				ENDED TO FEBRUAR						
	0	00	Return of O	rganization Exem	npt Froi	m Ir	ncome Tax	ŀ	OMB No. 154	15-0047
Forr	n J	90	Under section 501(c), 527,	or 4947(a)(1) of the Internal Re	evenue Code	e (exc	ept private foundati	ons)	ZUZ	<u>'3</u>
Dana	utmont.			cial security numbers on this				- h	Open to P	ublic
Intern	nal Reve	of the Treasury nue Service		s.gov/Form990 for instruction					Inspect	ion
AF	or the	e 2023 calend	lar year, or tax year beginni	ng APR 1, 2023	and ending	<u>g M</u> /	AR 31, 2024	1		
Bo	heck if		forganization				D Employer identif	ficatio	on number	
		AMER		ERTIES UNION OF	OHIO					
	Addre		DATION, INC.							
	Name	e Doing b	usiness as				23-71371	L05		
	Initial return			is not delivered to street address)	Room/	/suite	E Telephone numb			
	Final	/	CHESTER AVENU	E			(614) 58	36-1	1959	
	ated	City or t		try, and ZIP or foreign postal co	de		<b>G</b> Gross receipts \$		4,985,	150.
	Amen		ELAND, OH 441				H(a) Is this a group	return		
	Applic tion pendi			er:J. BENNETT GUES	S		for subordinate	s?	🔛 Yes 🛛	XNo
	-	SAME	AS C ABOVE				H(b) Are all subordinates	include	d? Yes	No
<u> </u>   T	ax-ex	empt status:		) (insert no.) 4947	7(a)(1) or 📃	527	If "No," attach	a list.	See instruction	ons
	Vebsi		ACLUOHIO.ORG				H(c) Group exempti			
			X Corporation Trust	Association Other	L	Year o	f formation: 1971	M Sta	te of legal dom	icile: OH
Pa	art I	Summary								
é	1	Briefly describ	be the organization's mission	or most significant activities: A	DVANCE	SO	CIAL, RACIA	<u>чь,</u>	ECONOM	IIC
Activities & Governance		AND GEN		PROTECTING AND $\overline{E}$						
ern	_	Check this bo	-	on discontinued its operations or	r disposed of	more	1	1		0.0
Š			ting members of the governir					_		20
ي ھ				f the governing body (Part VI, lin						20
ies				alendar year 2023 (Part V, line 2a						38
ivit				essary)				_		5043
Act				t VIII, column (C), line 12				_		0.
	b	Net unrelated	business taxable income fro	m Form 990-T, Part I, line 11				<u>v </u>	<u> </u>	0.
							Prior Year	-	Current Ye	
ne							2,125,071	_	2,866,	
Revenue		-	ice revenue (Part VIII, line 2g)				$\frac{0}{262,280}$	· I	277	0.
Rei				nes 3, 4, and 7d)			262,389. 308,248.			920.
				5, 6d, 8c, 9c, 10c, and 11e)			2,695,708		3,305,	
				st equal Part VIII, column (A), lin			2,095,708.	_	3,303,	0.
				column (A), lines 1-3)			0.			0.
		<sup>.</sup>	to or for members (Part IX, co				1,671,066		1,814,	-
ses	15	Salaries, othe	r compensation, employee b	enefits (Part IX, column (A), lines	5-10)		1,071,000	•	1,014,	0.
Expenses	16a	Professional f	undraising fees (Part IX, colu	enefits (Part IX, column (A), lines mn (A), line 11e) n (D), line 25)53	Q 715		0.	•		0.
Ă							775,567.		916	789.
				11a-11d, 11f-24e)			2,446,633	·	2,731,	535
				ial Part IX, column (A), line 25) rom line 12			249,075			853.
SS	19	Revenue less	expenses. Subtract line to h			Beo	inning of Current Year		End of Yea	
Net Assets or Fund Balances	20	Total accote (I	Part X, line 16)				15,004,202		16,367,	
Asse Bal	20	-				· · ·	766,960.			826.
Net, und	22			21 from line 20			14,237,242		15,680,	
	art II	Signature						· ·	10,000,	<u></u> ,.
				is return, including accompanying so	chedules and s	tateme	nts and to the best of r	nv kno	wledge and be	lief it is
				han officer) is based on all information					incage and se	
		an	- A		on or minor pro		12/12	/24		
Sig	n	Signature of of					Date	1 2 1		
Her		ANN ROW	LETT, DEPUTY D	IRECTOR						
TIEF	C	Type or print n								
		Print/Type pre		Preparer's signature		Di	ate Check		PTIN	
Paid	I		• KRANTZ	SUSAN D. KRA	NTZ	1:	2/12/24		P002332	254
	Darer	Firm's name	ZINNER & CO.			·	Firm's EIN	<u>34</u> –1	1663731	
	Only			SE PARKWAY, SUIT	'E 410					
	,		CLEVELAND, OH				Phone no.21	L6-8	831-073	33
Mav	the I	RS discuss thi		own above? See instructions					X Yes	No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23

	AMERICAN CIVIL LIBERTIES UNION OF OHIO
Form	990 (2023) FOUNDATION, INC. 23-7137105 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ACLU OF OHIO FOUNDATION LEVERAGES ADVOCACY, LITIGATION, AND PUBLIC
	EDUCATION TO CHAMPION FAIRNESS, FREEDOM AND JUSTICE FOR ALL AS
	GUARANTEED UNDER THE CONSTITUTION AND THE LAWS OF THE U.S.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$546,799. including grants of \$) (Revenue \$)
	THROUGH DIRECT LEGAL REPRESENTATION AND AMICUS BRIEFS, THE ACLU OF OHIO
	FOUNDATION'S LITIGATION PROGRAM HAS ADVOCATED FOR OHIOANS IN THE
	FOLLOWING AREAS, AMONG OTHERS: VOTING RIGHTS; REPRODUCTIVE RIGHTS; FREE
	SPEECH; CRIMINAL JUSTICE; LGBTQ RIGHTS.
4b	(Code:) (Expenses \$ 1,297,799. including grants of \$) (Revenue \$)
	THE ACLU OF OHIO FOUNDATION EMPLOYS A VARIETY OF ADVOCACY AND
	EDUCATIONAL TOOLS TO PROMOTE CIVIL LIBERTIES AND RACIAL JUSTICE,
	INCLUDING COALITION-BUILDING AND COMMUNITY PARTNER COLLABORATION;
	SOCIAL AND TRADITIONAL MEDIA; COMMUNITY FORUMS; AN EXPANSIVE WEBSITE; A
	SPEAKER'S BUREAU; PRINT PUBLICATIONS; TABLING AND EXHIBITS. WE ALSO
	RESPOND TO HUNDREDS OF INFORMATION REQUESTS ANNUALLY. RECENT OUTREACH
	EFFORTS HAVE FOCUSED ON THE TOPICS OF POLITICAL PARTICIPATION AND
	VOTING RIGHTS; REPRODUCTIVE JUSTICE; MASS INCARCERATION AND BAIL
	REFORM; NONDISCRIMINATION FOR LGBTQ CITIZENS; AND JUVENILE JUSTICE,
	AMONG OTHERS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses     1,844,598.
	Form <b>990</b> (2023)
332002	12-21-23 <b>3</b>
	1

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FOUNDATION, INC.

Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?	9		x
10	If "Yes," complete Schedule D, Part IV	9		- 23
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	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	11b	х	
с	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
332003	3 12-21-23	Form	990	(2023)

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FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

Form 990 (2023)

			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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		Х
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the 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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai				
	Check if Schedule O contains a response or note to any line in this Part V		 Vc-	
4.0	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ia د				
a a	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		10	х	
22000	(gambling) winnings to prize winners?	Eorm	<u>990</u>	(2023)
JJ2004	<sup>1</sup> 12-21-23 <b>5</b>		550	(2023)

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Form	990 (2023) FOUNDATION, INC. 23-7137	105	P	age <b>5</b>					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 38								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	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		x					
b	If "Yes," enter the name of the foreign country								
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50							
Ud		6.		x					
<b>b</b>	any contributions that were not tax deductible as charitable contributions?	6a							
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
-	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	_		v					
a	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		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37					
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	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 10a								
	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 11a								
	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							
	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.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
h	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								
~	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x					
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a							
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
15		45		x					
	excess parachute payment(s) during the year?	15		- 23					
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		x					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~					
<i>.</i>	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.	_	000						
332005	5 12-21-23	Form	990	(2023)					

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## AMERICAN CIVIL LIBERTIES UNION OF OHIO FOUNDATION, INC.

Form 990 (2023)

### 23-7137105 Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI					
ec	tion A. Governing Body and Management					<b>—</b>
			20		Yes	+
Та	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	20	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
h	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	41	20			
	Enter the number of voting members included on line 1a, above, who are independent			4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					ł
~	officer, director, trustee, or key employee?			2		+
3	Did the organization delegate control over management duties customarily performed by or under t		-			
	of officers, directors, trustees, or key employees to a management company or other person?			3		+
	Did the organization make any significant changes to its governing documents since the prior Form			4		┦
	Did the organization become aware during the year of a significant diversion of the organization's a			5		┦
	Did the organization have members or stockholders?			6		+
7a	Did the organization have members, stockholders, or other persons who had the power to elect or					I
	more members of the governing body?			7a		┦
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockhold	ers, or			I
	persons other than the governing body?			7b		1
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					
а	The governing body?			8a	X	4
	Each committee with authority to act on behalf of the governing body?			8b	Х	4
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue C	Code.)		ı —	-
					Yes	4
	Did the organization have local chapters, branches, or affiliates?			10a		4
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, a	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		1
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before	filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," desc	cribe			
	on Schedule O how this was done			12c	Х	
3	Did the organization have a written whistleblower policy?			13	X	
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and appro	val by inde	ependent			Ι
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				I
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	T
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					T
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with	na			
	taxable entity during the year?			16a		I
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	-	-			
	exempt status with respect to such arrangements?			16b		I
ec	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed OH					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T	(section 501(c)(3	s only	) avai	12
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       X       Another's website       X       Upon request       Other (explain			, e e ,	,	
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,		,	nd fina	ncial	
3	statements available to the public during the tax year.	CONNICT OF	interest policy, al	iu inidi	iuidi	
20		ooko ood	rocordo			
	State the name, address, and telephone number of the person who possesses the organization's to ANN ROWLETT $-614-586-1959$	ooks and	records			
.0						
.0	4506 CHESTER AVENUE, CLEVELAND, OH 44103			_	990	

#### Form 990 (2023) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

FOUNDATION, INC.

