DLN: 93493045021412 OMB No. 1545-0047 Form **990 Return of Organization Exempt From Income Tax**

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

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

Treasu		nue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the	latest inf	formation.		Inspection			
			l alendar year, or tax year beginning 04-01-2020 ,and ending 03-3	31-2021						
☐ Ad		oplicable: change	C Name of organization ACLU FOUNDATION OF SOUTHERN CALIFORNIA		D Employe 95-2673		ication number			
☐ Ini	tial ret	urn	Doing business as							
☐ An	nended	/terminated return	Number and street (or P.O. box if mail is not delivered to street address) Room/s 1313 WEST EIGHTH STREET	uite	E Telephone					
⊔ Ар	piicatio	n pending	City or town, state or province, country, and ZIP or foreign postal code		(213) 97	7-9500				
			LOS ANGELES, CA 90017	T	G Gross rec	-	1,209,698			
			F Name and address of principal officer: HECTOR VILLAGRA		s this a group retu	urn for	□ _{Yes} ☑ _{No}			
			1313 WEST EIGHTH STREET LOS ANGELES, CA 90017		ubordinates? .re all subordinate	es	□ Yes □No			
I Ta:	x-exen	npt status:	·	1	ncluded? f "No," attach a lis	st (see				
J W	ebsit	e:► WW	/W.ACLU-SC.ORG		Group exemption i	•	•			
K Forr	n of or	ganization:	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of	formation: 1974	M State	of legal domicile: CA			
Pa	art I	_	mary scribe the organization's mission or most significant activities:							
Activities & Governance	3 4 5 6	3 4 5 6	48 48 104 121							
	ı		elated business revenue from Part VIII, column (C), line 12			7a	0			
	b	Net unrel	ated business taxable income from Form 990-T, line 39	<u> </u>		7b	0			
	R	Contribut	ions and grants (Part VIII, line 1h)		Prior Year	15	14,465,406			
ēnuē	l		tributions and grants (Part VIII, line 1h)							
Rave	1		nt income (Part VIII, column (A), lines 3, 4, and 7d)	52	968,013					
_	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-348,3		-431,080				
	_		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16	16,165,175					
	1		nd similar amounts paid (Part IX, column (A), lines 1–3)			0	82,500			
"	1		paid to or for members (Part IX, column (A), line 4)		8,278,8	_	8,605,780			
Expenses	1		nal fundraising fees (Part IX, column (A), line 11e)		40,2	_	16,816			
e d	ь	Total fundr	raising expenses (Part IX, column (D), line 25) ▶1,150,781							
<u>a</u>	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,807,5	66	6,429,306			
	l		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		13,126,6	-	15,134,402			
ي ي	19	Revenue	less expenses. Subtract line 18 from line 12	Regin	ning of Current Ye		1,030,773 End of Year			
Net Assets or Fund Balances				Jog	mig or current re		Lina or rear			
Bak	20	Total ass	ets (Part X, line 16)		38,815,9	68	45,040,738			
E de	1		ilities (Part X, line 26)		3,446,3	_	4,381,426			
		_	s or fund balances. Subtract line 21 from line 20		35,369,6	42	40,659,312			
	rt II r pena		ature Block erjury, I declare that I have examined this return, including accompanying	schedules	s and statements.	and to	the best of mv			
know		and belie	f, it is true, correct, and complete. Declaration of preparer (other than off							
ally K	HOWIE	lı								
٠.		****** Signati	re of officer		2022-02-11 Date					
Sign Here		и несто	D VILLAGDA EVECUTIVE DIDECTOR							
			R VILLAGRA EXECUTIVE DIRECTOR r print name and title							
		P		Date 2022-02- 1 1		TI N 00650274				
Paid		<u> </u>		2022-02-11	self-employed		-			
	pare	; 1	irm's name ► ARMANINO LLP		Firm's EIN ► 94-6	214841				
Use	On	iy F	irm's address ▶ 12657 ALCOSTA BLVD STE 500		Phone no. (925) 7	90-2600				
			SAN RAMON, CA 945834600							
			this return with the preparer shown above? (see instructions)			1. 21 -	es 🗆 No			

Cat. No. 11282Y

Form **990** (2020)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	n 990 (2020)					Page 2
Pa	art III Statement	of Program Service	e Accomplis	hments		
	Check if Sched	dule O contains a resp	onse or note to a	any line in this Part III .		🗹
1	Briefly describe the o	rganization's mission:				
SEE	FORM 990, PART I, LIN	E 1				
	Did the average tion	undoubolis on a significa		dana dirigina blanciano di	hish ware wellished on	
2	-	- 990-EZ?		vices during the year wh	nich were not listed on	☐ Yes ☑ No
	If "Yes," describe the					□ Tes ☑ NO
3				changes in how it condu	icts any program	
3	_	☐ Yes ☑ No				
	services?	□ res • No				
	If "Yes," describe the	-				
4					largest program services, as mean of grants and allocations to others,	
	expenses, and revenu	The total				
4a	(Code:) (Expenses \$	8,019,044	including grants of \$	82,500) (Revenue \$	968,013)
	See Additional Data					
4b	(Code:) (Expenses \$	3,961,714	including grants of \$) (Revenue \$)
	See Additional Data	, (=, = +	-,,		, (4	,
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program as = :-	es (Describe in Sched	ula O)			
4 u	(Expenses \$	•	uie O.) luding grants of	\$) (Revenue \$)
4e	Total program serv		11,980,7	<u>'</u>	, (
76		ice expenses F	11,500,7			

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Par	tiv Checklist of Required Schedules		Yes	No 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 2	1	Yes	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🗳	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III $\ref{20}$.	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part 93.	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
	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? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
a	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Vs -	
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	Yes orm 99	n (2020)

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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		No
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? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $\$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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	Yes	
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
1~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 68		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 68 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	Yes	

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3		
	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	2b	Yes			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	103			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No		
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 Accounts (FBAR).					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ———		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		N-		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No 		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b				
	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
g	7g					
h	required?					
	1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8				
•	sponsoring organization have excess business holdings at any time during the year?					
9 a		9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
c	Enter the amount of reserves on hand					
14a	14a		No			
b	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No		

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to i	ines
Se	ction A. Governing Body and Management			
		\vdash	Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year 48			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 48			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	\vdash		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
_	<u> </u>	16b		
<u>Se</u> 17	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶			
-/	List the states with which a copy of this form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: PREETI P KULKARNI 1313 WEST EIGHTH STREET LOS ANGELES, CA 90017 (213) 977-9500			
			orm OO	n (2020)

(A)

Name and title

(F)

Estimated

amount of other

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, 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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

(B)

Average

hours per

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, or 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 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.

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

(E)

Reportable

compensation

week (list is both an officer and a from the from related compensation director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual trustee or director Highest compensatemployee Former organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) Ē See Additional Data Table

(A)

Name and title

compensation from the organization ▶ 2

(B)

Average

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

Page 8

		hours per week (list any hours	(list is both an officer and a fro ours director/trustee) orga							pensation compensation from relate organization 2/1099- (W-2/1099		d comper ns from		sation	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		(,1099- ISC)	MISC)		relat organiz	:ed	
See	Additional Data Table														
c ·	Sub-Total		Α.			1	*		1,	922,501		0		499,967	
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bov	e) who	rece	eived mo	re than \$	100,000				
												$\overline{}$	Yes	No	
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .								ghest cor	•	d employee on	3		No	
4	For any individual listed on line 1a, is	the sum of rep	ortable ·	comp	ensa	ation	n and o	other	compen	sation fro	m the			110	
	organization and related organization individual	s greater than \$	150,00	0? <i>If</i> •	"Yes	," c	omple •	te Sc	chedule J	for such		4	Yes		
5	Did any person listed on line 1a recei services rendered to the organization											5	163	No	
S	ection B. Independent Contract	ors												INO	
1	Complete this table for your five high from the organization. Report compe	est compensate										mpens	sation		
	<u>-</u>	(A) and business addre		7							(B) scription of services		(Compe		
THE	VIRTUAL OFFICE TECHNOLOGIES	and business addit								IT SUPPO		\dashv	Compe	176,444	
	/ISTA TRUCHA PORT BEACH, CA 92660														
	CONSTRUCTION GROUP INC									FLOOD DA	MAGE REPAIRS			128,979	
	EL VENADO DR ENDA HEIGHTS, CA 91745														

