

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization AMERICAN CIVIL LIBERTIES UNION		<b>D</b> Employer identification number 62-0988329
		Number and street (or P O box if mail is not delivered to street address) PO BOX 120160	Room/suite	
		City or town, state or country, and ZIP + 4 NASHVILLE, TN 37212		<b>E</b> Telephone number (615) 320-7142
<b>F</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____				

<p><b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b></p> <p><b>G Web site:</b> <input checked="" type="checkbox"/> ACLU-TN.ORG</p> <hr/> <p><b>J Organization type</b> (check only one) <input checked="" type="checkbox"/>  501(c) (3) <input type="checkbox"/> (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <hr/> <p><b>K</b> Check here <input type="checkbox"/> if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. <b>Some states require a complete return.</b></p> <hr/> <p><b>L Gross receipts.</b> Add lines 6b, 8b, 9b, and 10b to line 12 <input checked="" type="checkbox"/> 316,994</p>	<p><b>H and I are not applicable to section 527 organizations.</b></p> <p><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> If "Yes" enter number of affiliates <input type="text"/></p> <p><b>H(c)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.)</p> <hr/> <p><b>H(d)</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <hr/> <p><b>I</b> Group Exemption Number <input type="text"/></p> <hr/> <p><b>M</b> Check <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Sch. B (Form 990, 990-EZ, or 990-PF).</p>
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Revenue	1	Contributions, gifts, grants, and similar amounts received					
	a	Direct public support . . . . .	1a	105,441			
	b	Indirect public support . . . . .	1b	139,212			
	c	Government contributions (grants) . . . . .	1c				
	d	Total (add lines 1a through 1c) (cash \$ 244,653 noncash \$ )			1d	244,653	
	2	Program service revenue including government fees and contracts (from Part VII, line 93) .			2		
	3	Membership dues and assessments . . . . .			3		
	4	Interest on savings and temporary cash investments . . . . .			4		
	5	Dividends and interest from securities . . . . .			5	8,974	
	6a	Gross rents . . . . .	6a				
	b	Less rental expenses . . . . .	6b				
	c	Net rental income or (loss) (subtract line 6b from line 6a) . . . . .			6c		
7	Other investment income (describe ) . . . . .			7	8,566		
8a	Gross amount from sales of assets	(A) Securities		(B) Other			
	other than inventory . . . . .	8a					
	b Less cost or other basis and sales expenses	8b					
	c Gain or (loss) (attach schedule) . . . . .	8c					
d	Net gain or (loss) (combine line 8c, columns (A) and (B)) . . . . .			8d			
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input checked="" type="checkbox"/>						
a	Gross revenue (not including \$ of contributions reported on line 1a) <input checked="" type="checkbox"/>	9a	54,801				
b	Less direct expenses other than fundraising expenses . . . . .	9b	15,989				
c	Net income or (loss) from special events (subtract line 9b from line 9a) . . . . .			9c	38,812		
10a	Gross sales of inventory, less returns and allowances . . . . .	10a					
b	Less cost of goods sold . . . . .	10b					
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) . . . . .			10c			
11	Other revenue (from Part VII, line 103) . . . . .			11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) . . . . .			12	301,005		
Expenses	13	Program services (from line 44, column (B)) . . . . .			13	112,849	
	14	Management and general (from line 44, column (C)) . . . . .			14	30,716	
	15	Fundraising (from line 44, column (D)) . . . . .			15	33,034	
	16	Payments to affiliates (attach schedule) . . . . .			16		
	17	Total expenses (add lines 16 and 44, column (A)) . . . . .			17	176,599	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12) . . . . .			18	124,406	
	19	Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . .			19	360,691	
	20	Other changes in net assets or fund balances (attach explanation) . . . . .			20		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20) . . . . .			21	485,097	



Part II

Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions )

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
	23 Specific assistance to individuals (attach schedule)	23			
	24 Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc . . . . .	25	36,615	5,157	5,157
26	Other salaries and wages . . . . .	26	63,678	12,736	12,735
27	Pension plan contributions . . . . .	27			
28	Other employee benefits . . . . .	28	23,274	4,655	4,655
29	Payroll taxes . . . . .	29	4,203	841	840
30	Professional fundraising fees . . . . .	30			
31	Accounting fees . . . . .	31	4,050	810	810
32	Legal fees . . . . .	32	7,487		
33	Supplies . . . . .	33	5,489	1,098	1,098
34	Telephone . . . . .	34	3,742	749	748
35	Postage and shipping . . . . .	35	1,783	357	356
36	Occupancy . . . . .	36	12,486	2,497	2,497
37	Equipment rental and maintenance . . . . .	37			
38	Printing and publications . . . . .	38	2,466	493	493
39	Travel . . . . .	39	947	190	189
40	Conferences, conventions, and meetings . . . . .	40			
41	Interest . . . . .	41			
42	Depreciation, depletion, etc (attach schedule)	42	743	149	148
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	176,599	30,716	33,034

**Joint Costs.** Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ☐ **Yes** ☒ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs \$ \_\_\_\_\_, **(ii)** the amount allocated to Program services \$ \_\_\_\_\_, **(iii)** the amount allocated to Management and general \$ \_\_\_\_\_, and **(iv)** the amount allocated to Fundraising \$ \_\_\_\_\_



**Part III Statement of Program Service Accomplishments** (See the instructions.)






Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► TO PROTECT AND EXPAND INDIVIDUAL LIBERTIES THROUGH PUBLIC EDUCATION, TO PROVIDE LEGAL ASSISTANCE TO AGGRIEVED PERSONS, TO PROVIDE BILL OF RIGHTS PROTECTION	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> PROVIDE EDUCATIONAL INFORMATION TO THE PUBLIC REGARDING INDIVIDUAL CIVIL RIGHTS	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	48,460
<b>b</b> LEGAL ASSISTANCE AND SUPPORT SERVICES	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	64,389
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . ►	112,849



Part IV

Balance Sheets (See the instructions.)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year			
Assets	45	Cash—non-interest-bearing . . . . .	60,841	45	106,463			
	46	Savings and temporary cash investments . . . . .	128,521	46	178,977			
	47a	Accounts receivable . . . . .	47a	6,538				
	b	Less allowance for doubtful accounts	47b		6,729			
					47c	6,538		
	48a	Pledges receivable . . . . .	48a					
	b	Less allowance for doubtful accounts	48b		48c			
	49	Grants receivable . . . . .		49				
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50				
	51a	Other notes and loans receivable (attach schedule) . . . . .	51a					
	b	Less allowance for doubtful accounts	51b		51c			
	52	Inventories for sale or use . . . . .		52				
	53	Prepaid expenses and deferred charges . . . . .	6,200	53	7,494			
	54	Investments—securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV	161,642	54		175,356		
		55a	Investments—land, buildings, and equipment basis . . . . .	55a				
b		Less accumulated depreciation (attach schedule) . . . . .	55b		55c			
56		Investments—other (attach schedule) . . . . .		56				
57a		Land, buildings, and equipment basis	57a	18,891				
b		Less accumulated depreciation (attach schedule) . . . . .	57b	14,230	2,601	57c		4,661
58		Other assets (describe  _____)	1,783	58		5,608		
59		<b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . .	368,317	59	485,097			
Liabilities		60	Accounts payable and accrued expenses . . . . .	7,626	60			
		61	Grants payable . . . . .		61			
		62	Deferred revenue . . . . .		62			
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63				
	64a	Tax-exempt bond liabilities (attach schedule) . . . . .		64a				
	b	Mortgages and other notes payable (attach schedule) . . . . .		64b				
	65	Other liabilities (describe  _____)		65				
	66	<b>Total liabilities</b> Add lines 60 through 65 . . . . .	7,626	66	0			
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>							
	67	Unrestricted . . . . .	332,220	67	400,592			
	68	Temporarily restricted . . . . .	28,471	68	84,505			
	69	Permanently restricted . . . . .		69				
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>							
	70	Capital stock, trust principal, or current funds . . . . .		70				
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . .		71				
	72	Retained earnings, endowment, accumulated income, or other funds . .		72				
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 <b>or</b> lines 70 through 72, column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21) . . . .	360,691	73	485,097			
	74	<b>Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . .	368,317	74	485,097			



Part IV-A

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . . . .	a	301,005
b	Amounts included on line a but not on line 12		
1	Net unrealized gains on investments . . . . .	b1	
2	Donated services and use of facilities . . . . .	b2	
3	Recoveries of prior year grants . . . . .	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4 . . . . .	b	
c	Subtract line b from line a . . . . .	c	301,005
d	Amounts included on line 12, but not on line a		
1	Investment expenses not included on line 6b . . . . .	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2 . . . . .	d	
e	Total revenue (line 12) Add lines c and d . . . . .	e	301,005