X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and the hours per intermediations of the beam of the structure week         Average hours per intermediations beam of the beam of the beam of the beam of the beam of the beam of the comparison from fielded organization (W-2/109-MBC/) 109-NEC)         Estimated comparison from fielded organization (W-2/109-MBC/) 109-NEC)         Estimated comparison from fielded organization (W-2/109-MBC/) 109-NEC)         Estimated comparison from fielded organization (W-2/109-MBC/) 109-NEC)         Estimated comparison from fielded organization and related organization from the organization from	(A)	(B)	(C)					(D)	(E)	(F)	
hours per veck         box. integration is both minimized and inclusion of the molecular status minimized and the molecular status minimized and inclusion of the molecular strest minis minimized and minimized and minis minimized and minim	Name and title	Average	(do	Position				one	Reportable	Reportable	Estimated
Weike (ist any hours for related organizations (w2/1099-MISC)         Inonin teams organizations (w2/1099-MISC)         Outpendications (w2/1099-MISC)         Outpendications organizations organizations organizations (w2/1099-MISC)         Outpendications organizations organiz		hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
(1) J. BENNETT GUESS         16.00         X         176,224.         0.         8,102.           (2) FFERA LEVENSON         35.00         X         151,895.         0.         7,263.           LEGAL DIRECTOR         4.00         X         151,895.         0.         7,263.           (3) CINDY TOMM         32.00         X         140,545.         0.         5,788.           (4) RAPHAEL DAVIS-WILLIAMS         32.00         X         133,009.         0.         5,735.           (5) ELIZABETH CHARTEN DAY         36.00         X         131,029.         0.         5,473.           (6) ANN ROWLETT         25.60         X         118,709.         0.         17,488.           (7) DAVID CAREY         4.00         X         127,814.         0.         6,148.           (8) TERCTOR         1.00         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           (9) TERETR         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.					luau	reciu	n/uus	(ee)			
(1) J. BENNETT GUESS         16.00         X         176,224.         0.         8,102.           (2) FFERA LEVENSON         35.00         X         151,895.         0.         7,263.           LEGAL DIRECTOR         4.00         X         151,895.         0.         7,263.           (3) CINDY TOMM         32.00         X         140,545.         0.         5,788.           (4) RAPHAEL DAVIS-WILLIAMS         32.00         X         133,009.         0.         5,735.           (5) ELIZABETH CHARTEN DAY         36.00         X         131,029.         0.         5,473.           (6) ANN ROWLETT         25.60         X         118,709.         0.         17,488.           (7) DAVID CAREY         4.00         X         127,814.         0.         6,148.           (8) TERCTOR         1.00         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           (9) TERETR         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.			irecto							•	
(1) J. BENNETT GUESS         16.00         X         176,224.         0.         8,102.           (2) FFERA LEVENSON         35.00         X         151,895.         0.         7,263.           LEGAL DIRECTOR         4.00         X         151,895.         0.         7,263.           (3) CINDY TOMM         32.00         X         140,545.         0.         5,788.           (4) RAPHAEL DAVIS-WILLIAMS         32.00         X         133,009.         0.         5,735.           (5) ELIZABETH CHARTEN DAY         36.00         X         131,029.         0.         5,473.           (6) ANN ROWLETT         25.60         X         118,709.         0.         17,488.           (7) DAVID CAREY         4.00         X         127,814.         0.         6,148.           (8) TERCTOR         1.00         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           (9) TERETR         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.			e or d	stee			Isated				
(1) J. BENNETT GUESS         16.00         X         176,224.         0.         8,102.           (2) FFERA LEVENSON         35.00         X         151,895.         0.         7,263.           LEGAL DIRECTOR         4.00         X         151,895.         0.         7,263.           (3) CINDY TOMM         32.00         X         140,545.         0.         5,788.           (4) RAPHAEL DAVIS-WILLIAMS         32.00         X         133,009.         0.         5,735.           (5) ELIZABETH CHARTEN DAY         36.00         X         131,029.         0.         5,473.           (6) ANN ROWLETT         25.60         X         118,709.         0.         17,488.           (7) DAVID CAREY         4.00         X         127,814.         0.         6,148.           (8) TERCTOR         1.00         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           (9) TERETR         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.			truste	al trus		yee	mper			,	, and a second s
(1) J. BENNETT GUESS         16.00         X         176,224.         0.         8,102.           (2) FFERA LEVENSON         35.00         X         151,895.         0.         7,263.           LEGAL DIRECTOR         4.00         X         151,895.         0.         7,263.           (3) CINDY TOMM         32.00         X         140,545.         0.         5,788.           (4) RAPHAEL DAVIS-WILLIAMS         32.00         X         133,009.         0.         5,735.           (5) ELIZABETH CHARTEN DAY         36.00         X         131,029.         0.         5,473.           (6) ANN ROWLETT         25.60         X         118,709.         0.         17,488.           (7) DAVID CAREY         4.00         X         127,814.         0.         6,148.           (8) TERCTOR         1.00         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           (9) TERETR         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.			idual	tution	er	oldme	est co loyee	ler	,		organizations
(1) J. BENNETT GUESS       16.00       X       176,224.       0.8,102.         EXECUTIVE DIRECTOR       36.00       X       176,224.       0.8,102.         LEGAL LEVENSON       36.00       X       151,895.       0.7,263.         (3) CINDY TOMM       32.00       X       140,545.       0.5,788.         (4) RAFHAEL DAVIS-WILLIAMS       32.00       X       133,009.       0.5,735.         (5) ELIZABETH CHASTEEN DAY       36.00       X       131,029.       0.5,735.         (6) ANN ROWLETT       25.60       X       118,709.       0.17,488.         (7) DAVID CAREY       4.00       X       127,814.       0.6,148.         (8) TERL ENNS       1.00       X       0.0.0.0.0.       0.         DIRECTOR       1.000       X       0.0.0.0.0.0.       0.         (9) TERL ENNS       1.000       X       0.0.0.0.0.0.0.       0.         DIRECTOR       1.000       X       0.0.0.0.0.0.0.0.0.       0.         (10) SUSAN BECKER       1.000       X       0.0.0.0.0.0.0.0.0.0.       0.         (11) LAURE BRIGGS       1.000       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		· ·	Indiv	Insti	Offic	Key e	High emp	Form			
(2)         FREDA LEVENSON         36.00         X         151,895.         0.         7,263.           LEGAL DIRECTOR         4.00         X         151,895.         0.         7,263.           (3)         CINDY TOMM         32.00         X         140,545.         0.         5,788.           (4)         RAPHAEL DAVIS-WILLIAMS         32.00         X         133,009.         0.         5,735.           (5)         ELIZABETH CHASTEEN DAY         36.00         X         131,029.         0.         5,473.           (6)         ANN ROWLETT         25.60         X         118,709.         0.         17,488.           (7)         DAVID CAREY         4.00         X         127,814.         0.         6,148.           (8)         TERRI ENNS         1.00         X         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.           (9)         LARRY HAYMAN         1.00         X         X         0.         0.         0.           (11)         LARIE BRIGGS         1.00         X         X         0.         0.         0.           ISSOCIATE GENERAL COUNSEL	(1) J. BENNETT GUESS										
LEGAL DIRECTOR         4.00         X         151,895.         0.         7,263.           (3) CINDY TORM         32.00         X         140,545.         0.         5,788.           DEVELOPMENT DIRECTOR         8.00         X         140,545.         0.         5,788.           (4) RAPHAEL DAVIS-WILLIAMS         32.00         X         133,009.         0.         5,788.           (5) ELIZABETH CHASTEEN DAY         36.00         X         131,029.         0.         5,473.           (6) ANN ROWLETT         25.60         X         118,709.         0.         17,488.           (7) DAVID CAREY         4.00         X         127,814.         0.         6,148.           (8) TERRI ENNS         1.00         X         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.           (9) LARK HAYMAN         1.00         X         0.         0.         0.           010 SUSAN BECKER         1.00         X         0.         0.         0.           (11) LAURIE ERIGGS         1.00         X         0.         0.         0.           (12) LARK HAYMAN         1.00         X         0.	EXECUTIVE DIRECTOR				Х				176,224.	0.	8,102.
(3)         CIMP TOMM         32.00         X         140,545.         0.         5,788.           DEVELOPMENT DIRECTOR         8.00         X         133,009.         0.         5,788.           DIRECTOR OF EQUITY AND INCLUSION         8.00         X         133,009.         0.         5,735.           (4) RAPHAEL DAVIS-WILLIAMS         32.00         X         131,029.         0.         5,735.           (5)         ELTABETH CHASTEEN DAY         36.00         X         131,029.         0.         5,473.           (6)         AN ROWLETT         25.60         X         118,709.         0.         17,488.           (7)         DAVID CAREY         4.00         X         0.         0.         0.           DEPUTY DIRECTOR         36.00         X         127,814.         0.         6,148.           (8)         TERET ENNS         1.00         X         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.           SECONT GENERAL COUNSEL         1.00         X         0.         0.         0.         0.           (1) LAURIE BRIGGS         1.00         X         0.         0. </td <td>(2) FREDA LEVENSON</td> <td></td>	(2) FREDA LEVENSON										
DEVELOPMENT DIRECTOR         8.00         X         140,545.         0.         5,788.           (4) RAPHAEL DAVIS-WILLIAMS         32.00         X         133,009.         0.         5,785.           DIRECTOR OF EQUITY AND INCLUSION         8.00         X         133,009.         0.         5,735.           (5) ELIZABETH CRASTEEN DAY         36.00         X         131,029.         0.         5,735.           (6) ANN ROWLETT         25.60         X         118,709.         0.         17,488.           (7) DAVID CAREY         4.00         X         127,814.         0.         6,148.           (8) TERRI ENNS         1.00         X         0.         0.         0.           (9) LARRY HAYMAN         1.00         X         0.         0.         0.           010 SUBA BECKER         1.000         X         X         0.         0.           ASSOCIATE GENERAL COUNSEL         1.00         X         X         0.         0.           110 LAURTE BERGGS         1.000         X         X         0.         0.         0.           (10) SUBAN BECKER         1.000         X         X         0.         0.         0.           ASSOCIATE GENERAL COUNSEL<	LEGAL DIRECTOR						Х		151,895.	0.	7,263.
(4) RAPHAEL DAVIS-WILLIAMS       32.00       X       133,009.       0.       5,735.         (5) ELIZABETH CHASTEEN DAY       36.00       X       131,029.       0.       5,735.         (5) ELIZABETH CHASTEEN DAY       36.00       X       131,029.       0.       5,735.         (6) ANN ROWLETT       25.60       X       118,709.       0.       17,488.         (7) DAVID CAREY       4.00       X       127,814.       0.       6,148.         (7) DAVID CAREY       4.00       X       0.       0.       0.         (8) TERRI ENNS       1.00       X       0.       0.       0.       0.         (9) LARRY HAYMAN       1.00       X       0.       0.       0.       0.       0.         (10) SUSAN BECKER       1.00       X       X       0.       0.       0.       0.         (11) LAURTE BRIGGS       1.00       X       X       0.       0.       0.       0.         (12) LAURA GOLD       1.00       X       X       0.       0.       0.       0.         (13) JACK GUTTENBERG       1.00       X       X       0.       0.       0.       0.         (14) LLOYD SNYDER <t< td=""><td>(3) CINDY TOMM</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(3) CINDY TOMM										
DIRECTOR OF EQUITY AND INCLUSION         8.00         X         133,009.         0.         5,735.           (5)         ELIZABETH CHASTEEN DAY         36.00         X         131,029.         0.         5,473.           (6)         AN ROWLETT         25.60         X         118,709.         0.         17,488.           (7)         DAVID CAREY         4.00         X         118,709.         0.         17,488.           (7)         DAVID CAREY         4.00         X         127,814.         0.         6,148.           (8)         TERTI ENNS         1.00         X         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.           (9)         LARY HAYMAN         1.00         X         0.         0.         0.           ASSOCIATE GENERAL COUNSEL         1.00         X         0.         0.         0.         0.           (11)         LAURIE BRIGGS         1.00         X         0.         0.         0.         0.           (11)         LAURIE BRIGGS         1.00         X         0.         0.         0.         0.           (11)         LAURA GOLD <td>DEVELOPMENT DIRECTOR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td>140,545.</td> <td>0.</td> <td>5,788.</td>	DEVELOPMENT DIRECTOR						Х		140,545.	0.	5,788.
(5)       ELIZABETH CHASTEEN DAY       36.00       X       131,029.       0.       5,473.         (6)       ANN ROWLETT       25.60       X       118,709.       0.       17,488.         (7)       DAVID CAREY       4.00       X       127,814.       0.       6,148.         (8)       TERRI ENNS       1.00       X       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.       0.         (9)       LARRY HAYMAN       1.00       X       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.       0.       0.         OLISCTOR       1.00       X       X       0. <td< td=""><td>(4) RAPHAEL DAVIS-WILLIAMS</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(4) RAPHAEL DAVIS-WILLIAMS										