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

		(2020)								Page 9
Part	VIII				roeno	nco or noto to any	line in this Part VIII			П
		Check II Sched	uie	O CONTAINS A	respo	inse of flote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a	Federated campaig	gns	1	.a			revenue		312 - 314
ants	b Membership dues 1b c Fundraising events 1c				.b					
وَ وَن					.с	936,909				
ons, Gifts, Grants Similar Amounts		Related organization			.d					
s. G imil		Government grants (<u> </u>	.е					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions and similar amounts above	s, gir not ir	achidad	Lf	13,528,497				
tributi Other	g	Noncash contributions	s incl		İ					
Contr and C		lines 1a - 1f:\$. 16		g	648,154				
ರ ಕ	n	Total. Add lines 1a	9-17		•	•	14,465,406			
	22	LITIGATION FEES				Business Code	968,013	968,013		_
<u>e</u>	24					541100				
Ven	b									
Program Service Revenue										
rvic	C									
Š	d									
gran	e									
ě										
	f	All other program	serv	ice revenue.						
	Ь—	Total. Add lines 2				968,013	1	T	1	
	3 . s	Investment income imilar amounts)	(inc	luding divide	nds, ii •	nterest, and other •	578,567	•		578,567
	l	Income from invest	mer	nt of tax-exen	npt bo	ond proceeds				
	5	Royalties	_	() 0	•	>	<u> </u>			
				(i) Real		(ii) Personal	1			
		Gross rents	6a	59	92,357					
	b	Less: rental expenses	6b	69	98,490					
	С	Rental income	_				1			
	ا	or (loss) Net rental income	6c		06,133					-106,133
		Net rental income		(i) Securit		(ii) Other				100,133
	7a Gross amount from sales of assets other than inventory h Less: cost or		.,			-				
			4,5	52,953						
					1					
		other basis and sales expenses	7b	3,90	58,684					
	_	Gain or (loss)	7c	5,	34,269]			
	l	Net gain or (loss)				l .				584,269
4	l	Gross income from fu	ındra	ising events			1			
an ue		(not including \$ contributions reported		936,909 of line 1c).						
eve		See Part IV, line 18			8a	0				
تر تر	ı	Less: direct expen			8b	377,349	_			277 240
Other Revenue	C	Net income or (los	s) fr	om fundraisii	ng eve	ents >	-377,349 T			-377,349
0	9a	Gross income from	gam	ing activities.						
		See Part IV, line 19			9a		_			
	ı	Less: direct expen Net income or (los			9b ctiviti	es .	J			
	ľ	Tree meanie or (103	.S) II	om gammig a		es <u></u>	1			
	10a	Gross sales of inve returns and allowa	ento	ry, less s	10a					
	l b	Less: cost of good			10a 10b		1			
	l	Net income or (los				ory >	J			
		Miscellaneo	us R	evenue		Business Code]			
	11	aCONTRACT SERVI	ICE I	REVEN		900099	34,944			34,944
						00000	17.450			17.450
	b	MISCELLANEOUS	REV	ENUE		900099	17,458			17,458
	_									
	C									
	<u>ا</u>	All other revenue	_							
		Total. Add lines 1				•				
	12	Total revenue. S	ee ir	nstructions .			52,402			
						· •	16,165,175	968,013	1	0 731,756 Form 990 (2020)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must	complete all columns.	All other organizatio	ns must complete colu	ımn (A).
Check if Schedule O contains a response or note to	any line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	82,500	82,500		
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	1,579,411	1,096,495	238,482	244,434
6 Compensation not included above, to disqualified persons (a defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	s			
7 Other salaries and wages	5,212,331	3,998,979	658,427	554,925
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	471,685	355,569	70,006	46,110
9 Other employee benefits	823,956	622,421	133,044	68,491
10 Payroll taxes	518,397	388,212	69,151	61,034
11 Fees for services (non-employees):				
a Management				
b Legal	115,796	68,884	46,912	
c Accounting	105,065	,	105,065	
d Lobbying	154,701	154,701	,	
e Professional fundraising services. See Part IV, line 17	16,816	','		16,816
f Investment management fees	82,919		82,919	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	474,320	177,170	284,749	12,401
12 Advertising and promotion	16,061	12,636		3,425
13 Office expenses	148,175	67,333	43,328	37,514
14 Information technology	111,408	68,286	21,430	21,692
15 Royalties		·	·	
16 Occupancy	941,718	693,677	172,437	75,604
17 Travel	3,248	2,658	590	<u> </u>
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	-,	_,		
19 Conferences, conventions, and meetings	16,076	15,260	483	333
20 Interest	2,491		2,491	
21 Payments to affiliates	3,961,714	3,961,714		
22 Depreciation, depletion, and amortization	65,065	50,487	8,159	6,419
23 Insurance	116,444	50,246	65,190	1,008
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LITIGATION FEE	93,122	93,122		
b OTHER PROGRAM EXPENSES	20,983	20,408		575
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	15,134,402	11,980,758	2,002,863	1,150,781
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).			1	

Form 990 (2020)

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Liabilities 22

Fund Balances

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Assets 30 6 7

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12 13

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20 21

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25

26

27

28

29

30

31

32

33

226,794

8,735,497

19,646,399

3,559,602

799,084

38,815,968

1,239,108

320.840

1,886,378

3.446.326

27.087.826

8,281,816

35,369,642

38,815,968

Page 11

177,589

8,367,844

24,353,528

4,153,176

585,815

45,040,738

1,189,483

352.910

2,839,033

4.381.426

31,347,415

9,311,897

40,659,312

45,040,738

Form 990 (2020)

Check if Schedule	O contains	a respo	nse or	note to	any	line in	this	Part IX	

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Investments—publicly traded securities .

Other assets. See Part IV, line 11 .

Accounts payable and accrued expenses

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 33)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

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

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related. See Part IV, line 11

or family member of any of these persons . . .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

	(A) Beginning of year	
Cash-non-interest-bearing	1,201,725	1
Savings and temporary cash investments	3,574,341	2

10b

1 Cash-non-interest-bearing	1,201,725	1	1,760,117
2 Savings and temporary cash investments	3,574,341	2	2,611,074
3 Pledges and grants receivable, net	872,151	3	2,889,410
4 Accounts receivable, net	200,375	4	142,185
5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled		5	

5,782,800

	4	Accounts receivable, net				.	
	5	Loans and other payables to any current or form key employee, creator or founder, substantial crentity or family member of any of these persons	ontribu	,		· · · · · · · · · · · · · · · · · · ·	
	6	Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in section $4958(f)(1)$	fied pe			under • •	
'n	7	Notes and loans receivable, net				.	
še	8	Inventories for sale or use					
2	9	Prepaid expenses and deferred charges					
7	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		14,	150,644	

Yes

Nο

Form 990 (2020)

2c

3a

3h

c 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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software ID:

Software Version:

EIN: 95-2673361

Name: ACLU FOUNDATION OF SOUTHERN CALIFORNIA

Form 990 (2020)

Form 990, Part III, Line 4a:

ON BEHALF OF PEOPLE IMPACTED BY CIVIL LIBERTIES AND CIVIL RIGHTS ISSUES, THE ACLU FOUNDATION OF SOUTHERN CALIFORNIA PROVIDED LEGAL SERVICES AND LITIGATED DOZENS OF CASES, INCLUDING UNLAWFUL IMMIGRATION ENFORCEMENT PRACTICES AND ARRESTS, OVER-POLICING IN SCHOOLS, GENDER DISCRIMINATION IN THE WORKPLACE, ABORTION ACCESS, PROSECUTORIAL MISCONDUCT AND INADEQUATE SOCIAL SERVICES FOR PEOPLE EXPERIENCING POVERTY. THIS YEAR, AMONG

IN THE WORKPLACE, ABORTION ACCESS, PROSECUTORIAL MISCONDUCT AND INADEQUATE SOCIAL SERVICES FOR PEOPLE EXPERIENCING POVERTY. THIS YEAR, AMONG THINGS, WE SECURED A COURT ORDER REQUIRING ORANGE COUNTY TO REDUCE ITS JAIL POPULATION BY 50 PERCENT, WON AN ADMINISTRATIVE COMPLAINT AGAINST SAN BERNARDINO COUNTY EDUCATION OFFICIALS FOR MISSPENDING MILLIONS IN STATE FUNDING INTENDED FOR HIGH-NEEDS STUDENTS, INCLUDING BY ROUTING MILLIONS OF DOLLARS TO LAW ENFORCEMENT INSTEAD OF MENTAL HEALTH AND OTHER SUPPORT SERVICES, AND WE CONTINUED TO LITIGATE TWO CASES THAT WOULD BE HEARD AT THE U.S. SUPPEME COURT--FAZAGA V. FBI, A LONG-RUNNING, LANDMARK CASE DEFENDING RELIGIOUS FREEDOMS AND CHALLENGING THE FBI FOR ILLEGALLY SPYING ON THE MUSLIM COMMUNITY IN ORANGE COUNTY; AND GARLAND VS. GONZALEZ, A CASE ARGUING FOR BOND HEARINGS FOR IMMIGRANTS WHO FACE LONG DETENTION BEFORE THEIR CLAIMS ARE RESOLVED.

Form 990, Part III, Line 4b: ACLU FOUNDATION OF SOUTHERN CALIFORNIA HAS AN AGREEMENT WITH THE NATIONAL OFFICE WHEREBY CERTAIN REVENUES ARE SHARED ACCORDING TO SET FORMULAS FOR PROGRAM SERVICES THROUGHOUT THE NATION.