Part IV-B

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements . . . . .	a	176,599
b	Amounts included on line a but not on line 17		
1	Donated services and use of facilities . . . . .	b1	
2	Prior year adjustments reported on line 20 . . . . .	b2	
3	Losses reported on line 20 . . . . .	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4 . . . . .	b	
c	Subtract line b from line a . . . . .	c	176,599
d	Amounts included on line 17, but not on line a:		
1	Investment expenses not included on line 6b . . . . .	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2 . . . . .	d	
e	Total expenses (line 17) Add lines c and d . . . . .	e	176,599

Part V-A

Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				



Part V-A		Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . .	23			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b			No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	75c			No
d	Does the organization have a written conflict of interest policy? . . . . .	75d	Yes		

Part V-B

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI		Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76			No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes	77			No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	78a			No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	78b			No
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79			No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization? . . . . .	80a			No
b	If "Yes," enter the name of the organization ▶ _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt				
81a	Enter direct or indirect political expenditures (See line 81 instructions ) . . . . .	81a			
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	81b			No

















Part VI

Other Information (continued)

Yes

No

<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .		<b>82a</b>		No
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) . . . . .		<b>82b</b>		
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?		<b>83a</b>	Yes	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . .		<b>83b</b>	Yes	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		<b>84a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>84b</b>		No
<b>85</b> 501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members? . . . . .		<b>85a</b>		No
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .		<b>85b</b>		No
If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.				
<b>c</b> Dues assessments, and similar amounts from members . . . . .		<b>85c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures . . . . .		<b>85d</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .		<b>85e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .		<b>85f</b>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .		<b>85g</b>		No
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .		<b>85h</b>		No
<b>86</b> 501(c)(7) orgs. Enter <b>a</b> Initiation fees and capital contributions included on line 12 . . . . .		<b>86a</b>		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities . . . . .		<b>86b</b>		
<b>87</b> 501(c)(12) orgs. Enter <b>a</b> Gross income from members or shareholders . . . . .		<b>87a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .		<b>87b</b>		
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .		<b>88</b>		No
<b>89a</b> 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911  , section 4912  , section 4955  . . . . .				
<b>b</b> 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .		<b>89b</b>		No
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . 				
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . 				
<b>90a</b> List the states with which a copy of this return is filed  . . . . .				
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions) . . . . .		<b>90b</b>		0
<b>91a</b> The books are in care of  HEDY WEINBERG . . . . . Telephone no  (615) 320-7142 . . . . .				
PO BOX 120160				
Located at  NASHVILLE, TN . . . . .		ZIP + 4  37212 . . . . .		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>91b</b>	Yes	No
If "Yes," enter the name of the foreign country  . . . . .				
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts . . . . .				
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States?		<b>91c</b>		No
If "Yes," enter the name of the foreign country  . . . . .				
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here . . . . . 				
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . 		<b>92</b>		



Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments . . . . .					
g	Fees and contracts from government agencies					
94	Membership dues and assessments . . . .					
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities . . .					8,974
97	Net rental income or (loss) from real estate					
a	debt-financed property . . . . .					
b	non debt-financed property . . . . .					
98	Net rental income or (loss) from personal property					
99	Other investment income . . . . .					8,566
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events . .			1	38,812	
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E)) . .				38,812	17,540
105	Total (add line 104, columns (B), (D), and (E)) . . . . .					56,352

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a)

Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .

☐ Yes ☒ No

(b)

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .

☐ Yes ☒ No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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

\*\*\*\*\*

Signature of officer

2006-08-15

Date

HEDY WEINBURG Director

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Harvey E Hoskins CPA

Date

Check if self-employed ☐

Preparer's SSN or PTIN (See Gen Inst W)

Firm's name (or yours if self-employed), address, and ZIP + 4

Hoskins & Company PC

1900 Church Street Suite 200

Nashville, TN 37203

EIN

Phone no (615) 321-7333



SCHEDULE A  
(Form 990 or  
990EZ)

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
AMERICAN CIVIL LIBERTIES UNION

Organization Exempt Under Section 501(c)(3)  
(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust  
Supplementary Information—(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2005