ORGANIZING DIRECTOR         4.00         X         131,029.         0.         5,473.           (6) ANN ROWLETT         25.60         X         118,709.         0.         17,488.           DEPUTY DIRECTOR         6.40         X         118,709.         0.         17,488.           (7) DAVID CAREY         4.00         X         127,814.         0.         6,148.           (8) TERRI ENNS         1.00         X         0.         0.         0.         0.           JIRECTOR         1.00         X         0.         0.         0.         0.         0.           OIRECTOR         1.00         X         0. <td< td=""><td>DIRECTOR OF EQUITY AND INCLUSION</td><td></td><td></td><td></td><td></td><td></td><td>Х</td><td></td><td>133,009.</td><td>0.</td><td>5,735.</td></td<>	DIRECTOR OF EQUITY AND INCLUSION						Х		133,009.	0.	5,735.
(6) ANN ROWLETT         25.60         X         118,709.         0.         17,488.           (7) DAVID CAREY         4.00         X         127,814.         0.         6,148.           (8) TERRI ENNS         1.00         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.           (10) SUSAN BECKER         1.00         X         X         0.         0.         0.           (11) LAURIE BRIGGS         1.00         X         X         0.         0.         0.           (12) LAURA GOLD         1.00         X         X         0.         0.         0.           (13) JACK GUTTENBERG         1.00         X         X         0.         0.         0.           (14) LLOYD SNYDER         1.000         X         X         0.         0.         0.           (14) LLOYD SNYDER         1.000         X         0.         0.         0.         0.           (15) EBONY SPEAKES-HALL         1.000         X         X         0.         0.	(5) ELIZABETH CHASTEEN DAY										
DEPUTY DIRECTOR         6.40         X         118,709.         0.         17,488.           (7) DAVID CAREY         4.00         X         127,814.         0.         6,148.           (8) TERRI ENNS         1.00         X         127,814.         0.         6,148.           (9) LARRY HAYMAN         1.00         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.         0.           OIRECTOR         1.00         X         0.	ORGANIZING DIRECTOR						Х		131,029.	0.	5,473.
(7) DAVID CAREY       4.00       X       127,814.       0.6,148.         DEPUTY LEGAL DIRECTOR       36.00       X       127,814.       0.6,148.         (8) TERRI ENNS       1.00       X       0.0.       0.0.         DIRECTOR       1.00       X       0.0.       0.0.         DIRECTOR       1.00       X       0.0.       0.0.         DIRECTOR       1.00       X       0.0.       0.0.         OINSAN BECKER       1.00       X       X       0.0.       0.0.         ASSOCIATE GENERAL COUNSEL       1.00       X       X       0.0.       0.0.         (11) LAURIE BRIGGS       1.00       X       X       0.0.       0.0.         ASSOCIATE GENERAL COUNSEL       1.00       X       X       0.0.       0.0.         (11) LAURIE BRIGGS       1.00       X       X       0.0.       0.0.         ASSOCIATE GENERAL COUNSEL       1.00       X       0.0.       0.0.       0.0.         (12) LAURA GOLD       1.00       X       0.0.       0.0.       0.0.       0.0.         DIRECTOR       1.00       X       0.0.       0.0.       0.0.       0.0.         (14) LLOYD SNYDER	(6) ANN ROWLETT										
DEPUTY LEGAL DIRECTOR         36.00         X         127,814.         0.         6,148.           (8) TERRI ENNS         1.00         X         0.         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.           (9) LARRY HAYMAN         1.00         X         0.         0.         0.         0.           DIRECTOR         1.00         X         X         0.         0.         0.         0.           MARRY HAYMAN         1.00         X         X         0.         0.         0.         0.           DIRECTOR         1.00         X         X         0.         0.         0.         0.           (10) SUSAN BECKER         1.00         X         X         0.         0.         0.         0.           ASSOCIATE GENERAL COUNSEL         1.00         X         X         0.         0.         0.           (11) LAURIE BRIGGS         1.00         X         X         0.         0.         0.           (12) LAURA GOLD         1.00         X         X         0.         0.         0.           DIRECTOR         1.00         X	DEPUTY DIRECTOR				Х				118,709.	0.	17,488.
(8) TERRI ENNS       1.00       X       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         (9) LARRY HAYMAN       1.00       X       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.       0.         OINECTOR       1.00       X       0.       0.       0.       0.       0.         ASSOCIATE GENERAL COUNSEL       1.00       X       X       0.       0.       0.       0.         (11) LAURIE BRIGGS       1.00       X       X       0.       0.       0.       0.         ASSOCIATE GENERAL COUNSEL       1.00       X       X       0.       0.       0.       0.         (11) LAURIE BRIGGS       1.00       X       X       0.       0.       0.       0.         ASSOCIATE GENERAL COUNSEL       1.00       X       X       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.       0.       0.         DIRECTOR       1.00       X       X       0.       0.       0. <td>(7) DAVID CAREY</td> <td></td>	(7) DAVID CAREY										
DIRECTOR         1.00         X         0.         0.         0.           (9)         LARRY HAYMAN         1.00         X         0.         0.         0.           DIRECTOR         1.00         X         0.         0.         0.         0.           (10)         SUSAN BECKER         1.00         X         X         0.         0.         0.           ASSOCIATE GENERAL COUNSEL         1.00         X         X         0.         0.         0.           (11)         LAURIE BRIGGS         1.00         X         X         0.         0.         0.           ASSOCIATE GENERAL COUNSEL         1.00         X         X         0.         0.         0.           (11)         LAURIE BRIGGS         1.00         X         X         0.         0.         0.           ASSOCIATE GENERAL COUNSEL         1.00         X         X         0.         0.         0.           (12)         LAURA GULD         1.000         X         X         0.         0.         0.           (13)         JACK GUTTENBERG         1.000         X         0.         0.         0.         0.           DIRECTOR         1.000 </td <td>DEPUTY LEGAL DIRECTOR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td>127,814.</td> <td>0.</td> <td>6,148.</td>	DEPUTY LEGAL DIRECTOR						Х		127,814.	0.	6,148.
(9) LARRY HAYMAN       1.00       X       0.0.0.0.         DIRECTOR       1.00       X       0.0.0.0.         (10) SUSAN BECKER       1.00       X       X       0.0.0.0.         ASSOCIATE GENERAL COUNSEL       1.00       X       X       0.0.0.0.         (11) LAURIE BRIGGS       1.00       X       X       0.0.0.0.         ASSOCIATE GENERAL COUNSEL       1.00       X       X       0.0.0.0.         (12) LAURA GOLD       1.00       X       X       0.0.0.0.       0.         DIRECTOR       1.00       X       X       0.0.0.0.       0.       0.         DIRECTOR       1.00       X       X       0.0.0.0.       0.       0.       0.         DIRECTOR       1.00       X       0.0.0.0.0.       0.       0.       0.       0.       0.         (14) LLOYD SNYDER       1.000       X       0.0.0.0.       0.	(8) TERRI ENNS										_
DIRECTOR         1.00         X         0.0.0.0.           (10) SUSAN BECKER         1.00         X         X         0.0.0.0.           ASSOCIATE GENERAL COUNSEL         1.00         X         X         0.0.0.0.           (11) LAURIE BRIGGS         1.00         X         X         0.0.0.0.           ASSOCIATE GENERAL COUNSEL         1.00         X         X         0.0.0.0.           (12) LAURA GOLD         1.00         X         X         0.0.0.0.           DIRECTOR         1.00         X         0.0.0.0.         0.           (13) JACK GUTTENBERG         1.00         X         0.0.0.0.         0.           DIRECTOR         1.00         X         0.0.0.0.         0.           (14) LLOYD SNYDER         1.000         X         X         0.0.0.0.           (15) EBONY SPEAKES-HALL         1.000         X         X         0.0.0.0.           (16) DARLENE ENGLISH         1.00			X						0.	0.	0.
(10) SUSAN BECKER       1.00       X       X       0.       0.       0.         ASSOCIATE GENERAL COUNSEL       1.00       X       X       0.       0.       0.         (11) LAURIE BRIGGS       1.00       X       X       0.       0.       0.       0.         ASSOCIATE GENERAL COUNSEL       1.00       X       X       0.       0.       0.       0.         (12) LAURA GOLD       1.00       X       X       0.       0.       0.       0.         DIRECTOR       1.00       X       X       0.       0.       0.       0.         (13) JACK GUTTENBERG       1.00       X       X       0.       0.       0.       0.         DIRECTOR       1.00       X       X       0. <t< td=""><td>(9) LARRY HAYMAN</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(9) LARRY HAYMAN										
ASSOCIATE GENERAL COUNSEL         1.00         X         X         0.         0.         0.         0.           (11) LAURIE BRIGGS         1.00         X         X         0.         0.         0.         0.           ASSOCIATE GENERAL COUNSEL         1.00         X         X         0.         0.         0.         0.           (12) LAURA GOLD         1.00         X         X         0.         0.         0.         0.           DIRECTOR         1.00         X         X         0.         0.         0.         0.           (13) JACK GUTTENBERG         1.00         X         X         0.         0.         0.         0.           DIRECTOR         1.00         X         X         0.         0.         0.         0.           (14) LLOYD SNYDER         1.00         X         X         0.         0.         0.         0.           DIRECTOR         1.00         X         X         0.         0.         0.         0.           (15) EBONY SPEAKES-HALL         1.00         X         X         0.         0.         0.         0.           NATIONAL BOARD REPRESENTAT         1.00         X         X			X						0.	0.	0.
(11) LAURIE BRIGGS       1.00       X       X       0.       0.       0.         ASSOCIATE GENERAL COUNSEL       1.00       X       X       0.       0.       0.         (12) LAURA GOLD       1.00       X       X       0.       0.       0.       0.         DIRECTOR       1.00       X       X       0.       0.       0.       0.         (13) JACK GUTTENBERG       1.00       X       X       0.       0.       0.       0.         DIRECTOR       1.00       X       X       0.       0.       0.       0.         DIRECTOR       1.00       X       X       0.       0.       0.       0.         (14) LLOYD SNYDER       1.00       X       X       0.       0.       0.       0.         DIRECTOR       1.00       X       X       0.       0.       0.       0.         (15) EBONY SPEAKES-HALL       1.00       X       X       0.       0.       0.       0.         (16) DARLENE ENGLISH       1.00       X       X       0.       0.       0.       0.       0.         (17) CURTIS MAPLES       1.00       X       X       0. </td <td></td> <td>•</td>											•
ASSOCIATE GENERAL COUNSEL         1.00         X         X         0.			X		Х				0.	0.	0.
(12) LAURA GOLD       1.00       X       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         (13) JACK GUTTENBERG       1.00       X       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.       0.         (14) LLOYD SNYDER       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       1.00       X       X       0.       0.       0.       0.         DIRECTOR       1.00       X       X       0.       0.       0.       0.         DIRECTOR       1.00       X       X       0.       0.       0.       0.         (15) EBONY SPEAKES-HALL       1.00       X       X       0.       0.       0.       0.         PRESIDENT       1.00       X       X       0.       0.       0.       0.         (16) DARLENE ENGLISH       1.00       X       X       0.       0.       0.       0.         <											•
DIRECTOR         1.00         X         0.			X		Х				0.	0.	0.
(13) JACK GUTTENBERG       1.00       X       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         (14) LLOYD SNYDER       1.00       X       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       1.00       X       X       0.       0.       0.       0.         (15) EBONY SPEAKES-HALL       1.00       X       X       0.       0.       0.         PRESIDENT       1.00       X       X       0.       0.       0.       0.         (16) DARLENE ENGLISH       1.00       X       X       0.       0.       0.       0.         (17) CURTIS MAPLES       1.00       X       X       0.       0.       0.       0.         EQUITY OFFICER       1.00       X       X       0.       0.       0.       0.											•
DIRECTOR         1.00         X         0.			X						0.	0.	0.
(14) LLOYD SNYDER       1.00       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         (15) EBONY SPEAKES-HALL       1.00       X       X       0.       0.       0.         PRESIDENT       1.00       X       X       0.       0.       0.       0.         (16) DARLENE ENGLISH       1.00       X       X       0.       0.       0.       0.         NATIONAL BOARD REPRESENTAT       1.00       X       X       0.       0.       0.       0.         (17) CURTIS MAPLES       1.00       X       X       0.       0.       0.       0.         EQUITY OFFICER       1.00       X       X       0.       0.       0.       0.											•
DIRECTOR         1.00         X         0.			X						0.	0.	0.
(15) EBONY SPEAKES-HALL       1.00       X       X       0.       0.       0.         PRESIDENT       1.00       X       X       0.       0.       0.       0.         (16) DARLENE ENGLISH       1.00       X       X       0.       0.       0.       0.         NATIONAL BOARD REPRESENTAT       1.00       X       X       0.       0.       0.         (17) CURTIS MAPLES       1.00       X       X       0.       0.       0.         EQUITY OFFICER       1.00       X       X       0.       0.       0.											•
PRESIDENT         1.00 X         X         0.         0.         0.           (16) DARLENE ENGLISH         1.00 X         X         0.         0.         0.           NATIONAL BOARD REPRESENTAT         1.00 X         X         0.         0.         0.           (17) CURTIS MAPLES         1.00 X         X         0.         0.         0.           EQUITY OFFICER         1.00 X         X         0.         0.         0.			X						0.	0.	0.
(16) DARLENE ENGLISH1.00NATIONAL BOARD REPRESENTAT1.00(17) CURTIS MAPLES1.00EQUITY OFFICER1.00XX	(15) EBONY SPEAKES-HALL										•
NATIONAL BOARD REPRESENTAT1.00 XX0.0.0.(17) CURTIS MAPLES1.00 XX0.0.0.EQUITY OFFICER1.00 XXX0.0.0.			X		X				0.	0.	0.
(17) CURTIS MAPLES         1.00         X         X         0.											•
EQUITY OFFICER 1.00 X X 0. 0. 0.			X		X				0.	0.	υ.
			.,,							~	<u>^</u>
		T.00	Х		X				0.	υ.	