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

250,580

157,664

157,736

165,365

134,452

121,357

11,317

27,919

69,728

60,186

9,328

14,311

60,601

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	,	u u. u ooto., t. u.otoo,						(1)	(14) 2 (4 000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
HECTOR VILLAGRA EXECUTIVE DIRECTOR	42.00			х				171,972	0	68,146	
JULIE WEINSTEIN CHIEF DEVELOPMENT OFFICER	54.00			х				164,777	0	28,272	
PREETI KULKARNI CHIEF FINANCIAL AND ADMIN	42.00			х				125,945	0	8,840	

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CHIEF DEVELOPMENT OFFICER					,	
PREETI KULKARNI CHIEF FINANCIAL AND ADMIN	42.00		х		125,945	
MARCUS BENIGNO CHIEF COMM AND MKTING	26.25		Х		121,690	
	60.00					·

60.00 SYLVIA TORRES-GUILLEN

60.00

48.00

37.50

37.50

37.50

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and Independent Contractors

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DIRECTOR EDUCATION EQUITY

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AHILAN ARULANANATHAM

DIRECTOR OF ADVOCACY

SENIOR STAFF ATTORNEY

JENNIFER PASQUARELLA

AUDREY IRMAS DIRECTOR/LGBTQ

DIR OF IMM RIGHTS AND SR STAFF ATTY

SENIOR COUNCIL

MELISSA GOODMAN

MINOUCHE KANDEL

AMANDA GOAD

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from related from the compensation

	any hours	and	a dir	ecto	r/tr	ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
PETER BIBRING DIR OF POLICE PRACTICES	37.50					х		117,583	0	49,463	
VICTOR LEUNG EDU EQUITY PROJ DIR/ DEPUTY DIR OF ADVOCA	37.50					х		117,162	0	18,920	
PETER ELIASBERG CHIEF COUNSEL	37.50					х		116,218	0	72,936	

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				I X	117,5831	
DIR OF POLICE PRACTICES					117,555	
VICTOR LEUNG EDU EQUITY PROJ DIR/ DEPUTY DIR OF ADVOCA	37.50			Х	117,162	
PETER ELIASBERG CHIEF COUNSEL	37.50			X	116,218	
MARLA STONE	3.00	×	×		0	

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and Independent Contractors

CHAIR

FRANK BROCCOLO

SHARI FRUMKIN

NICHELLE S CARR

ELLIOT GORDON

DIRECTOR/CFO

CONNIE PARKER

SUSAN ADELMAN

DIRECTOR

SECRETARY/EDI OFFICER

DIRECTOR (JOINED 9/2020)

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VICE CHAIR

VICE CHAIR

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	any nours	I and	a uii	ecto	JI/ LI	ustee	, !	organization	organizations	rrom the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
STEVEN D ADES DIRECTOR (LEFT 3/2021)	1.00							0	0	0	
JUDY BALABAN DIRECTOR	1.00	X						0	0	0	
HANNAH CANNOM DIRECTOR	1.00	X						0	0	0	
LATIA CURRY DIRECTOR	1.00	X						0	0	0	
JEFFREY J DOUGLAS	1.00						\Box				

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DIRECTOR
LATIA CURRY
DIRECTOR
JEEEDEN J DOUGLAS

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

LEO FRUMKIN

MARY ELLEN GALE

DANNY GOLDBERG

MICHELE GOODWIN

DIRECTOR (LEFT 3/2021)

......

JOHN ERICKSON

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	E							(14/ 2/1000	(14/ 2/1000	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations	
ELLEN GREENSTONE DIRECTOR	1.00	Х						0	0	0	
STEVE HECKLER DIRECTOR	1.00	Х						0	0	0	
ROB HENNIG DIRECTOR	1.00	Х						0	0	0	
KELLY LYTLE HERNANDEZ DIRECTOR	1.00	Х						0	0	0	
STACEY HERZING DIRECTOR	1.00	Х						0	0	0	
BARRY HIRSCH	1.00	Х						0	0	0	

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

ROGER L KOHN

JACOB KREILKAMP

DENNIS LAVINTHAL

STACY HORTH-NEUBERT

DIRECTOR (LEFT 3/2021)

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	1 6 1	4114	u un			45000	,	(14, 2,4,000	(14/ 2/4000	everyination and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
DOLORES LEAL DIRECTOR	1.00	Х						0	0	0	
SHARI LEINWAND DIRECTOR	1.00	х						0	0	0	
SUZANNE LERNER DIRECTOR	1.00	х	_					0	0	0	
ROGER LOWENSTEIN DIRECTOR (LEFT 3/2021)	1.00	Х						0	0	0	
SIDNEY MACHTINGER DIRECTOR	1.00	х						0	0	0	
GARY MANDINACH DIRECTOR	1.00	х						0	0	0	
BETH SIEROTY MELTZER	1.00										

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

STEVE PERSKY

ALEX MENENBERG

DOUGLAS E MIRELL

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

!	1 6							1 (1) 2 (1000	1 (1) 2/1000	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
CHRISTOPHER RICE-SHEPHERD DIRECTOR	1.00	X						0	0	0	
ANAYA ROY DIRECTOR (LEFT 9/2020)	1.00	X						0	0	0	
NICK SANCHEZ DIRECTOR (LEFT 3/2021)	1.00	X						0	0	0	
ALAN SIEROTY DIRECTOR	1.00							0	0	0	
JANGO SIRCUS	1.00	X						0	0	0	

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ALAN SIEROTY
DIRECTOR
JANGO SIRCUS
DIRECTOR

FRED SPECKTOR

KATE SUMMERS

CONNIE TCHENG

DIRECTOR

DIRECTOR

DIRECTOR

NATALIE TRAN

SHAMYA ULLAH

....... DIRECTOR

DIRECTOR (LEFT 3/2021)

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	for related		T G G		I		(W- 2/1099-	(W- 2/1099-	organization and	
	organizations below dotted line)		Institutional Trustee	Key employee	Highest compensated	Former	MISC)	MISC)	related organizations	
JOHN ULIN DIRECTOR	1.00	Х					0	0	0	
TOM UNTERMAN DIRECTOR (LEFT 3/2021)	1.00	х					0	0	0	
FARHAAD VIRANI	1.00									

DIRECTOR		Х			0	
TOM UNTERMAN DIRECTOR (LEFT 3/2021)	1.00	Х			0	
FARHAAD VIRANI DIRECTOR (LEFT 3/2021)	1.00	Х			0	
BRUCE WHIZIN DIRECTOR	1.00	х			0	

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and Independent Contractors

DIRECTOR

DIRECTOR

CHIC WOLK

DIRECTOR

DIRECTOR

DIRECTOR

EHSAN ZAFFAR

KRISTIN ZETHREN

DANICE WOODLEY

.......

DIRECTOR (JOINED 12/2020)

JON WIENER

DIRECTOR (LEFT 3/2021)							
FARHAAD VIRANI	1.00	V			0	0	
DIRECTOR (LEFT 3/2021)		^			U	O	
BRUCE WHIZIN	1.00	Y			0	0	
DIRECTOR		^			0	Ü	
SARA WIDZER	1.00						

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DIRECTOR							_
TOM UNTERMAN	1.00	Y			0	0	0
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FARHAAD VIRANI	1.00	v			0	0	0
DIRECTOR (LEFT 3/2021)		^				0	· ·
BRUCE WHIZIN	1.00	v			0	0	0
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SCI	HED	ULE A	Dublic	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047	
	m 99		Complete if the	organization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 90-EZ.	r a section	2020	
		the Treasury	► Go to <u>www.i</u>	i <u>rs.gov/Form990</u> for i	nstructions and	d the latest info	ormation.	Open to Public Inspection	
Nam	e of th	ne organiza	tion THERN CALIFORNIA				Employer identific	ation number	
ACLU	COND	ATTON OF 300	THERN CALIFORNIA				95-2673361		
Pa			for Public Charity Sta				See instructions.		
1 ne o	rganiz		private foundation becau	•	•	• •	(A)(:)		
		·	onvention of churches, or						
2			scribed in section 170(b		`	, ,			
3		·	or a cooperative hospital so	-			•		
4	Ш	A medical r name, city,	esearch organization oper and state:	ated in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(III). E	nter the hospital's	
5			ition operated for the bend (iv). (Complete Part II.)	efit of a college or unive	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170	
6		A federal, s	tate, or local government	or governmental unit de	escribed in sectio	on 170(b)(1)(A	\)(v).		
7	✓		ition that normally receive 0(b)(1)(A)(vi). (Comple		s support from a	governmental ι	ınit or from the gener	al public described in	
8		A communi	ty trust described in secti	on 170(b)(1)(A)(vi).	(Complete Part I	I.)			
9			ıral research organization ant college of agriculture.					ege or university or a	
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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). (Complete Part III.)							
11		An organiza	ition organized and operat	ed exclusively to test fo	r public safety. S	See section 509	(a)(4).		
12		more public	ition organized and operat ly supported organization through 12d that describe	s described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a		
a		Type I. A so	upporting organization op n(s) the power to regularly Part IV, Sections A and	erated, supervised, or c y appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by		
b		Type II. A manageme	supporting organization s nt of the supporting organ plete Part IV, Sections A	upervised or controlled i ization vested in the sar			` ',' '	_	
c		Type III f	unctionally integrated. Appropriate instruction (s) (see instruction)	A supporting organizatio				ited with, its	
d		Type III n	on-functionally integra integrated. The organizat). You must complete P	ted. A supporting organicion generally must satis	ization operated fy a distribution	in connection wi	th its supported organ		
e		Check this	oox if the organization rec or Type III non-functional	eived a written determir	nation from the I		pe I, Type II, Type II	I functionally	
f	Enter		of supported organization		-				
g	Provi	de the follow	ing information about the	supported organization(s).				
	(i) N	lame of supp organizatior		organization in your governing document? m		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No			
Tota			tion Act Notice, see the	<u> </u>	Cat. No. 1128!		 Schedule A (Form 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 126,765 140,615 279,178 387,349 52,402 assets (Explain in Part VI.). . 11 **Total support.** Add lines 7 through 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage for 2019 Schedule A, Part II, line 14 15 16a 33 1/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