Employer identification number

62-0988329

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services  
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services  
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		



Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ➤\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )		1	No
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a Sale, exchange, or leasing property?	2a		No
b Lending of money or other extension of credit?	2b		No
c Furnishing of goods, services, or facilities?	2c		No
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e Transfer of any part of its income or assets?	2e		No
3a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )		3a	No
b Do you have a section 403(b) annuity plan for your employees?	3b		No
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		No
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		4a	No
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		No

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	
The organization is not a private foundation because it is (Please check only <b>ONE</b> applicable box )	
5	<input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6	<input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V )
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ➤ _____
10	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the <b>Support Schedule</b> in Part IV-A )
11a	<input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A )
11b	<input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A )
12	<input type="checkbox"/> An organization that normally receives <b>(1) more than 331/3%</b> of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and <b>(2) no more than 331/3%</b> of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the <b>Support Schedule</b> in Part IV-A )
13	<input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in <b>(1)</b> lines 5 through 12 above, or <b>(2)</b> sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ➤ <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3
Provide the following information about the supported organizations (see page 5 of the instructions )	
(a) Name(s) of supported organization(s)	(b) Line number from above
14	<input type="checkbox"/> An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions )



Part IV-A Support Schedule

(Complete only if you checked a box on line 10, 11, or 12 ) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	95,265	141,667	133,766	119,183	489,881
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	47,175	34,902	37,589	44,919	164,585
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	12,408	13,930	1,655	9,094	33,777
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	154,848	190,499	169,700	173,196	688,243
24 Line 23 minus line 17	107,673	155,597	132,111	128,277	523,658
25 Enter 1% of line 23	1,548	1,905	1,697	1,732	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	10,473
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)				26c	523,658
d Add Amounts from column (e) for lines 18 33,777 19 0 22 26b				26d	33,777
e Public support (line 26c minus line 26d total)				26e	489,881
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	9355 00 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2004) (2003) (2002) (2001)					
c Add Amounts from column (e) for lines 15 16 17 20 21				27c	0
d Add Line 27a total and line 27b total				27d	
e Public support (line 27c total minus line 27d total)				27e	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					



Part V Private School Questionnaire (See page 7 of the instructions.)



(To be completed ONLY by schools that checked the box on line 6 in Part IV)



29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		Yes	No
		29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
		30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )			
		31		
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		



Part VI-A

Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)


Check  **a**  if the organization belongs to an affiliated group

Check  **b**  if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount Enter the amount from the following table— <div><div>If the amount on line 40 is—</div><div>The lobbying nontaxable amount is—</div><div>Not over \$500,00020% of the amount on line 40</div><div>Over \$500,000 but not over \$1,000,000\$100,000 plus 15% of the excess over \$500,000</div><div>Over \$1,000,000 but not over \$1,500,000\$175,000 plus 10% of the excess over \$1,000,000</div><div>Over \$1,500,000 but not over \$17,000,000\$225,000 plus 5% of the excess over \$1,500,000</div><div>Over \$17,000,000\$1,000,000</div></div>		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 11 of the instructions )

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) 	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B

Lobbying Activity by Nonelecting Public Charities  
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .)			
<b>c</b> Media advertisements			0
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .)			
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities			



### Exempt Organizations (See page 11 of the instructions.)

501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Yes	No
-----	----

- |               |  |     |
|---------------|--|-----|
| <b>51a(i)</b> |  | N o |
| <b>a(ii)</b>  |  | N o |
| <b>b(i)</b>   |  | N o |
| <b>b(ii)</b>  |  | N o |
| <b>b(iii)</b> |  | N o |
| <b>b(iv)</b>  |  | N o |
| <b>b(v)</b>   |  | N o |
| <b>b(vi)</b>  |  | N o |
| <b>c</b>      |  | N o |

<b>c</b>		No
----------	--	----

goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

**▶** ☐ **Yes** ☒ **No**

**b** If "Yes," complete the following schedule

[illegible]



# TY 2005 Land etc. Schedule

**Name:** AMERICAN CIVIL LIBERTIES UNION

**EIN:** 62-0988329

**Software ID:** 05000133

**Software Version:** 2005v2.0

Category /Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Machinery and Equipment	17,394	14,037	3,357
Furniture and Fixtures	1,497	193	1,304