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Form **990** (2023)

FOUNDATION, INC.

Form 990 (2023)

23-7137105 Page 8

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d H	ighe	st (	Compensated Employe	es (continued)	
(A)	(B)			(	C)			(D)	(E)	(F)
Name and title	Average	(do			sitior	<b>n</b> e than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot or/trus	h an		compensation	amount of
	week (list any	—			Τ	T		_ from the	from related organizations	other compensation
	hours for	Individual trustee or director				g		organization	(W-2/1099-MISC/	from the
	related	tee or	Istee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	I trus	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)		and related
	below line)	ividua	titutio	Officer	empl	hest o	Former			organizations
	1.00	pul	lns	Ę	Key	Hig em	1 E			
(18) ERIK MEINHARDT	1.00	x		x				0.	0.	0.
VICE PRESIDENT/SECRETARY (19) JUTHIKA PAL	1.00	^		^				0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(20) LACHELLE SIMMONS	1.00			$\vdash$	+	+			0.	
DIRECTOR	1.00	x						0.	0.	0.
(21) MATT SOMOGYE	1.00				+	+			•••	
DIRECTOR	1.00	x						0.	0.	0.
(22) MATTHEW BESSER	1.00									
GENERAL COUNSEL	1.00	x		x				0.	0.	0.
(23) DANIEL CHAND	1.00									
DIRECTOR	1.00	x						0.	0.	0.
(24) DESHAUNA LEE	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(25) CHERYL LINDSAY	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(26) ASHLEY LOGAN	1.00								0	0
DIRECTOR	1.00							0. 979,225.	0.	0. 55,997.
1b Subtotal								979,225.	0.	0.
c Total from continuation sheets to Part VI								979,225.	0.	55,997.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n</li> </ul>								-		55,557.
compensation from the organization		1056	: IISLE	eu a	lbov		101	eceived more man \$100	,000 of reportable	7
compensation norm the organization										Yes No
3 Did the organization list any former officer,	director, trust	ee. I	kev e	emp	olove	e. o	r hio	phest compensated emp	lovee on	
line 1a? If "Yes," complete Schedule J for s										з Х
4 For any individual listed on line 1a, is the su	um of reportab									
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete	Sch	edule	e J	for such individual	-	4 X
5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	from	n ang	y unr	rela	ted organization or indivi	dual for services	
rendered to the organization? If "Yes," com	plete Schedul	e J f	for si	uch	per	son .				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	-									ation from
the organization. Report compensation for	the calendar y	ear	endi	ng	with	or w	vithi		/ear.	(0)
(A) Name and business	address							<b>(B)</b> Description of s	ervices	(C) Compensation
WEILER-BOWEN, LTD								Beschption of a		
P.O. BOX 6030, HILLIARD,	OH 4302	26						RENT		112,091.
										, , , , , , , , , , , , , , , , , ,
2 Total number of independent contractors (i	-	ot li	mite	d to	o the	se li:	ste	d above) who received m	ore than	
\$100,000 of compensation from the organi	zation	ידח	<b>TT T</b>		TO		777	FFMC		- 000
SEE PART VII, SECTIO	N A CON'	ιΤĮ	NUZ	<b>-</b> Л.Т.	TO	IN Y	эн	EE12		Form <b>990</b> (2023)
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2023.05010 AMERICAN CIVIL LIBERTIES UN 01001-01

#### AMERICAN CIVIL LIBERTIES UNION OF OHIO FOUNDATION, INC.

#### 23-7137105

Form 990 FOUNDATIO								ION OF OHIO	23-713	7105
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	<b>(B)</b> Average hours per	(cł		<b>(C</b> Posi all t	ition	app	ly)	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) ADARSH KRISHEN TREASURER	1.00	x		х				0.	0.	0.
(28) NICHOLE OOCUMMA	1.00									
DIRECTOR	1.00	х						0.	0.	0.
(29) HASAN KWAME JEFFRIES	1.00									
DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c		<u></u>			<u></u>	<u></u>				

332201 04-01-23

AMERICAN CIVIL LIBERTIES UNION OF OHIO FOUNDATION, INC.