986,309 78,633,331 3,856,913 79,990 % 77.850 % h 33 1/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	Support Schedule for								
	(Complete only if you c						er Part II. If		
the organization fails to qualify under the tests listed below, please complete Part II.)									
Se	ection A. Public Support						1		
	Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	(or fiscal year beginning in) ► Gifts, grants, contributions, and								
-	membership fees received. (Do not								
	include any "unusual grants.") .								
2	Gross receipts from admissions,								
	merchandise sold or services								
	performed, 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 business								
	under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid								
5	to or expended on its behalf The value of services or facilities								
3	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
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.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
	from line 6.)								
	ection B. Total Support		1	1	Γ	Π	1		
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on	I							
	securities loans, rents, royalties and	I							
	income from similar sources.								
b	Unrelated business taxable income	I							
	(less section 511 taxes) from businesses acquired after June 30,	I							
	1975.	I							
С	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included in line 10b,	I							
	whether or not the business is	I							
12	regularly carried on.		-				1		
12	Other income. Do not include gain or loss from the sale of capital assets	1							
	(Explain in Part VI.)	1							
13									
	11, and 12.).		<u> </u>	1.6 11 601 1		F04()(2)	<u> </u>		
14	First 5 years. If the Form 990 is for the	-			•	. , , ,	· —		
	check this box and stop here					<u></u>	<u> ▶ ⊔ </u>		
	ection C. Computation of Public S			1 (6)					
15	Public support percentage for 2020 (lin					15			
16	Public support percentage from 2019 S					16			
	ection D. Computation of Investi				.,				
17	Investment income percentage for 202	•	.,		• •	17			
18	Investment income percentage from 2	019 Schedule A,	Part III, line 17 .			18			
19a	331/3% support tests—2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more thar	33 1/3%, and lin	e 17 is not		
	more than 33 1/3%, check this box and s	stop here. The o	rganization qualifi	es as a publicly su	ipported organiza	tion	. ▶□		
	33 1/3% support tests—2019. If the								
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	. ▶ □		
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	l9a, or 19b, check	this box and see	instructions	▶ 🗆		

Page 4

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10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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.	1			
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).	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.				
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				

	III Section 303(a)(1) or (2).	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.	3a			
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.				

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the				
	determination.				
С	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.				
	If tes, explain in Part v1 what controls the organization put in place to ensure such use.	3с			
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.				
	CHECKED DOX 124 OF 125 IN PART 1, ANSWER TIMES 4D AND 4C DEIOW.	4a			
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.				
С	I the organization support any foreign supported organization that does not have an IRS determination under sections 1(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.				
5а	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				

C							
	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.	4a					
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.						
С	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).						

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? 5b 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 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. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below.

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
		e organization accepted a gift or contribution from any of the following persons?			
а		on who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the hing body of a supported organization?	11a		
b	A fami	ily member of a person described in 11a above?	11b		
		o controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
_	VI.	B. Type I Supporting Organizations			
	ection	b. Type I Supporting Organizations		Yes	No
1	appoir descrit activit remov	e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly be or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or be directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and 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 organization(s) that	_		
	operat <i>carried</i>	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.			
_					
5	ection	C. Type II Supporting Organizations		Yes	No
1	Were:	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		163	110
-	each d	of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the rting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection	D. All Type III Supporting Organizations			
				Yes	No
1	tax ye Form 9	I the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the m 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	docum	nents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).				
_			2		
3	voice i	ison of the relationship described in line 2 above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at all times the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection	E. Type III Functionally-Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons):		
	a 🗌	The organization satisfied the Activities Test. Complete line 2 below.			
	b 🗆	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c 🗌	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activit	ies Test. Answer lines 2a and 2b below.		Yes	No
	suppor o rgan respor	bstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported lizations and explain how these activities directly furthered their exempt purposes, how the organization was sive to those supported organizations, and how the organization determined that these activities constituted	2-		
		entially all of its activities. e activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the	2a		
	organi <i>organi</i>	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		of Supported Organizations. Answer lines 3a and 3b below.	2b		
	a Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of pported organizations? If "Yes" or "No" provide details in Part VI .	3a		
		e organization exercise a substantial degree of direction over the policies, programs and activities of each of its red organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>	3b		
			30		

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 Add lines 1 through 3 4 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 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		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		_
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-i	ntegrat	ed Type III supporting organi	ization (coo

instructions) Schedule A (Form 990 or 990-F7) 2020

1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions				
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdictributions if any for years prior to 2020				

	Total allitual allocations, and mice a divough of			_	
8	8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions				
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by Line 9 amount			10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
	Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020:				
a	From 2015				
b	From 2016				
_	F 2017		1		

10 Line 8 amount divided by Line 9 amount		10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through e			

1 Distributable amount for 2020 from Section C, line 6		
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.		
3 Excess distributions carryover, if any, to 2020:		
a From 2015		
b From 2016		
c From 2017		
d From 2018		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2020 distributable amount		

i Carryover from 2015 not applied (see

4 Distributions for 2020 from Section D, line 7:

a Applied to underdistributions of prior years

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

7 Excess distributions carryover to 2021. Add lines

a Excess from 2016. **b** Excess from 2017. . . . c Excess from 2018.

e Excess from 2020.

instructions)

3j and 4c. 8 Breakdown of line 7:

d Excess from 2019.

b Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		

Schedule A (Form 990 or 990-EZ) (2020)

Schedule A (Form 990 or 990-EZ) 2020 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D. lines 5, 6, and 8; and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). Facts And Circumstances Test 990 Schedule A, Supplemental Information Return Reference Explanation SCHEDULE A, PART II, LINE 10. FUNDRAISING PROCEEDS - 2016 AMOUNT: \$ 126.765, 2017 AMOUNT: \$ 140.615, 2018 AMOUNT: \$ 116. 722. 2019 AMOUNT: \$ 286,741. MISCELLANEOUS INCOME - 2018 AMOUNT: \$ 162,456. 2019 AMOUNT: \$ EXPLANATION OF OTHER 78,208. 2020 AMOUNT: \$ 17,458. CONTRACT SERVICE REVENUE - 2019 AMOUNT: \$ 22,400. 2020 AMO INCOME: UNT: \$ 34,944.

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Political Campaign and Lobbying Activities

OMB No. 1545-0047

DLN: 93493045021412

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

f the	Section 527 organizations: Complete organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Tax s), then	90-EZ, Part VI, Iir ection 501(h)): Conder section 501(h	ne 47 (Lobbying Activities Implete Part II-A. Do not co)): Complete Part II-B. Do i	omplete Part II-B. not complete Part II-A.
Nar	me of the organization .U FOUNDATION OF SOUTHERN CALIFOR	·		Employer iden 95-2673361	tification number
Par	t I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is	a section 527 organi	zation.
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political can	npaign activities ir	Part IV (see instructions f	or definition of
2	Political campaign activity expend	litures (see instructions)		>	\$
3		aign activities (see instructions)			
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).		
1	,	ax incurred by the organization under se			\$
2		ax incurred by organization managers u			\$
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	his year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV.				
Par		nization is exempt under sectio			
1	, · ·	ed by the filing organization for section			\$
2		anization's funds contributed to other o			\$
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and or	n Form 1120-POL,	line 17b ▶	\$
4	Did the filing organization file For	m 1120-POL for this year?			Yes No
5	organization made payments. For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly deliver ee (PAC). If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds olitical organization, such a	. Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
4					
5					
6					
or P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 500845 Schedule C (Form 990 or 990-EZ) 2020

Page 2

Schedule C (Form 990 or 990-EZ) 2020

Over \$17,000,000

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

В	Check ▶ ☐ if the filing organization checked box A	A and "limited control" provisions apply.		
	Limits on Lobbying (The term "expenditures" means		(a) Filing organization's totals	(b) Affiliated grout totals
1a	Total lobbying expenditures to influence public opinion	on (grass roots lobbying)	33,086	
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)	121,615	
C	Total lobbying expenditures (add lines 1a and 1b)		154,701	
d	Other exempt purpose expenditures		14,962,885	
е	Total exempt purpose expenditures (add lines 1c and	i 1d)	15,117,586	
f	Lobbying nontaxable amount. Enter the amount from columns.	n the following table in both	905,879	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		

	Section 4911 tax for this year?		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			☐ Yes ☐ No
i	Subtract line 1f from line 1c. If zero or less, enter -0	0	
h	Subtract line 1g from line 1a. If zero or less, enter -0	0	
g	Grassroots nontaxable amount (enter 25% of line 1f)	226,470	

\$1,000,000.