TY 2005 Other Assets Schedule

**Name:** AMERICAN CIVIL LIBERTIES UNION

**EIN:** 62-0988329

**Software ID:** 05000133

**Software Version:** 2005v2.0

Description	Beginning of Year Amount	End of Year Amount
Security deposits		500
DUE FROM ACLU OF TENNESSEE ( AFFILIATE)	1,780	5,108



**TY 2005 Special Events Schedule**

**Name:** AMERICAN CIVIL LIBERTIES UNION

**EIN:** 62-0988329

**Software ID:** 05000133

**Software Version:** 2005v2.0

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
BILL OF RIGHTS CELEBRATION	54,801		54,801	15,989	38,812



Additional Data

Software ID: 05000133  
Software Version: 2005v2.0  
EIN: 62-0988329  
Name: AMERICAN CIVIL LIBERTIES UNION

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a PUBLIC EDUCATION	43a	2,394	2,394		
b NEWSLETTER	43b	2,997	1,798	600	599
c MISCELLANEOUS	43c	285	171	57	57
d MEETINGS	43d	66	40	13	13
e INSURANCE	43e	728	437	146	145
f FUND RAISING	43f	2,327			2,327
g COMPUTER SERVICES	43g	736	442	147	147
h BANKING FEES	43h	103	62	21	20



**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JOE SWEAT 3517 CENTRAL AVENUE NASHVILLE,TN 37205	BOARD MEMBER 0	0		
ERIKA WOLLAM-NICHOLS 715 SKYVIEW DRIVE NASHVILLE,TN 37206	BOARD MEMBER 0	0		
VATASAL THAKKAR 1708 21ST AVENUE S 139 NASHVILLE,TN 37212	BOARD MEMBER 0	0		
CHARLES SIENKNECHT 605 GLENWOOD AVENUE SUITE 100 NASHVILLE,TN 37404	BOARD MEMBER 0	0		
ABBY RUBENFELD 2409 HILLSBORO ROAD SUITE 200 NASHVILLE,TN 37203	BOARD MEMBER 0	0		
BEN PRESNELL PO BOX 172 TAZEWELL,TN 37218	BOARD MEMBER 0	0		
SHEILA PETERS 4811 FAIRMEADE COURT NASHVILLE,TN 37218	BOARD MEMBER 0	0		
BERNIE MCNABB 804 FOX ROAD NASHVILLE,TN 37922	BOARD MEMBER 0	0		
BRUCE KRAMER 80 MONROW STREET G1 MEMPHIS,TN 38103	BOARD MEMBER 0	0		
MARK JORDAN 6624 JOCELYN HOLLOW ROAD NASHVILLE,TN 37205	BOARD MEMBER 0	0		



**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
MONA FREDERICK 5037 VILLA CREST DRIVE NASHVILLE,TN 37220	BOARD MEMBER 0	0		
GINNY FLACK 1202 STAHLMAN BUILDING NASHVILLE,TN 37201	BOARD MEMBER 0	0		
SONNYE DIXON JR 1107 CHAPEL AVENUE NASHVILLE,TN 37206	BOARD MEMBER 0	0		
PRISCILLA CRAIG 925 MOLEAH COURT HERMITAGE,TN 37076	BOARD MEMBER 0	0		
GLEN CARTER 2120 GOLDEN OAK LANE MADISON,TN 37115	BOARD MEMBER 0	0		
EUGEN BARTOO 4115 ST ELMO AVENUE CHATTANOOGA,TN 37409	BOARD MEMBER 0	0		
DAVID BAKER 810 BROADWAY NASHVILLE,TN 37203	BOARD MEMBER 0	0		
JOSEPH SWEAT 3517 CENTRAL AVENUE NASHVILLE,TN 37205	NAT'L BOARD REP 0	0		
TOM BIBLER 909 OAK STREET CHATTANOOGA,TN 37403	Treasurer 0	0		
PAULETTE WILLIAMS 1505 CUMBERLAND AVENUE KNOXVILLE,TN 37996	Secretary 0	0		



Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SUSAN L KAY 131 21ST AVENUE SOUTH NASHVILLE,TN 37203	Vice President 0	0		
BRUCE BARRY 401 21st AVENUE SOUTH NASHVILLE,TN 37203	President 0	0		
HEDY WEINBERG PO BOX 120160 NASHVILLE,TN 37212	Executive Direc 40	36,615		