			FOUNDATION,	I	NC.			23-7137	105 Page <b>9</b>
Pa	rt \	/	Statement of Revenue						_
			Check if Schedule O contains a respon	ise	or note to any lin		(5)	( <b>A</b> )	
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts its	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
An C			Fundraising events 1c						
ar,			Related organizations 1d		2,345.				
ini), (			Government grants (contributions) 1e						
tion S			All other contributions, gifts, grants, and						
the			similar amounts not included above 1f		2,864,083.				
4 q t q		g	Noncash contributions included in lines 1a-1f						
a C		h	Total. Add lines 1a-1f			2,866,428.			
					Business Code				
e	2	а		_					
e vi		b		_					
enu Se		С		_					
Tan Sev		d		_					
Program Service Revenue		е		_					
₽			All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including dividends, int						
			other similar amounts)			365,065.			365,065.
	4		Income from investment of tax-exempt bon						
	5		Royalties						
				20	(ii) Personal				
	6		Gross rents 6a 61,92	20. 0.					
			Less: rental expenses 6b Rental income or (loss) 6c 61,92						
						61,920.	61,920.		
	7		Net rental income or (loss)         Gross amount from sales of         (i) Securitie		(ii) Other	01,920.	01,920.		
	'	a	assets other than inventory <b>7a</b> 1,691,73						
		h	Less: cost or other basis	· · ·					
e		D	and sales expenses	52					
evenue		c	Gain or (loss)         7c         11,97						
Rev			Net gain or (loss)			11,975.			11,975.
er	8		Gross income from fundraising events (not			, -			, -
Other	including \$ of								
			contributions reported on line 1c). See						
				8a					
		b		8b					
		с	Net income or (loss) from fundraising event	s					
	9	а	Gross income from gaming activities. See						
				9a					
			· · · · · · · · · · · · · · · · · · ·	9b					
			Net income or (loss) from gaming activities						
	10	а	Gross sales of inventory, less returns						
				10a					
			U	10b					
		С	Net income or (loss) from sales of inventory	/					
sn		_			Business Code				
Miscellaneous Revenue	11			-					
slla		b		-					
Be		c c	All other revenue	-					
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			3,305,388.	61,920.	0.	377,040.
33200						, ,			Form <b>990</b> (2023)

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2023.05010 AMERICAN CIVIL LIBERTIES UN 01001-01

## AMERICAN CIVIL LIBERTIES UNION OF OHIO FOUNDATION. INC.

	990 (2023) FOUNDATION,			23-71	37105 Page 10
	t IX Statement of Functional Expension				
Sect	on 501(c)(3) and 501(c)(4) organizations must com		-		
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	( <b>C)</b> Management and	<b>(D)</b> Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
0	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	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,				
5	trustees, and key employees	294,933.	206,453.	44,240.	44,240.
6	Compensation not included above to disqualified		200,2001		
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,084,272.	758,990.	162,641.	162,641.
8	Pension plan accruals and contributions (include	_,	,		
5	section 401(k) and 403(b) employer contributions)	59,605.	41,723.	8,941.	8,941.
9	Other employee benefits	273,655.	191,559.	41,048.	41,048.
10	Payroll taxes	102,281.	71,597.	15,342.	15,342.
11	Fees for services (nonemployees):		,	,	
	Management	11,427.		11,427.	
	Legal	15.	15.		
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	22,112.			22,112.
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	219,823.	201,309.	18,514.	
12	Advertising and promotion	68,140.	67,716.	424.	
13	Office expenses	60,767.	36,460.	2,429.	21,878.
14	Information technology	38,906.	27,234.	5,836.	5,836.
15	Royalties				
16	Occupancy	100,831.	70,581.	15,125.	15,125.
17	Travel	56,291.	47,847.	1,126.	7,318.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	15 005	0 500		1 500
19	Conferences, conventions, and meetings	15,897.	9,538.	4,769.	1,590.
20	Interest				
21	Payments to affiliates	24 649		E 107	E 107
22	Depreciation, depletion, and amortization	34,647.	24,253.	5,197.	5,197.
23	Insurance	12,438.	8,706.	1,866.	1,866.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	167 100	0		167 100
a	ENDOWMENT FUND LOSS ALL PRINTING AND PUBLICATIO	167,108. 49,723.	0. 34,309.	0. 497.	167,108.
b	DUES AND SUBSCRIPTIONS	<u>49</u> ,723. 34,958.	29,714.	5,244.	14,917.
c	NATIONAL RECONCILIATION	23,706.	16,594.	3,556.	3,556.
d		45,100.	10,094.	5,550.	5,550.
	All other expenses	2,731,535.	1,844,598.	348,222.	538,715.
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	4,1J1,333.	I,044,070.	540,444.	JJ0,/13.
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	12 21 22				Eorm <b>990</b> (2023)

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12 2023.05010 AMERICAN CIVIL LIBERTIES UN 01001-01

Form **990** (2023)

AMERICAN CIVIL LIBERTIES UNION OF OHIO FOUNDATION, INC.

Total net assets or fund balances

Total liabilities and net assets/fund balances

23-7137105 Page 11

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to	any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments	1,346,404.	2	2,032,426.	
	3	Pledges and grants receivable, net	1,858,535.	3	1,719,123.	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form	ner officer, director,			
		trustee, key employee, creator or founder, substantia	al contributor, or 35%			
		controlled entity or family member of any of these pe	ersons		5	
	6	Loans and other receivables from other disqualified p	persons (as defined			
		under section 4958(f)(1)), and persons described in s	section 4958(c)(3)(B)		6	
ŝts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
∢	9	Prepaid expenses and deferred charges		49,844.	9	31,418.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	a 1,656,343.			
	b	Less: accumulated depreciation 10		831,736.	10c	797,088.
	11	Investments - publicly traded securities		10 005 100	11	11 000 001
	12	Investments - other securities. See Part IV, line 11 $\ldots$	10,397,423.	12	11,392,321.	
	13	Investments - program-related. See Part IV, line 11	······ _		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		520,260.	15	394,667.
	16	Total assets. Add lines 1 through 15 (must equal line		15,004,202.	16	16,367,043.
	17	Accounts payable and accrued expenses	236,471.	17	267,154.	
	18	Grants payable			18	
	19	Deferred revenue	·····		19	
	20		·····		20	
	21	Escrow or custodial account liability. Complete Part			21	
ies	22	Loans and other payables to any current or former o				
Liabilities		trustee, key employee, creator or founder, substantia				
-iat		controlled entity or family member of any of these pe			22	
-	23	Secured mortgages and notes payable to unrelated			23	
	24	Unsecured notes and loans payable to unrelated thin			24	
	25	Other liabilities (including federal income tax, payable				
		parties, and other liabilities not included on lines 17-2	24). Complete Part X	E20 100		110 672
		of Schedule D	·····	530,489. 766,960.		419,672. 686,826.
	26		ere X	700,900.	26	000,020.
es		Organizations that follow FASB ASC 958, check h	ere 🛆			
nc	07	and complete lines 27, 28, 32, and 33.		8,242,322.	07	9 157 615
3ala	27		······ –	5,994,920.	27 28	9,457,615. 6,222,602.
Β	28	Net assets with donor restrictions		5,554,520•	28	0,222,002.
Fur		Organizations that do not follow FASB ASC 958, c				
ç	20	and complete lines 29 through 33.			20	
ets	29	Capital stock or trust principal, or current funds			29 30	
Ass	30	Paid-in or capital surplus, or land, building, or equipn				
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated incom Total net assets or fund balances		14,237,242.	31 32	15,680,217.
Z	32	I UTAL HEL ASSELS UF TUTTU DAIATIGES			32	,,,,,

Form 990 (2023)

16,367,043.

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Form 990 (2023)

15,004,202.

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AMERICAN C	CIVIL	LIBERTIES	UNION	$\mathbf{OF}$	OHIO
FOUNDATION	J. ING	2.			

	990 (2023) FOUNDATION, INC.	23-	-7137	105	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,305		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,731		
3	Revenue less expenses. Subtract line 2 from line 1	3		573		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	,237		
5	Net unrealized gains (losses) on investments	5		869	,1	22.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				_	
	column (B))	10	15	<u>,680</u>	, 2	17.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
				`	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	з,			
	consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	О.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

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14

SC	HED	DULE A								OMB No. 1545-0047
(Form 990) Public Charity Status and Public Support				2022						
(, ,		.0,	Co		ization is a section 50			or a section		2023
Dana	dences a	f the Treesury			47(a)(1) nonexempt cha					Open to Public
		f the Treasury nue Service			tach to Form 990 or Fo Form990 for instruction			formation		Inspection
Nar	ne of t	he organizati			LIBERTIES U				Employer	identification number
. tai		ine er gamzati		DATION, IN		111011	01 011	10		3-7137105
Pa	rt I	Reason		,	(All organizations must c	omplete ti	nie nart ) S	ee instruction		5 115/105
									15.	
	organ		•		For lines 1 through 12, c	,	,			
1	H				on of churches described		)(a)UTI n	I)(A)(I).		
2	H				Attach Schedule E (Forn					
3	H	•	•		anization described in <b>se</b>					
4				ation operated in co	njunction with a hospital	described	a in sectio		J(III). Enter	the hospital's name,
_		city, and state	-							
5					llege or university owned	d or opera	ted by a g	overnmental	unit descrit	bed in
~				Complete Part II.)						
6					nental unit described in					
7	X	0		,	ntial part of its support f	rom a gov	ernmental	unit or from	the general	public described in
_				omplete Part II.)						
8		-			(1)(A)(vi). (Complete Par					
9					in section 170(b)(1)(A)(					
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	. Enter the	name, city	y, and state o	f the colleg	e or
		university:								
10					than 33 1/3% of its sup					
					t to certain exceptions;					-
					(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
				mplete Part III.)						
11		-	-	-	ively to test for public sa	•				
12					ively for the benefit of, to					
					ed in <b>section 509(a)(1)</b> o					check the box on
	_	7	-		of supporting organizatio				-	
а					upervised, or controlled					
			-		gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
		¬ ~		complete Part IV, Se		11 11 11				
b					l or controlled in connec					
			•	it complete Part IV,	anization vested in the s	ame perso	ons that co	SILITOI OF ITTATIO	age the sup	poned
		Γ	()	•	g organization operated	in connoc	tion with	and functions	lly intograt	ad with
C		••	-	•	b). You must complete I				iny integration	eu with,
d		- ··	•		orting organization oper			•	rtod organi	zation(c)
U			-		zation generally must sat				-	
			-		nplete Part IV, Sections	•		-	u an alleni	IVENESS
е		- ·	•	,	written determination fro					
Ū			•		nally integrated support			a type i, type	, n, rype m	
f	Ente	er the number		·						
g				n about the supporte	d organization(s)					
		i) Name of supp	-	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	fmonetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see i	nstructions)	support (see instructions)
Tota	al									