(Some organizations that made a section 501(h) election do not have to complete all of the five

columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

706,477

50,000

176,619

5,000

(b) 2018

796,592

77,054

199,148

7,705

(c) 2019

806,331

113,247

201,583

(d) 2020

905,879

154,701

226,470

33,086

Schedule C (Form 990 or 990-EZ) 2020

(e) Total

3,215,279

4,822,919

395,002

803,820

1,205,730

96,521

(a) 2017

Return Reference

or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b)	
ctivi		Yes	No	Amoui	nt
L	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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1	
С	Media advertisements?			1	
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
3	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912			1	
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r secti		
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).		or secti	Yes	I
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?		or secti	Yes	I
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			Yes 1 2	N
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?			Yes 1 2 3	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			Yes 1 2 3 ion 501(c	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			Yes 1 2 3 ion 501(c	
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	(5), o		Yes 1 2 3 ion 501(c	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	(5), o III-A		Yes 1 2 3 ion 501(c	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	(5), o III-A 1 2a 2b		Yes 1 2 3 ion 501(c	
ari a b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 ion 501(c	
ari arb	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), o III-A 1 2a 2b		Yes 1 2 3 ion 501(c	
Pari	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	1 2a 2b 2c 3		Yes 1 2 3 ion 501(c	
Pari	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 ion 501(c	E)((
Pari	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	1 2a 2b 2c 3		Yes 1 2 3 ion 501(c	

Explanation

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493045021412

OMB No. 1545-0047

Supplemental Financial Statements

Department of the Treasury

(Form 990)

► 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.

Internal Revenue Service Name of the organization ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identifi

2020	
Open to Public Inspection	
cation number	
other accounts	

4CL	U FOUNDATION OF SOUTHERN CALIFORNIA		95-2673361
Ρā	rt I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds	l
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex		
	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	
	private benefit?		☐ Yes ☐ No
}a	rt II Conservation Easements. Complete if the organization answered "Ye	s" on Form 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the organ	nization (check all that apply).	
	Preservation of land for public use (e.g., recreation	n or education)	an historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the f	form of a conservation Held at the End of the Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic	c structure included in (a)	2c
d	Number of conservation easements included in (c) acqui structure listed in the National Register	ired after 7/25/06, and not on a historic	2d
	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguished, or terminated b	y the organization during the
	Number of states where property subject to conservatio	on easement is located >	
	Does the organization have a written policy regarding th		
	and enforcement of the conservation easements it holds		∐ Yes ☐ No
	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year
	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enforcing conse	ervation easements during the year
	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		170(h)(4)(B)(i) ☐ Yes ☐ No
	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financial sta	pense statement, and
aı	t III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasures, or Ot	ther Similar Assets.
а	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statem.	SC 958, not to report in its revenue statem lic exhibition, education, or research in fur	
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items:	SC 958, to report in its revenue statement	
(i) Revenue included on Form 990, Part VIII, line 1		▶\$
	i)Assets included in Form 990, Part X		
	If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or other similar assets for fir	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assats included in Form 990 Part V		

 ${f c}$ Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

e Other .

d Additions during the year	use of its collection
items (check all that apply): a	
b	
C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purp Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. Fart IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amo 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? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance	
Prevention for future generations Pract XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amo X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 11 Id b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . Part V Endowment Funds. Complete if the organization 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. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years be completed in Part XIII . 1b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years of the current year (a) Drive years (b) Prior year (c) Two years back (d) Three years (d) Tree years (d) Two years back (d) Three years (d) Tree years (d) Two years back (d) Three years (d) Tree years (d) Two years back (d) Three years (d) Tree years (d) Two years back (d) Three years (d) Tree years (d) Two years back (d) Three years (d)	ose in
Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. Part IV	ose in
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. Part IV	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amo 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? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance	☐ Yes ☐ No
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance	unt on Form 990, Part
d Additions during the year	☐ Yes ☐ No
d Additions during the year	Amount
d Additions during the year	- Inounc
e Distributions during the year	
f Ending balance	
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	
The part V	. 🗌 Yes 🗌 No
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three y	
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years become years back (d) Three years	<u>. ⊔</u>
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years b Contributions 2,849,656 3,297,096 3,333,794 3 c Net investment earnings, gains, and losses 1,152,894 -306,720 96,262 d Grants or scholarships . 96,262 e Other expenditures for facilities and programs 144,350 140,720 137,960 f Administrative expenses . 3,859,072 2,849,656 3,297,096 3 g End of year balance . 3,859,072 2,849,656 3,297,096 3 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ► 0 % b Permanent endowment ► 59.480 % c Term endowment ► 40.520 % The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the	
b Contributions	ears back (e) Four years back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	3,179,309 2,948,259
d Grants or scholarships e Other expenditures for facilities and programs	5,000 47,222
e Other expenditures for facilities and programs	286,818 319,963
and programs	
g End of year balance	137,333 136,135
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ 0 % Permanent endowment ▶ 59.480 % Term endowment ▶ 40.520 % The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the	
a Board designated or quasi-endowment ▶ 0 % b Permanent endowment ▶ 59.480 % c Term endowment ▶ 40.520 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the	3,333,794 3,179,309
b Permanent endowment ► 59.480 % c Term endowment ► 40.520 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the	
b Permanent endowment ► 59.480 % c Term endowment ► 40.520 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the	
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the	
3a Are there endowment funds not in the possession of the organization that are held and administered for the	
organization by:	Yes No
(i) Unrelated organizations	3a(i) Yes
(ii) Related organizations	3a(ii) No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	. 3b
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 91a. See Form 990, Pa	
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	art X. line 10.
1a Land	art X, line 10. (d) Book value
b Buildings	

636,939

89,486

35,700

48,526

601,239

40,960

	Complete if the organization answered "Yes" on (a) Description of security or category	Form 990, Part IV, line 1 (b) Book value	(c) Metho	d of valuation:
(1) Financial	(including name of security)		Cost or end-of	year market value
(2) Closely-h	derivatives			
(3) Other				F
(B) ACLU NATIONAL FUNDS - BILL OF RIGHTS TRUST 1,329,75				F
(C) SPLIT-INT	TEREST AGREEMENTS	1,513,121		F
(E)				
(F)				
(G)				
(H)				
(I)				
	(b) must equal Form 990, Part X, col. (B) line 12.)	▶ 4,153,176		
Part VIII	Investments—Program Related.		1 - 6 - 5 - 000	2- 1 V Pro 12
	Complete if the organization answered 'Yes' on (a) Description of investment	rorm 990, Part IV, line 1	1c. See Form 990, (b) Book value	(c) Method of valuation:
				Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col.(B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered 'Yes' on (a) Description		ld. See Form 990, Par	t X, line 15. (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				-
(6)				
(7)				
(8)				1
(8)				
(9)				
(9)	nn (h) must equal Form 990 Part Y col (R) line 15 \			
(9) (10) Total. (Colum	onn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.			►
(9) (10) Total. (Colum		Form 990, Part IV, line 1:		990, Part X, line 25. (b) Book
(9) (10) Total. (Colum	Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of	Form 990, Part IV, line 1:		990, Part X, line 25.
(9) (10) Total. (Colum Part X 1. (1) Federal in (2) DUE TO A	Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of a come taxes CLU NATIONAL OFFICE	Form 990, Part IV, line 1:		990, Part X, line 25. (b) Book value 1,309,866
(9) (10) Total. (Column Part X 1. (1) Federal in (2) DUE TO A (3) DUE TO R	Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of ncome taxes CLU NATIONAL OFFICE RELATED PARTIES	Form 990, Part IV, line 1:		990, Part X, line 25. (b) Book value 1,309,866 213,748
(9) (10) Total. (Column Part X 1. (1) Federal in (2) DUE TO A (3) DUE TO R (4) OPERATIN	Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of a come taxes CLU NATIONAL OFFICE	Form 990, Part IV, line 1:		990, Part X, line 25. (b) Book value 1,309,866
(9) (10) Total. (Column Part X 1. (1) Federal in (2) DUE TO A (3) DUE TO R (4) OPERATIN (5) CAPITAL In (6) OBLIGATI	Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of a come taxes CLU NATIONAL OFFICE RELATED PARTIES NG LEASE PAYABLE	Form 990, Part IV, line 1:		990, Part X, line 25. (b) Book value 1,309,866 213,748 527,953
(9) (10) Total. (Column Part X 1. (1) Federal in (2) DUE TO A (3) DUE TO R (4) OPERATIN (5) CAPITAL In (6) OBLIGATIN (6)	Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of ncome taxes CLU NATIONAL OFFICE RELATED PARTIES NG LEASE PAYABLE LEASE OBLIGATIONS	Form 990, Part IV, line 1:		990, Part X, line 25. (b) Book value 1,309,866 213,748 527,953 67,620
(9) (10) Total. (Column Part X 1. (1) Federal in (2) DUE TO A (3) DUE TO R (4) OPERATIN (5) CAPITAL (6) OBLIGATI (6) (7)	Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of ncome taxes CLU NATIONAL OFFICE RELATED PARTIES NG LEASE PAYABLE LEASE OBLIGATIONS	Form 990, Part IV, line 1:		990, Part X, line 25. (b) Book value 1,309,866 213,748 527,953 67,620
(9) (10) Total. (Column Part X 1. (1) Federal in (2) DUE TO A (3) DUE TO R (4) OPERATIN (5) CAPITAL I (6) OBLIGATI (6) (7) (8)	Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of ncome taxes CLU NATIONAL OFFICE RELATED PARTIES NG LEASE PAYABLE LEASE OBLIGATIONS	Form 990, Part IV, line 1:		990, Part X, line 25. (b) Book value 1,309,866 213,748 527,953 67,620
(9) (10) Total. (Column Part X 1. (1) Federal in (2) DUE TO A (3) DUE TO R (4) OPERATIN (5) CAPITAL I (6) OBLIGATI (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of ncome taxes CLU NATIONAL OFFICE RELATED PARTIES NG LEASE PAYABLE LEASE OBLIGATIONS	Form 990, Part IV, line 1:	Le or 11f.See Form	990, Part X, line 25. (b) Book value 1,309,866 213,748 527,953 67,620

