEE FOUNDATION, INC. 62-0988329 Page 4 Schedule D (Form 990) 2020 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,707,119. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 68,114 a Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b 2c Recoveries of prior year grants Other (Describe in Part XIII.) 68,114. Add lines 2a through 2d 2e 1,639,005. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b -8.804Other (Describe in Part XIII.) -8,804. c Add lines 4a and 4b 4c 1,630,201. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 848,888. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c 8,804 **d** Other (Describe in Part XIII.) 8,804. Add lines 2a through 2d 2e 840,084. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 840,084. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)

Part XIII Supplemental Information.

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

#### PART X, LINE 2:

THE AMERICAN CIVIL LIBERTIES UNION OF TENNESSEE FOUNDATION, INC. IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. THE AMERICAN CIVIL LIBERTIES UNION OF TENNESSEE, INC. IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE AND CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS FOR EITHER ENTITY.

GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN AND RECOGNIZE A

Part XIII | Supplemental Information (continued) TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF MARCH 31, 2021 AND 2020, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS PENDING OR IN PROGRESS. PART XI, LINE 4B - OTHER ADJUSTMENTS: FUNDRAISING EVENT EXPENSES -8,804. PART XII, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EVENT EXPENSES 8,804.

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

AMERICAN CIVIL LIBERTIES UNION OF TENNESSEE FOUNDATION, INC.

Employer identification number 62-0988329

Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	ı Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not				
Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a										
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		or control of		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No							
<sup>-</sup> otal			<b>•</b>							
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration				

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

Schedule G (Form 990 or 990-EZ) 2020

# Schedule G (Form 990 or 990-EZ) 2020 TENNESSEE FOUNDATION, INC.

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 BALLOTS AND	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			BALLADS (event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
Rev	1	Gross receipts	43,430.			43,430.
	2	Less: Contributions	40,960.			40,960.
	3	Gross income (line 1 minus line 2)	2,470.			2,470.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				8,804.
	l	Direct expense summary. Add lines 4 through	. ,			8,804. -6,334.
Pa	ırt I	Net income summary. Subtract line 10 from li  Gaming. Complete if the organization a		990 Part IV line 19 or r		-0,334.
		\$15,000 on Form 990-EZ, line 6a.		,,,,	- <b>p</b>	
nue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	ı 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		_	
	0	Net garning income summary. Subtract line r	nomine i, column (a)			
9	En	ter the state(s) in which the organization condu	cts gaming activities: _			
		the organization licensed to conduct gaming ac No," explain:				Yes No
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·	-	rear?	Yes No
	_					
	_					

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

## AMERICAN CIVIL LIBERTIES UNION OF

Sch	edule G (Form 990 or 990-EZ) 2020 TENNESSEE FOUNDATION, INC. 6	2-09	88	<u> 329</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?	Γ	$\neg$	Yes	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility		13a		%
	An outside facility		13b		<del>//</del> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		ISD		70
14	Enter the flame and address of the person who prepares the organization's gaming/special events books and records.				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	nt			
	of gaming revenue retained by the third party  \$\bigs\\$				
c	If "Yes," enter name and address of the third party:				
·	Troo, officer famo and address of the time party.				
	Name				
	TVAITE				
	Address				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
	Director/officer Employee independent contractor				
	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	г			
	retain the state gaming license?	L		Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he			
_	organization's own exempt activities during the tax year > \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	าd Part I	II, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				

## AMERICAN CIVIL LIBERTIES UNION OF

Schedule G	G (Form 990 or 990-EZ)	TENNESSEE	FOUNDATION,	INC.	62-0988329	Page 4
Part IV	(Form 990 or 990-EZ)  Supplemental Infor	mation (continued)	)			
-						
<del></del>						
ī						

## **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

AMERICAN CIVIL LIBERTIES UNION OF TENNESSEE FOUNDATION, INC.

**Employer identification number** 62-0988329

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AGGRIEVED PERSONS; TO PROVIDE BILL OF RIGHTS PROTECTION.
FORM 990, PART VI, SECTION B, LINE 11B:
THE RETURN PREPARER DELIVERS A DRAFT COPY OF THE RETURN TO THE EXECUTIVE
DIRECTOR TO DISTRIBUTE TO ALL BOARD MEMBERS TO APPROVE BEFORE FILING. THE
ENTIRE BOARD REVIEWS THE 990 BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS HAVE TO FILL OUT A FORM STATING THEY ARE NOT AWARE OF OR LIST
ANY CONFLICTS OF INTEREST THEY MAY HAVE.
FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD OF DIRECTORS REVIEW AND APPROVE THE EXECUTIVE DIRECTOR'S
COMPENSATION ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION C, LINE 19:
ALL GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST TO THE PUBLIC.

## SCHEDULE R (Form 990)

Part I

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

(c)

Legal domicile (state or

Open to Public Inspection

(e)

End-of-year assets

(d)

Total income

Department of the Treasury Internal Revenue Service

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

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

(a)

Name, address, and EIN (if applicable)

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

(b)

Primary activity

Employer identification number 62-0988329

(f)

Direct controlling

Schedule R (Form 990) 2020

OMB No. 1545-0047

or disregarded entity		foreign country)			e	ntity							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	ent	rolled ity?						
AMERICAN CIVIL LIBERTIES - 62-0790133 PO BOX 120160				301(0)(3))		Yes	No						
NASHVILLE, TN 37212	LEGISLATIVE	TENNESSEE	501(C)(4)		N/A		Х						

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

Schedule R (Form 990) 2020 TENNESSEE FOUNDATION, INC.

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)	(I	h)	(i)	(j)	(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	Share of end-of-year assets	I	ortionate tions?	Code V-UBI amount in box 20 of Schedule	General of managing partner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	<b></b>
-											
-											
							L		<u> </u>		

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	Section 512(b)(13) controlled entity?	
		,						Yes	NO	

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions with one of	or more rel	ated organizations listed in	n Parts II-IV?						
а	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)									
	Gift, grant, or capital contribution from related organization(s)				1c		Х			
	Loans or loan guarantees to or for related organization(s)				1d		Х			
	e Loans or loan guarantees by related organization(s)									
f	f Dividends from related organization(s)									
g	g Sale of assets to related organization(s)									
	h Purchase of assets from related organization(s)									
i	i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)							Х			
k	k Lease of facilities, equipment, or other assets from related organization(s)									
- 1	Performance of services or membership or fundraising solicitations for related organization(s)									
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)										
Sharing of paid employees with related organization(s)										
p Reimbursement paid to related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses										
r	Other transfer of cash or property to related organization(s)				1r		Х			
s	Other transfer of cash or property from related organization(s)				1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	mplete thi	s line, including covered re	elationships and transaction thresholds.						
	(a) (b) Name of related organization Transa type (continuous)	action	(c) Amount involved	(d) Method of determining amount invo	olved					
(1)	AMERICAN CIVIL LIBERTIES UNION Q		192,916.	CASH						
(2) 2	AMERICAN CIVIL LIBERTIES UNION N		40,373.	RENT ALLOCATION						

type (a-s)

(1) AMERICAN CIVIL LIBERTIES UNION

Q
192,916. CASH

(2) AMERICAN CIVIL LIBERTIES UNION

N
40,373. RENT ALLOCATION

(3) AMERICAN CIVIL LIBERTIES UNION

O
123,056. EMPLOYEE ALLOCATION

(4)

Schedule R (Form 990) 2020

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		Gener mana partn Yes	(kal or Perce ging owne	(k) entage ership
								Ochodolo			