## AMERICAN CIVIL LIBERTIES UNION OF OHIO FOUNDATION, INC.

23-7137105 Page 2

	.3710
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)	)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,742,551.	3,365,942.	5,623,299.	2,125,071.	2,866,428.	15,723,291.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	1,742,551.	3,365,942.	5,623,299.	2,125,071.	2,866,428.	15,723,291.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4,437,302.
6	Public support. Subtract line 5 from line 4.						11,285,989.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1,742,551.	3,365,942.	5,623,299.	2,125,071.	2,866,428.	15,723,291.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	218,908.	216,017.	241,179.	284,278.	377,040.	1,337,422.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	279,247.	791,533.		246,328.		1,317,108.
11	Total support. Add lines 7 through 10						18,377,821.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	432,531.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2023 (					14	61.41 %
	Public support percentage from 2022						56.96 %
<b>1</b> 6a	1 33 1/3% support test - 2023. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	<b>33 1/3% support test - 2022.</b> If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and <b>stop he</b>	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported of	organization		
b	10% -facts-and-circumstances tes	<b>t - 2022.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	Ц
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instructions	s
						Schedule A	Form 990) 2023

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AMERICAN	CIVIL	LIBERTIES	UNION	OF	OHIO

Schedule A (Form 990) 2023

FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2) 23-7137105 Page 3

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

Section A. Public Support		·				
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
check this box and <b>stop here</b>	<u></u>		<u></u>	<u></u>	-	
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2023 (	line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve	stment Incom	e Percentage	)			
17 Investment income percentage for 20	<b>)23</b> (line 10c, colur	nn (f), divided by l	ine 13, column (f))	)	17	%
18 Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3% , and line	17 is not
more than 33 1/3% , check this box a						
b 33 1/3% support tests - 2022. If the						, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check	this box and see in	structions	
332023 12-21-23					Schedule	A (Form 990) 2023
			17			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

#### Part IV Supporting Organizations

Schedule A (Form 990) 2023

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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10b | Schedule A (Form 990) 2023

18

	AMERICAN CIVIL LIBERTIES UNION OF OHIO			
Sche	edule A (Form 990) 2023 FOUNDATION, INC. 23	8-713710	5 Pa	age <b>5</b>
	rt IV Supporting Organizations (continued)			Ŭ
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a		44-		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	cers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	rted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			L
			Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		-	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	-		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	-		
<u></u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instru	ctions).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
F		20		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
-				

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

3a

2023.05010 AMERICAN CIVIL LIBERTIES UN 01001-01

19

#### AMERICAN CIVIL LIBERTIES UNION OF OHIO FOUNDATION, INC.

Sche	dule A (Form 990) 2023 FOUNDATION, INC.		2	23-7137105 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	·	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

Sche	dule A (Form 990) 2023 FOUNDATION, I			2	3-7137105 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ued)	
Sect	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		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	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
-	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
-	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

332027 12-21-23

	(Form 990) 2023	AMERICAN FOUNDATI	ON, I	NC.				23-7137105 <sub>Pa</sub>
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	, 5a, 6, 9a, t IV, Sectio	9b, 9c, 11a n E, lines 1c	, 11b, and 1 , 2a, 2b, 3a	1c; Part IV, \$ , and 3b; Pa	Section B, lines rt V, line 1; Parl	or 17b; Part III, line 12; 5 1 and 2; Part IV, Section C t V, Section B, line 1e; Part V
	(See instructions.)							
2028 12-21-2	3							Schedule A (Form 990)
	787433 01001-	0.01	0000 0		22	<b>ANT</b> (1717)		TIES UN 01001-

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

### **Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.



Employer identification number

AMERICAN CIVIL LIBERTIES UNION OF OHIO

FOUNDATION, INC.

23-7137105

Filers of:	Section:			

Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

(Form 990) For Organizations Exempt From Income Tax Under Section 501(c) and Section 527					2023
Department of the Treasury nternal Revenue Service	. Open to Public Inspection				
If the organization answ	wered "Yes" on	Form 990, Part IV, line 3, or For	rm 990-EZ, Part V, lin	e 46 (Political Campaig	n Activities), then:
<ul> <li>Section 501(c)(3) org</li> </ul>	ganizations: Con	nplete Parts I-A and B. Do not cor	nplete Part I-C.		
<ul> <li>Section 501(c) (other</li> </ul>	r than section 50	01(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Part I-	В.
<ul> <li>Section 527 organiza</li> </ul>		-			
f the organization ans	wered "Yes" on	Form 990, Part IV, line 4, or For	rm 990-EZ, Part VI, lir	ne 47 (Lobbying Activiti	es), then:
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that	have filed Form 5768 (election un	der section 501(h)): Co	omplete Part II-A. Do not	complete Part II-B.
		have NOT filed Form 5768 (election			-
		Form 990, Part IV, line 5 (Proxy	Tax) (see separate ir	nstructions) or Form 99	0-EZ, Part V, line 35c (Proxy
Гах) (see separate insti					
	-	tions: Complete Part III.			
Name of organization		N CIVIL LIBERTIES	S UNION OF (	DHIO Em	ployer identification numbe
		ION, INC.			23-7137105
Part I-A Comple	ete if the org	panization is exempt unde	er section 501(c)	or is a section 527	organization.
3 Volunteer hours for	political campai	ures gn activities			
Part I-B Comple	ete if the org	panization is exempt unde	er section 501(c)(	3).	
1 Enter the amount of	f any excise tax	incurred by the organization under	er section 4955		\$
2 Enter the amount of	f any excise tax	incurred by organization manage	rs under section 4955		\$
3 If the organization in	ncurred a sectio	n 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a Was a correction m	ade?				🗌 Yes 🗌 No
<b>b</b> If "Yes," describe ir	n Part IV.				
Part I-C Comple	ete if the org	panization is exempt unde	er section 501(c),	except section 50	1(c)(3).
1 Enter the amount d	irectly expended	d by the filing organization for sec	tion 527 exempt funct	ion activities	\$
2 Enter the amount o	f the filing organ	ization's funds contributed to oth	ner organizations for se	ection 527	
exempt function ac	tivities				\$
		. Add lines 1 and 2. Enter here ar			
line 17b					\$
		1120-POL for this year?			
		mployer identification number (El			
made payments. Fo	or each organiza	tion listed, enter the amount paid	I from the filing organiz	ation's funds. Also enter	the amount of political
contributions receiv	ed that were pr	omptly and directly delivered to a	separate political orga	anization, such as a sepa	arate segregated fund or a
political action com	mittee (PAC). If	additional space is needed, provi	de information in Part	IV.	
(a) Name	)	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0

**Political Campaign and Lobbying Activities** 

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

LHA 332041 11-06-23

SCHEDULE C

	AMERI	CAN CIVIL LIBERTIES UNION OF	OHIO					
Sche	edule C (Form 990) 2023 FOUND.	ATION, INC.	23-7	137105 Page 2				
Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under							
	section 501(h)).							
A	Check if the filing organization belon	gs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,				
	expenses, and share of exces	s lobbying expenditures).						
в	Check 🛛 if the filing organization check	ed box A and "limited control" provisions apply.						
	Limits on Lobbying Expenditures       (a) Filing       (b) Affiliated of totals         (The term "expenditures" means amounts paid or incurred.)       totals       totals							
1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)						
b	Total lobbying expenditures to influence a le	gislative body (direct lobbying)						
с	Total lobbying expenditures (add lines 1a an	d 1b)	0.					
d								
е	Total exempt purpose expenditures (add line	es 1c and 1d)	0.					
f	Lobbying nontaxable amount. Enter the amo	r	0.					
	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.						
	over \$17,000,000,	\$1,000,000.						
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	0.					
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-						
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-						
j	If there is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720	_					
	reporting section 4911 tax for this year?			Yes No				

#### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	<b>(c)</b> 2022	( <b>d)</b> 2023	<b>(e)</b> Total	
<b>2a</b> Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						
<b>c</b> Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2023

332042 11-06-23

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## AMERICAN CIVIL LIBERTIES UNION OF OHIO FOUNDATION, INC.

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

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		)	(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
i	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(	5), or se	ction	
	501(c)(6).				-
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
_3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A. line 1: Part I-B. line 4: Part I-C. line 5: Part II-A (affiliated group	list): Part II-	A. lines 1 a	and 2 (see	

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

Schedule C (Form 990) 2023

332043 11-06-23

SCHEDULE D (Form 990)		anization answered "	Yes" on Form 990,		OMB No. 1545-004
Description of the Treeser	Part IV, line 6, 7, 8, 9, 1	0, 11a, 11b, 11c, 11d, Attach to Form 990.	11e, 11f, 12a, or 12b.		Open to Publi
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form9	90 for instructions an		n.	Inspection
Name of the organizati		BERTIES UNIC	ON OF OHIO	Emplo	over identification num
Part I Organiza	FOUNDATION, INC. ations Maintaining Donor Advis	ad Eurode or Othe	r Similar Funds o		<u>23-7137105</u>
	n answered "Yes" on Form 990, Part IV, li			Account	
		(a) Donor adv	vised funds	(b) Funds	and other accounts
1 Total number at er	nd of year				
2 Aggregate value o	f contributions to (during year)				
3 Aggregate value o	f grants from (during year)				
	t end of year				
-	on inform all donors and donor advisors ir	-			
	on's property, subject to the organization'				Yes
e e	on inform all grantees, donors, and donor	•	•		
	ooses and not for the benefit of the donor			-	
	ate benefit? ation Easements. Complete if the o				Yes
	servation easements held by the organiza	•	,	. IV, III C 7.	
	of land for public use (for example, recre		Preservation of a h	istorically in	portant land area
	f natural habitat	[	Preservation of a c		
	n of open space				
2 Complete lines 2a	through 2d if the organization held a qua	lified conservation con	tribution in the form of a	a conservatio	on easement on the las
day of the tax year	r.			Н	eld at the End of the Tax `
a Total number of co	onservation easements			2a	
	ricted by conservation easements				
c Number of conser	vation easements on a certified historic s	tructure included on lir	ne 2a	<b>2</b> c	
	vation easements included on line 2c acc				
	ture listed in the National Register				
	vation easements modified, transferred, r	eleased, extinguished,	or terminated by the or	ganization d	luring the tax
year					
	where property subject to conservation e tion have a written policy regarding the p		poction bandling of		
	forcement of the conservation easements				Yes
	r hours devoted to monitoring, inspecting				
		, nanaling of violatione	, and officially concern		nonto danng the year
7 Amount of expens	es incurred in monitoring, inspecting, har	ndling of violations, and	d enforcing conservatior	n easements	during the year
	vation easement reported on line 2d abov				
	)(4)(B)(ii)?				
	be how the organization reports conserva		•		
	d include, if applicable, the text of the foo	tnote to the organization	on's financial statement	s that descr	ibes the
	ounting for conservation easements. ations Maintaining Collections	of Art Historical	Traceuros or Oth	or Similar	Accoto
	f the organization answered "Yes" on For		riedsules, of Othe		A55615.
	elected, as permitted under FASB ASC 9		revenue statement and	halance she	eet works
•	easures, or other similar assets held for pi	· •			
	Part XIII the text of the footnote to its fina				
· •	elected, as permitted under FASB ASC 9			ance sheet v	works of
	sures, or other similar assets held for publ				
	ing amounts relating to these items.				
(i) Revenue inclu	ded on Form 990, Part VIII, line 1			\$	
(ii) Assets include	ed in Form 990, Part X			\$	
	received or held works of art, historical tr				
	unts required to be reported under FASB				
	on Form 990, Part VIII, line 1				
	Form 990, Part X				
	eduction Act Notice, see the Instruction	ns for Form 990.		So	chedule D (Form 990) 2
32051 09-28-23		31			
	3 01001-001 2023.		CAN CIVIL LI		