2

а

b

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Schedule D (Form 990) 2020

Page 4

-294,430

16,165,175

28,650,972

17,561,203

11,089,769

4,044,633

15.134.402

Schedule D (Form 990) 2020

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

3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments

Donated services and use of facilities

b

Add lines **4a** and **4b** C

5

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1

Add lines **4a** and **4b**

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

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

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Investment expenses not included on Form 990, Part VIII, line 7b .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Total expenses and losses per audited financial statements

4a

4b

2a

2b

2c

2d

4a

4b

Explanation

2a

2b

82,919 -377,349

17,183,854

377,349

82,919

3.961.714

4.552.305

17.183.854

4c

2e

3

4c

5

chedule D (Form 990) 2020	Page 5
Part XIII Supplemental Inform	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2020

Additional Data

Software Version:

EIN: 95-2673361

Name: ACLU FOUNDATION OF SOUTHERN CALIFORNIA

Supplemental Information

PART V, LINE 4:

Return Reference

Software ID:

Explanation

LESBIAN AND GAY RIGHTS MATTERS AND PROTECTION OF CIVIL LIBERTIES.

applemental Information							
Return Reference	Explanation						
PART X, LINE 2:	THE FOUNDATION IS A NONPROFIT PUBLIC BENEFIT CORPORATION ORGANIZED UNDER THE LAWS OF CALIF ORNIA AND, AS SUCH, IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND CORRESPONDING STATE PROVISIONS. THE FOUNDATION LLC AND HI PARK LLC ARE TREATED AS DISREGARDED ENTITIES FOR TAX REPORTING PURPOSES. THE FOUNDA TION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR						

Supplemental Information

THE TAX POSITIONS TAKEN AND, AS SUCH DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT RESULT IN A MATERIAL IMPACT ON THE FOUNDATION'S FINANCIAL POSITION OF STATEMENT OF ACTIVITIES.

upplemental Information									
Return Reference	Explanation								
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN SPLIT-INTEREST AGREEMENTS -293,408. PAYMENT MADE TO AFFILIATES -3,961,714.								

-

upplemental Information								
Return Reference	Explanation							
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DIRECT FUNDRAISING EXPENSES -377,349.							

upplemental Information								
Return Reference	Explanation							
PART XII, LINE 2D - OTHER ADJUSTMENTS:	DIRECT FUNDRAISING EXPENSES 377,349.							

upplemental Information								
Return Reference	Explanation							
PART XII, LINE 4B - OTHER ADJUSTMENTS:	PAYMENT MADE TO AFFILIATES 3,961,714.							

È

SCHEDULE G

DLN: 93493045021412

OMB No. 1545-0047

2020

Open to Public

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, lines 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.

Inspection **Employer identification number**

	ne of the organization		Employer identification number					
ACL	U FOUNDATION OF SOUTHERN	CALIFORNIA					95-2673361	
P	Fundraising Activi	·	_		answered "Yes" on Fo Part.	rm 990,	Part IV, line 1	7.
1	Indicate whether the organiza	ation raised funds thr	ough any	of the fo	llowing activities. Check a	all that ap	ply.	
а	✓ Mail solicitations			e	Solicitation of non-	governme	ent grants	
b	✓ Internet and email solicita	rnment g	rants					
c	✓ Phone solicitations			g	✓ Special fundraising	events		
d	✓ In-person solicitations							
2a	Did the organization have a w or key employees listed in Fo							s □ No
b	If "Yes," list the 10 highest pa to be compensated at least \$!			draisers) ¡	oursuant to agreements u	ınder whi	ch the fundraise	r is
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust conf) Did ser have ody or crol of outions?	(iv) Gross receipts from activity	or re fundra	nount paid to etained by) iser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		CITE (DD OMOTION	Yes	No				
4	CHARITYBUZZ 437 FIFTH AVENUE 11TH FLOOR	SITE/PROMOTION AND MARKETING	Yes		76,435	16,810	16,816	59,619
	NEW YORK, NY 10016							
				>	76,435		16,816	59,619
3	List all states in which the orgal licensing.	nization is registered	or licens	ed to solid	Lit contributions or has be	een notifie	led it is exempt f	rom registration or

	than \$15,000 of fundraising e gross receipts greater than \$5		gross income on Form	990-EZ, lines 1 and 6	5b. List events with
	gross receipts greater than \$2	•			
			(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		BILL OF RIGHTS DINNER	(event type)	(total number)	col. (c))
Revenue		(event type)			
	1 Gross receipts	758,230	178,679		936,909
	·	·	·		
	2 Less: Contributions	758,230	178,679		936,909
4	4 Cash prizes				
	5 Noncash prizes				
₩.	6 Rent/facility costs				
짧 [7 Food and beverages				
9	8 Entertainment	4,450			4,450
- 1	9 Other direct expenses	246,440	126,459		372,899
	10 Direct expense summary. Add lines 4 t	-			377,349
Part	11 Net income summary. Subtract line 10 Gaming. Complete if the organical complete in the organ		s" on Form 990, Part I	V, line 19, or reported	-377,349 more than \$15,000
Revenue	on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
8	1 Gross revenue				
S	2 Cash prizes				
<u>8</u> :	3 Noncash prizes				
Direct Expense	4 Rent/facility costs				
<u>^ '</u>	5 Other direct expenses				
		Yes %	Yes%	☐ Yes %	
•	6 Volunteer labor	□ No	□ No	□ No	
7	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)	<u> ▶</u>	
а	Enter the state(s) in which the organization Is the organization licensed to conduct gas If "No," explain:	ming activities in each of	these states?		Yes No
	Were any of the organization's gaming lic	enses revoked, suspended	d or terminated during the		

Sche	dule G (Form 990 or 990-EZ) 202	.0				F	Page 3
11	Does the organization conduct o	jaming activities with nonmembers	5?		· 🗌 Yes	□No	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other	entity	□Yes		
13	Indicate the percentage of gami	ng activity conducted in:		1			
а	The organization's facility .			13	Ba		%
b	An outside facility			13	ВЬ		%
14	Enter the name and address of	the person who prepares the orga	nization's gaming/special events b	ooks and record	ds:		
	Name •						
	Address 🟲						
15a	Does the organization have a corevenue?	ontract with a third party from who	om the organization receives gamin	-	· 🗆 Yes	Пис	
b	If "Yes," enter the amount of ga	ming revenue received by the org	anization 🕨 \$		□ les	110	
	amount of gaming revenue reta	ined by the third party ▶ \$					
С	If "Yes," enter name and addres	s of the third party:					
	Name •						
	Address •						
16	Gaming manager information:						
	Name ►						
	Gaming manager compensation	> \$					
	Description of services provided	>					
	☐ Director/officer	☐ Employee	☐ Independent contra	ctor			
17	Mandatory distributions:						
а		ler state law to make charitable di	stributions from the gaming procee	eds to	· 🔲 Yes	Пио	
b		is required under state law distribunt activities during the tax year	uted to other exempt organizations	or spent	<u></u> гез		
Par			ions required by Part I, line 2t	o, columns (ii	i) and (v): a	nd Part	
			licable. Also provide any additi				s
	Return Reference		Explanation				

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I (Form 990)

Department of the

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No. 1545-0047

DLN: 93493045021412

Open to Public

Freasury Internal Revenue Service		► Go to <u>wu</u>	/w.irs.gov/Form990 for	the latest information	on.		Inspection
Name of the organization	SOUTHERN CALIFORNIA					Employer identifi	cation number
ACLU FOUNDATION OF S	SOUTHERN CALIFORNIA					95-2673361	
Part I General	Information on Grants	s and Assistance					
	tion maintain records to sub ria used to award the grants					e, and	☑ Yes ☐ N
_	/ the organization's procedu	_	-				
	d Other Assistance to Dor ed more than \$5,000. Part I			ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	e 21, for any recipient
(a) Name and addre organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
	er of section 501(c)(3) and ger of other organizations liste	_					3
	Act Notice, see the Instruction		<u> </u>	Cat. No. 5005			hedule I (Form 990) 2020
OF PAPEL WOLK VEHICLION	ALL MULICE, SEE LITE ITISH ULLI	JII JULI I ULIII JJU.		Cat. No. 3003.	J1	30	TOURIO I (TOTHE 220/ 2020

Page 2

Schedule I (Form 990) 2020

(4) (5)

> WE ENGAGE IN REGULAR COMMUNICATION AND REGULAR CHECK INS WITH OUR GRANTEE ORGANIZATIONS AND ALSO ASK FOR SUMMARIES OF WORK, FOR A NUMBER OF THE GRANTEE ORGANIZATIONS WE WORK ALONGSIDE THEM IN COALITION AND SEE THE WORK AS IT HAPPENS. WE ALSO REQUIRE A GRANT REPORT AFTER THE GRANT PERIOD HAS ENDED WHICH SUMMARIZES THE GRANTEE'S PROGRESS IN ACHIEVING THE GRANT PURPOSE AND THEIR COMPLIANCE WITH THE

(6) (7)

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference

PART I, LINE 2:

Schedule I (Form 990) 2020

(3)

Explanation

ITERMS OF THE AGREEMENT.

Additional Data

UNITARIAN FELLOWSHIP OF

BAKERSFIELD, CA 93302 ACLU FOUNDATION OF

NORTHERN CALIFORNIA

39 DRUMM STREET SAN FRANCISCO, CA 94111

KERN COUNTY PO BOX 296

77-0552544

94-0279770

Software ID: **Software Version:**

EIN: 95-2673361

10,000

66,500

Name: ACLU FOUNDATION OF SOUTHERN CALIFORNIA

Form 990,S	chedule I	, Part	II, Grants and	Other Assista	ance to	Domesti	c Organiza	tions an	d Domest	ic Governments.	
			(1.) =***	() ***						(0) 11 1 1 1 1 1	

(a) Name and address of	(c) Inc section	(u) Amount of Cash	(e) Amount of non-	(1) Method of Valuation
organization	if applicable	grant	cash	(book, FMV, appraisal,
or government			assistance	other)
				<u>, </u>

501(C)(3)

501(C)(3)

(g) Description of (h) Purpose of grant non-cash assistance or assistance

FIG GRANT

SUBGRANT TO NORCAL

FOR ED. EQUITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 501(C)(3) 6.000 33-0325791 TCE ED. EOUITY DIEGO & IMPERIAL COUNTIES ISUBGRANT

ACLU FOUNDATION OF SAN

PO BOX 87131 SAN DIEGO, CA 92138

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9304	5021	412
Sch	nedule J	C	ompensat	ion Information	OM	1B No.	1545-0	0047
(Fori	m 990)		Compensa ganization answ	rustees, Key Employees, and High ated Employees vered "Yes" on Form 990, Part IV, ato Form 990.	line 23.	20	2()
•	tment of the Treasury	► Go to <u>www.irs.go</u>		instructions and the latest inform	ation.		to Pul	
Nar	al Revenue Service ne of the organiza				Employer identificat			
ACL	U FOUNDATION OF S	SOUTHERN CALIFORNIA			95-2673361			
Pa	rt I Questi	ons Regarding Compensa	ation					
							Yes	No
1a				the following to or for a person listed y relevant information regarding thes				
	First-class	s or charter travel		Housing allowance or residence for p	ersonal use			
	_	companions	님	Payments for business use of person				
		nification and gross-up paymen	ts 📙	Health or social club dues or initiatio				
	LI Discretion	nary spending account	Ц	Personal services (e.g., maid, chauff	eur, cner)			
b				follow a written policy regarding payn ve? If "No," complete Part III to expla		1b		
2				or allowing expenses incurred by all r, regarding the items checked on Line	2 1 2 2	2		
	unectors, truste	es, officers, including the CEO/	Executive Directo	r, regarding the items checked on Line	= 1a:			
3				ed to establish the compensation of th	e			
				not check any boxes for methods CEO/Executive Director, but explain ir	n Part III.			
	✓ Compensa			Weither and a control of				
	_ '	ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations	<u> </u>	Approval by the board or compensat	ion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fil	ing organization or a			
а	_	ance payment or change-of-cor	atrol navment?			4a	Yes	
b		· · ·		ified retirement plan?		4b	165	No
c	•		•	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Part	III.			
_	, ,,,	(c)(29), 501(c)(4), and 501(c)(29)	, ,	•				
5	compensation c	ontingent on the revenues of:	on A, line 1a, did	the organization pay or accrue any				
а		n?				5a		No
b	-					5b		No
		5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		No
b						6b		No
	If "Yes," on line	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed rt III		7		No
8	subject to the in	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		8		No
9	If "Yes" on line	8, did the organization also folk	ow the rebuttable	presumption procedure described in F	Regulations section	9		
For F	Panerwork Redu	uction Act Notice, see the Ins	structions for Fo	orm 990. Cat No. 5	0053T Schedule J		1 9901	2020

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 are not listed on Form 990, Part VII.

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISO	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation i	
	(i) Base compensation		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
1 HECTOR VILLAGRA EXECUTIVE DIRECTOR	(i)	171,972	0	0	48,398	19,748	240,118	0	
	(ii)	0	0	0	0	0	0	0	
2 JULIE WEINSTEIN CHIEF DEVELOPMENT	(i)	164,777	0	0	8,776	19,496	193,049	0	
DFFICER	(ii)	0	0	0	0	0	0	0	
S SYLVIA TORRES-GUILLEN DIRECTOR EDUCATION	(i)	144,696	0	105,884	13,875	14,044	278,499	0	
QUITY	(ii)	0	0	0	0	0	0	0	
AHILAN ARULANANATHAM ENIOR COUNCIL	(i)	157,664	0	0	50,091	19,637	227,392	0	
ENION COONCIE	(ii)	0	0	0	0	0	0	0	
MELISSA GOODMAN	(i)	157,736	0	0	44,734	15,452	217,922	0	
DIRECTOR OF ADVOCACY 6 MINOUCHE KANDEL	(ii)	0	0	0	0	0	0	0	
6 MINOUCHE KANDEL SENIOR STAFF ATTORNEY	(i)	165,365	0	0	8,641	687	174,693	0	
	(ii)	0	0	0	0	0	0	0	
7 JENNIFER PASQUARELLA DIR OF IMM RIGHTS AND SI STAFF ATTY	(i)	121,357	0	0	35,598	25,003	181,958	0	
	(ii)	0	0	0	0	0	0	0	
PETER BIBRING DIR OF POLICE PRACTICES	(i)	117,583	0	0	31,713	17,750	167,046	0	
on of roller tractices	(ii)	0	0	0	0	0	0	0	
PETER ELIASBERG CHIEF COUNSEL	(i)	116,218	0	0	45,717	27,219	189,154	0	
COUNSEL	(ii)	0	0	0	0	0	0	0	
						<u> </u>			
								J (Form 990) 2020	

Schedule J (Form 990) 2020	Page 3
Part III Supplemental Inform	nation
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.
Return Reference	Explanation
PART I, LINE 4A	SYLVIA TORRES-GUILLEN RECEIVED A PAYMENT IN THE AMOUNT OF \$105,883.81.
	Schedule 1 (Form 990) 2020

Additional Data

1HECTOR VILLAGRA

1JULIE WEINSTEIN

OFFICER

EQUITY

CHIEF DEVELOPMENT

DIRECTOR EDUCATION

SENIOR COUNCIL

4MELISSA GOODMAN

5MINOUCHE KANDEL

DIRECTOR OF ADVOCACY

SENIOR STAFF ATTORNEY

6JENNIFER PASQUARELLA

DIR OF IMM RIGHTS AND SR STAFF ATTY 7PETER BIBRING

DIR OF POLICE PRACTICES

8PETER ELIASBERG

CHIEF COUNSEL

2SYLVIA TORRES-GUILLEN

3AHILAN ARULANANATHAM

EXECUTIVE DIRECTOR

Software ID: **Software Version:**

(i) Base Compensation

(i)

(ii)

(i)

(i)

(ii)

171,972

164,777

144,696

157,664

157,736

165,365

121,357

117,583

116,218

EIN: 95-2673361

(iii)

Other reportable

compensation

105,884

(E) Total of columns

(B)(i)-(D)

240,118

193,049

278,499

227,392

217,922

174,693

181,958

167,046

189.154

benefits

19,748

19,496

14,044

19,637

15,452

687

25,003

17,750

27,219

other deferred

compensation

48,398

8,776

13,875

50,091

44,734

8,641

35,598

31,713

45,717

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

Name: ACLU FOUNDATION OF SOUTHERN CALIFORNIA

(ii)

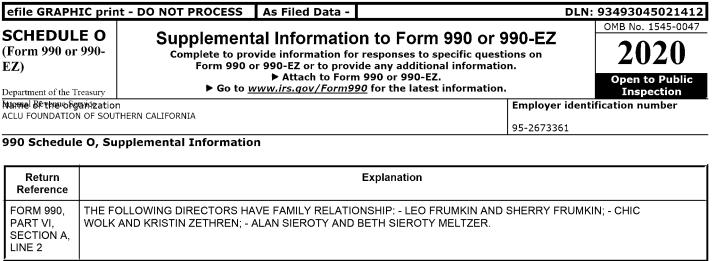
Bonus & incentive

compensation

Form 990, Schedule J,	Part II - Officers, Directors, Trustees, Key Employees, and I	Highest Compensate	d Employees	
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	ı