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		ION, INC.	Listeria al Tu					3710		age <b>2</b>
	t III Organizations Maintaining C		-	-				<b>τs</b> (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that	make sig	gnificant u	se of its			
	collection items (check all that apply).		<b>—</b> .							
a	Public exhibition	d		hange prograr						
b	Scholarly research	e	Uther							
c	Preservation for future generations	- 11 41	I							
4	Provide a description of the organization's co						e in Par	t XIII.		
5	During the year, did the organization solicit of		•							
Par	to be sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to raise funds rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold to rather than to be maintenance of the sold t							Yes		_ No
I ui	reported an amount on Form 990, Pa		e ii the organization	ranswered r		Jiiii 990, F	an iv, i	ine 9, 0i		
	Is the organization an agent, trustee, custod		liary for contribution	ns or other ass	sets not i	ncluded				
	on Form 990, Part X?		•					Yes		No
b	If "Yes," explain the arrangement in Part XIII									
-			ie na ig talenet					Amoun	t	
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
	Ending balance					1f				
	Did the organization include an amount on F					v?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in Pa	art XIII					
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	rm 990, Part I\	/, line 10.					
		(a) Current year	<b>(b)</b> Prior year	(c) Two years	back (d	<b>d)</b> Three yea	ars back	(e) Fou	r years	back
1a	Beginning of year balance	4,765,093.	5,224,168.	5,217	,428.	3,63	0,485.	4	,148	,824.
b	Contributions				,896.	20	6,104.			
с	Net investment earnings, gains, and losses	371,801.	-459,075.	4	,844.	1,38	0,839.		-518	,339.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
-	End of year balance	5,136,894.	4,765,093.	,	,168.	5,21	7,428.	3	,630	,485.
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment 100.0000	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	nd administer	ed for the	Э				
	organization by:								Yes	No
	(i) Unrelated organizations?								Х	L
	(ii) Related organizations?									X
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm		Deut IV line 11e C			10				
	Complete if the organization answere							( ) )		
	Description of property	(a) Cost or ot		or other		cumulated		( <b>d)</b> Boo	k valu	e
	Land	basis (investm	,	(other) 5,400.	depr	eciation		20	5 /	00.
	Land			<u>5,400.</u> 6,377.	6	17,87	7			00.
	Buildings			0,831.		<u>17,87</u> 65,82				06.
	Leasehold improvements			3,735.		75,55				82.
	Equipment		20	5,155.		, , , , , , , , , , , , , , , , , , , ,	<del>.</del>	2	<u>, т</u>	04.
	Other		l X line 10c column	(B))				79	7.0	88.
Total		guur onn 330, i dil i		( <i>P)</i> //	<u></u>		 chedule	D (Forr		
						0		- 1		,

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		UNION OF OHIO	22 7127105 - 2
Schedule D (Form 990) 2023 FOUNDATION,	INC.		23-7137105 Page <b>3</b>
Part VII Investments - Other Securities	an Farm 000 Dart IV line 1	11h Coo Form 000 Dort V line	10
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation: Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) ENDOWMENT – BOARD			
(B) DESIGNATED	358,725.	END-OF-YEAR MA	ARKET VALUE
(C) ENDOWMENT FUND ALLOCATION			
(D) FROM NATIONAL ACLU	5,136,894.	END-OF-YEAR MA	
(E) MONEYMARKET ACCOUNT	592,400.	END-OF-YEAR MA	
(F) UBS FINANCIAL SERVICES	1,084,000.	END-OF-YEAR MA	
(G) UBS FINANCIAL SERVICES	122,817.	END-OF-YEAR MA	
(H) UBS FINANCIAL SERVICES	2,743,048.	END-OF-YEAR MA	ARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	11,392,321.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line	13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line	15
	Description		(b) Book value
	Decemption		
<u>(1)</u>			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)	( (2))		
Total. (Column (b) must equal Form 990, Part X, line 15, cc	ы. (В))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) A/P NATIONAL			23,705.
(3) LEASE LIABILITY			395,967.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	ol. (B))		419,672.
2. Liability for uncertain tax positions. In Part XIII, provide			
erronization's lightlity for uncertain toy positions under		•	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... L

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#### SEE PART XIII FOR CONTINUATIONS 33 2023.05010 AMERICAN CIVIL LIBERTIES UN 01001-01

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	edule D (Form 990) 2023 FOUNDATION, INC.		23-7137105 P	age <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With Reve	nue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			
_				
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe		
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With Expe 12a.	enses per Return	
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe 12a.	enses per Return	
	TXII         Reconciliation of Expenses per Audited Financial State           Complete if the organization answered "Yes" on Form 990, Part IV, line           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements With Expe	enses per Return	
1	Reconciliation of Expenses per Audited Financial State           Complete if the organization answered "Yes" on Form 990, Part IV, line           Total expenses and losses per audited financial statements	tements With Expe	enses per Return	
1 2	TXII         Reconciliation of Expenses per Audited Financial State           Complete if the organization answered "Yes" on Form 990, Part IV, line           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements With Expenses	enses per Return	
1 2 a	Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a         2b	enses per Return	
1 2 a b	Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a           2b           2c	enses per Return	
1 2 a b	Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a           2b           2c           2d	enses per Return1	
1 2 b c d	Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	enses per Return	
1 2 b c d e	Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a           2b           2c           2d	enses per Return	
1 2 b c d e 3	TXII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a           2b           2c           2d	enses per Return	
1 2 b c d 3 4	TXII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d           2d	enses per Return	
1 2 b c d e 3 4 a	T XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         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         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a         2a           2b         2c           2c         2d           2d         4a           4b         4b	enses per Return	
1 2 b c d e 3 4 a b c 5	Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         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         Other (Describe in Part XIII.)	2a         2a           2b         2c           2c         2d           2d         4a           4b         4b	enses per Return	

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

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Schedule D (	/	FOUNDATION,	
Part XIII	Supplemen	tal Information (continue	ed)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-of-year market value
UBS FINANCIAL SERVICES	389,396.	EOY MARKET VALUE
UBS FINANCIAL SERVICES	965,041.	EOY MARKET VALUE
332421 04-01-23		Schedule D (Form 990)