DLN: 93493045021412 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2020 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** ACLU FOUNDATION OF SOUTHERN CALIFORNIA 95-2673361 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles Χ 31 41,756 SALES PRICE 7 Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 27 606,398 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . 25 Other ► (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2020) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2020)	Page 2
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
, ,	THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS MADE, NOT THE NUMBER OF ITEMS CONTRIBUTED.
	CARS, INC. (CHARITABLE ADULT RIDES & SERVICES, INC.) A NATIONAL COMPANY THAT PARTNERS WITH NONPROFIT ORGANIZATIONS, MANAGES ACLU'S CAR DONATION PROGRAM. ACLU FOUNDATION RECEIVES 80% OF THE NET SALES PROCEEDS WITHIN 2-5 BUSINESS DAYS AFTER CARS, INC. RECEIVES THE SALES REVENUE. THE PROCEED CHECK IS MAILED TO ACLU ALONG WITH A COPY OF THE SALES REPORT. FOR CARS2CHARITIES/RITEWAY CHARITY SERVICES, ACLU FOUNDATION RECEIVES THE NET PROCEEDS, WHICH IS THE SALES PRICE MINUS CARS2CHARITIES 30% ADMIN FEE, TOWING FEE, AND PROCESSING FEE. NET PROCEEDS ARE PROVIDED TO ACLU WITHIN 30 DAYS OF SALE.
	Schedule M (Form 990) (2020)



Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	ACLU FOUNDATION OF SOUTHERN CALIFORNIA MADE THE FOLLOWING CHANGES TO THEIR BYLAWS. THE BOA RD MAY DECLARE VACANT THE OFFICER OR DIRECTOR WHO HAS BEEN DECLARED OF UNSOUND MIND BY AN ORDER OF COURT, CONVICTED OF A FELONY, OR WHO HAS BEEN FOUND BY FINAL ORDER OF JUDGMENT OF ANY COURT TO HAVE BREACHED A DUTY UNDER THE CORPORATIONS CODE OF CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW, OR WHO FAILS TO ATTEND THREE DULY NOTICED REGULAR, SPECIAL, A ND/OR JOINT BOARD MEETINGS, FOR WHICH TELEPHONIC OR VIRTUAL ATTENDANCE IS AVAILABLE, DURIN G ANY FISCAL YEAR.

Return Explanation
Reference

FORM 990, THE DIRECTOR OF FINANCE CONDUCTS THE INITIAL REVIEW OF THE FORM 990. THE CHIEF FINANCIAL A
PART VI,
ND ADMINISTRATIVE OFFICER WILL REVIEW IN FURTHER DETAIL. THE EXECUTIVE DIRECTOR WILL REVIE
SECTION B,
W BEFORE SIGNING. THE FORM 990 IS AVAILABLE TO THE BOARD MEMBERS VIA A SECURE WEBSITE PRIO
LINE 11B R TO FILING.

Return

Reference	
FORM 990,	THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS ALL BOARD MEMBERS AND STAFF MEMBERS.
PART VI,	WHEN A BOARD MEMBER DISCLOSES AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, A DESIGNATED B
SECTION B,	OARD COMMITTEE REVIEWS WHETHER ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST EXIST. IF CON
LINE 12C	FLICTS OF INTEREST EXIST, MEMBERS ARE PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'
	S DELIBERATIONS AND DECISIONS IN ANY MATTER IN WHICH THEY MAY HAVE SUCH CONFLICT OF INTERE

Explanation

990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990,	THE EXECUTIVE DIRECTOR, CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER, AND EACH DEPARTMENT'S
PART VI,	DIRECTOR DETERMINE THE HIRING OR TERMINATION OF EMPLOYEES. TITLE, COMPENSATION, AND/OR BEN
SECTION B,	FITS CHANGES ARE REVIEWED AND DETERMINED BY THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL AN
LINE 15	D ADMINISTRATIVE OFFICER ANNUALLY. THE BOARD REVIEWS THE COMPENSATION AND BENEFITS OF THE
	EXECUTIVE DIRECTOR AND CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER ANNUALLY.

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

 Return Reference
 Explanation

 FORM 990,
 THE MEMBERS OF THE BOARD SPEND TIME DEVOTED TO FOUNDATION MATTERS AS NEEDED.

PART VII,
SECTION A,
COLUMN (B)
AVERAGE
HOURS OF
BOARD
MEMBERS:

Return Explanation Reference

FORM 990. CHANGE IN SPLIT-INTEREST AGREEMENTS -293.408. PART XI.

LINE 9:

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

Return Explanation

Reference	
FORM 990, PART XII, LINE 2C:	THE BOARD'S AUDIT COMMITTEE IS TASKED WITH SELECTION AND OVERSIGHT OF THE INDEPENDENT AUDIT.

SCHEDULE R
(Form 990)

Related

ACLU FOUNDATION OF SOUTHERN CALIFORNIA

Part I

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047

DLN: 93493045021412

Open to Public Inspection

Employer identification number

95-2673361

Department of the Treasury
Internal Revenue Service

Name of the organization

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

(b) (e) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Direct controlling Primary activity Total income End-of-year assets or foreign country) entity ACLU FOUNDATION OF SOUTHERN (1) ACLU FOUNDATION OF SOUTHERN CALIFORNIA LLC REAL ESTATE OWNERSHIP CA 592,357 1313 W 8TH STREET AND LEASING CALIFORNIA LOS ANGELES, CA 90017 26-2528590 HOLD INVESTMENT IN DE 83,176 1,310,298 ACLU FOUNDATION OF SOUTHERN (2) ACLU HI PARK LLC CALIFORNIA HOLLYWOOD INDUSTRIAL 1313 W 8TH STREET PARK GENERAL LOS ANGELES, CA 90017 PARTNERSHIP 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. (g) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Primary activity Direct controlling Section 512(b) (13) controlled or foreign country) (if section 501(c)(3)) entity entity? No Yes For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2020

(a) Name, address, and El related organization	IN of n	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	n) rtionate tions?	(i) Code V-UE amount in b 20 of Schedule K (Form 106	I Ger ox ma pa -1 5)	naging rtner?	(k) Percentag ownershi
			\perp				1	Yes	No	<u> </u>	Yes	s No	
						-						+	
						+				-		+	
												- 1	
Part IV Identification of Related Org	ianizations Taxable as a	Corporation	or Trus	t. Complete	e if the organ	ization ans	wered "Ye	s" on F	orm S	390. Part	IV. lin	ne 34	
Part IV Identification of Related Org because it had one or more rela (a) Name, address, and EIN of related organization		s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C c		wered "Ye (f) Share of total income	Share	(g) of end- year assets	-of- Per	(h) centage	e 5	(i) lection 512 13) control entity?
because it had one or more rela (a) Name, address, and EIN of related organization	ated organizations treated a	s a corporation	on or trus (c) egal micile	st during th	(d) controlling Typentity (C c	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Per	(h) centage	e 5	13) control
because it had one or more rela (a) Name, address, and EIN of related organization	ated organizations treated a (b) Primary activity	s a corporation	on or trust (c) egal micile or foreign untry)	st during th	(d) controlling Typentity (C c	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Per	(h) centage	e 5	13) control entity? Yes No
because it had one or more relation (a) Name, address, and EIN of related organization (1)CHARITABLE REMAINDER TRUST (4)	ated organizations treated a (b) Primary activity	s a corporation	on or trust (c) egal micile or foreign untry)	st during th	(d) controlling Typentity (C c	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Per	(h) centage	e 5	13) control entity? Yes No
because it had one or more related. (a) Name, address, and EIN of related organization (1)CHARITABLE REMAINDER TRUST (4)	Primary activity TRUST	s a corporation	on or trus (c) egal micile or foreign untry)	Direct	(d) controlling Typentity (C c	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Per	(h) centage	e 5	13) control entity? Yes No
because it had one or more related (a) Name, address, and EIN of related organization (1)CHARITABLE REMAINDER TRUST (4)	Primary activity TRUST	s a corporation	on or trus (c) egal micile or foreign untry)	Direct	(d) controlling Typentity (C c	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Per	(h) centage	e 5	13) control entity? Yes No
because it had one or more related (a) Name, address, and EIN of related organization (1)CHARITABLE REMAINDER TRUST (4)	Primary activity TRUST	s a corporation	on or trus (c) egal micile or foreign untry)	Direct	(d) controlling Typentity (C c	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Per	(h) centage	e 5	13) control entity? Yes No
(a) Name, address, and EIN of	Primary activity TRUST	s a corporation	on or trus (c) egal micile or foreign untry)	Direct	(d) controlling Typentity (C c	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Per	(h) centage	e 5	13) control entity? Yes No
because it had one or more related. (a) Name, address, and EIN of related organization (1)CHARITABLE REMAINDER TRUST (4)	Primary activity TRUST	s a corporation	on or trus (c) egal micile or foreign untry)	Direct	(d) controlling Typentity (C c	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Per	(h) centage	e 5	13) control entity? Yes No
because it had one or more related. (a) Name, address, and EIN of related organization (1)CHARITABLE REMAINDER TRUST (4)	Primary activity TRUST	s a corporation	on or trus (c) egal micile or foreign untry)	Direct	(d) controlling Typentity (C c	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Per	(h) centage	e 5	13) control entity? Yes No
because it had one or more related (a) Name, address, and EIN of related organization (1)CHARITABLE REMAINDER TRUST (4)	Primary activity TRUST	s a corporation	on or trus (c) egal micile or foreign untry)	Direct	(d) controlling Typentity (C c	(e) e of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Per	(h) centage	e 5	13) control entity? Yes No

Page **3**

sactions With Related Organizations	 Complete if the organization 	answered "Yes" on Form 990,	Part IV, line 34, 35b, or 36.
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	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 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1 j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining			

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	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	990	0) 2020

chedule R (Form 990) 2020			5				
Part VII	Supplemental Info	iformation					
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).					
Retu	rn Reference	Explanation					