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(Form 990)         For certain Officers, Directors, Trustees, Key Employees, and Highest         Complete If the organization answered "Yes" on Form 990, Part IV, line 23.         Match I communication TATLIN, LINC.         Match I CAN (CTL) IL DIBERTIES UNLON OF OHIO         Complete Part III, LON CTL) IL DIBERTIES UNLON OF OHIO         Complete Part III to provide any of the following to or for a person listed on Form 990,         Part IV, Bacton A, line 1a. Complete Part III to provide any or the following to or for a person listed on Form 990,         Part IV, Bacton A, line 1a. Complete Part III to provide any or the following to or for a person listed on Form 990,         Part IV, Bacton A, line 1a. Complete Part III to provide any or the following to or for a person listed on Form 990,         Part IV, Bacton A, line 1a. Complete Part III to provide any or the following to or for a person listed on Form 990,         Part IV, Bacton A, line 1a. Complete Part III to provide any or the following to other any bound to bound any differences,         Travel for comparison         Part I or comparison         Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or         reinbursament or provision of all of the expanization used to establish the compensation of the torganization (see the set for the organization (see the set for each dia towe)         bid the organization organization used to establish the compensation ormmittee         Compensation committee         Compensation committee         Compensation and prove the set price of the set price on the set or possible more compensation committee         Compensation and prove the set price of the organization is of the compensation ormmittee         Did the organization commutant         Compensation and prove the set price of the organization is of the CEO/Executive Director, regarding the there checked on the 1a?         Compensation an	sc	CHEDULE J Compensation Information		OMB No. 1545-0047				
Complete if the organization answered "Vis" on Form 990, Part IV, line 23. <u>Open to Public Inspection</u> <u>Name of the organization</u> <u>Name of the organization</u> <u>Name of the organization</u> <u>POUNDATION, INC.</u> Employer identification number <u>23-7137105</u> ************************************	(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	2	n	22	2		
Dependent of the Traver         Dependent of the organization         Dependent of the organization         Attach to Form 990.         Dependent of the organization         Dependent of the organization         Attach to Form 990.         Converting the organization         Dependent of the organization         Dependent of the organization         Dependent of the organization         Dependent of the organization         Tempedication         Tempedication         Tempedication         Tempedication           19         Check the appropriate booked if the organization provided any of the following to of ra a person listed on Form 990.         Yes         No           14         Check the appropriate booked if the organization provided any of the following theose litens.         Impact the organization regarding these litens.         Impact the organization for a person listed on Form 990.         Yes         No           15         Taxel for companions         Impact the organization regarding the appropriate litens.         Impact the organization and grossup payments         Impact the organization follow a writhen policy regarding payment or reinburstement or provision of all of the expenses described above if Thes' complete Part III to explain         10         10           2         Dute organization organization used to establish the compensation of the organization to establish the compensation organization to establish the compensation committee         10         10         10         10         10         10         10         10				U/	20	)		
Internet end service         Coto www.irs.gov/Form980 for instructions and the latest information.         Impediation           Name of the organization         MCRICAN CIVIL LIBRITIES UNION OF CRIO         Employer identification number 23-7137105           Part II         Questions Regarding Compensation         23-7137105           Is Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 980. Part VII, Scaton A, Ine 1a. Complete Part II to rovide any relevant information regarding these litems.         Yes         No           Is Check the appropriate box(es) if the organization provide any relevant information regarding these litems.         Yes         No           Indicate which, if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or relembursement or provision of al of the expenses described above? If 'No', complete Part III to explain         1b         1b           2 Ub the organization organization used to establish the compensation of the organization to to reimbursing or allowing expenses incurred by all directors, trustese, and officers, including the CEO/Executive Director, regarding the tems checked on line 1a?         2         1b           3 Indicate which, if any, of the following the organization used to establish the compensation committee         Written employment contract         2         1b           Corpanization cormaitae         Indicate which, if any of the following the organization suce/ yor study         2         4a         X	Dena					ic		
FOUNDATION, INC.         23-7137105           Part I         Questions Regarding Compensation           Image: Comparison of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a, Complete Part III to complete Part III to comparison or garding these terms.         Yes         No           Part VII, Section A, Ine 1a, Complete Part III to complete Part III to comparison and complete Part III to comparison or enclosed payments or business use of personal residence in the payment or or enclosed payment or preimburgenees described above PII YNo." complete Part III to explain or reimburgenees incurred by all directors, trustees, and officers, including the CO/Executive Director, regarding the lems checked on line 1a?         1b         2           3         Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director, che all that apply. Do not check any boxes for method solut suce by a related organization to establish the compensation or study Compensation consultant         2         1b         4a         X           Compensation or a roteot organization. Consultant         X Compensation committee         Writher employment contract.         4a         X           During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a roteot organization.         4a         X           Participate in or receive payment from a supplemental nonqualified retirement plan?         4a         X         4a         X	Interr	al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.		•				
Part 1       Questions Regarding Compensation       Yes       No         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms.       Image: Complex	Nan					mber		
a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Yes         No           Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Housing allowance or residence for personal sections.         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Part Part Part Part Part Part Part Part			23-7137	105	2			
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.            First-listed so or charter travel        Housing allowance or residence for personal use             First-listed so or charter travel        Housing allowance or residence for personal use             First-listed so or charter travel        Housing allowance or residence for personal use             First-listed or charter travel        Housing allowance or residence for personal use             First-listed or charter travel        Housing allowance or residence for personal use             First-listed or charter travel        Housing allowance or residence for personal use             Discretionary spending account        Personal services (such as maid, chauffeur, chef)             Di of the optical travel with the expenses descreted above? If "No," complete Part III to explain        To the boxes on line 1a are checked, did the organization follow a written policy regarding payment or             2 Did the optical travel with travel travel or release backed on line 1a?               2 Did the optical travel with travel travel bine travel travel               Compensation or the CEO/Executive Director, but explain in Part III.	Pa	Irt I Questions Regarding Compensation						
Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Comparison of Comparison			<b>Г</b>		Yes	No		
Image: Second	1a		990,					
Image: Trave for companions       Payments for business use of personal residence         Image: Trave indemnification and gross-up payments       Health or social club dues or initiation fees         Image: Trave indemnification and gross-up payments       Health or social club dues or initiation fees         Image: Trave indemnification and gross-up payments       Health or social club dues or initiation fees         Image: Trave indexed, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain       1b         Image: Trave indexed, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain       1b         Image: Trave indexed, did the organization is close the stabilish the companization requires substantiation is close the stabilish the companization's close trave indexed on line 1a?       2         Indicate which, if any, of the following the organization used to estabilish the compensation or metator close as the explores and the explores of the organization to estabilish compensation around the CEO/Executive Director, but explain in Part III.       10         Compensation committee       Image: Im								
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       2         A During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       4a       X         P Participate in or receive payment from an equity-based compensation for each item in Part III.       4a       X         Ohy section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5a       X         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the even earnings ot:       5a       X         A The organization?       5a       X       5b       X         H "Yes" to any of								
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the terms checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation or nittee       2         Indicate which, if any, of the following the organization used to establish the compensation orunnittee       2         Indicate which, if any, of the following the organization used to establish the compensation orunnittee       2         Indicate which, if any of the following the organization used to establish the compensation contract       2         Independent compensation consultant       X Compensation committee         Porticipate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         Participate in or receive payment from an equity-based compensation arrangement?       4a       X         Participate in or receive payment from an equity-based compensation arrangement?       4a       X         Dring the year, oid any person listed on Form 990, Part VII, Section A, lin								
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         Compensation committe       Written employment contract       2         Image: Compensation committee       Written employment contract       4a         X       Independent compensation consultant       Xoppensation arouney or study       Form 990 of other organization:         a Receive a severance payment from a supplemental nonqualified retirement plan?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       5a       X         c       For persons listed on								
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2 <ul> <li>Compensation committee</li> <li>Written employment contract</li> <li>Compensation committee</li> </ul> 2 <ul> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>Receive a severance payment for an acquiplemental nonqualified retirement plan?</li> <li>4a</li> <li>X</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>4a</li> <li>Acc</li> <li>X</li> <li>If Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organ</li></ul>		Discretionary spending account	r, cher)					
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2 <ul> <li>Compensation committee</li> <li>Written employment contract</li> <li>Compensation committee</li> </ul> 2 <ul> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>Receive a severance payment for an acquiplemental nonqualified retirement plan?</li> <li>4a</li> <li>X</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>4a</li> <li>Acc</li> <li>X</li> <li>If Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organ</li></ul>	h	If any of the bayes on line 1a are checked, did the organization follow a written policy regarding neument or						
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         4       Compensation committee       Written employment contract       X         5       Form 990 of other organization:       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         9       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         0       Participate in or receive payment from a supplemental companization pay or accrue any compensation contingent on the revenues of:       X         1       Participate in or receive payment from a supplemation and require based compansation pay or accrue any compensation contingent on the revenues of:       X         5       For persons listed on F	D			16				
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation or the CEO/Executive Director, but explain in Part III.       Indicate which, if any, of the following the organization write organization to establish compensation consultant       Witten employment contract         Image: Compensation committee       Written employment contract       Image: Compensation committee         Image: Compensation comsultant       Image: Compensation committee       Image: Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Compensation committee         4       During the year, did any person and provide the applicable amounts for each item in Part III.       Image: Compensation Compensation         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       Image: Compensation Part VII.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization	2		·····					
3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation ormnittee       Image: Center of the compensation organization in Part III.         Compensation committee       Image: Center of the compensation consultant       Image: Center of the compensation committee         Approval by the board or compensation committee       Image: Center of the compensation committee       Image: Center of the compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Center of the compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Center of the compensation and provide the applicable amounts for each item in Part III.         6       Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:       Image: Center of the compensation or any compensation contingent on the revenues of:         7       The organization?       Ea       X         6       X       X         9       Verse any anounts reported on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Ea       X	2			2				
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation of the CEO/Executive Director, but explain in Part III.         Compensation committee       Written employment contract         X Independent compensation consultant       X Compensation survey or study         Form 990 of other organizations       X Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a Receive a severance payment or change-of control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         c Participate in or receive payment from an equity-based compensation arrangment?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         b Any related organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         b Any related organization?       6a       X         if "Yes" on line 5a or 5b, describe in Part III.       6b       X         b Any related organization?       6a       X				2				
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation of the CEO/Executive Director, but explain in Part III.         Compensation committee       Written employment contract         X Independent compensation consultant       X Compensation survey or study         Form 990 of other organizations       X Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a Receive a severance payment or change-of control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         c Participate in or receive payment from an equity-based compensation arrangment?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         b Any related organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         b Any related organization?       6a       X         if "Yes" on line 5a or 5b, describe in Part III.       6b       X         b Any related organization?       6a       X	3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
establish compensation of the CEO/Executive Director, but explain in Part III.       Written employment contract         Compensation committee       Written employment contract         Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         th "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         f" Yes" on line 5a or 5b, describe in Part III.       6b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6b       X	Ŭ							
Compensation committee       Written employment contract         Independent compensation consultant       Independent compensation consultant         Form 990 of other organizations       Independent compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Independent control payment?         a       Receive a severance payment or change of control payment?       Independent control payment?       Independent control payment?         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       Independent control payment?       Independent control payment?         c       Participate in or receive payment from an equity-based compensation arrangement?       Independent control payment?       Independent control payment?         b       Participate in or receive payment from an equity-based compensation arrangement?       Independent control payment?       Independent control payment?         c       Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the reverues of:       Inte organization?       Independent control payment?         d       Inte organization?       Inte organization?       Inte organization?       Inte organization?       Inte organization?         f       Pay related organization?       Inte organization?       Inte organization								
Independent compensation consultant       Image: Compensation survey or study         Form 990 of other organizations       Image: Compensation survey or study         Approval by the board or compensation committee       Image: Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Compensation committee         a       Receive a severance payment for an acquity-based compensation arrangement?       Image: Compensation arrangement?         b       Participate in or receive payment from an equity-based compensation arrangement?       Image: Compensation pay or accrue any compensation contingent on the revenues of:         c       Participate in or receive payment from an equity-based compensation sust complete lines 5-9.       So         f       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       So         a       The organization?       Sa       X         b       Any related organization?       Sa       X         if "Yes" on line 5a or 5b, describe in Part III.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Ga       X         a       The organization?       Ga       X       Sb       X								
Image: Source of the second state second of the second state of the second								
4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Control (C)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         f "Yes" on line 6a or 6b, describe in Part III.			ommittee					
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a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         lf "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X       X         b Any related organization?       6a       X         b Any related organization?       6a       X         lf "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed pay	4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         lf "Yes" on line 5a or 5b, describe in Part III.       6a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X		organization or a related organization:						
c       Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III.       5a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? If "Yes" on line 5a or 5b, describe in Part III.       5a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? If "Yes" on line 6a or 6b, describe in Part III.       6a       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	а	Receive a severance payment or change-of-control payment?		la				
If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.       Image: Constraint of the persons and provide the applicable amounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         contingent on the net earnings of:       6b       X         a The organization?       6a       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initital contract exception described in Regulations section 53.4958-4(	b	Participate in or receive payment from a supplemental nonqualified retirement plan?		łb				
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6a       X         contingent on the net earnings of:       6b       X         a The organization?       6a       X         b Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 <td>с</td> <td>Participate in or receive payment from an equity-based compensation arrangement?</td> <td></td> <td>łc</td> <td></td> <td>Х</td>	с	Participate in or receive payment from an equity-based compensation arrangement?		łc		Х		
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         contingent on the net earnings of:       6b       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         contingent on the net earnings of:       6b       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9								
contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         contingent on the net earnings of:       6b       X         a The organization?       6b       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       7       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9								
a The organization?       5a       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
b       Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         contingent on the net earnings of:       6b       X         b       Any related organization?       6b       X         b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9		5						
If "Yes" on line 5a or 5b, describe in Part III.         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a       The organization?         b       Any related organization?         if "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.         7       For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	а	The organization?		ōa				
6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         lf "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	b			5b		X		
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9								
a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	6		n					
<ul> <li>b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> </ul>						v		
If "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	a	The organization?						
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li></ul>	b			5D				
not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	_							
<ul> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> </ul>	7			_		v		
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	~			<u> </u>				
9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in         Regulations section 53.4958-6(c)?       9	8			<u> </u>		v		
Regulations section 53.4958-6(c)? 9	•		·····  -	ð		A		
	9	•						

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Schedule J (Form 990) 2023

FOUNDATION, INC.

23-7137105

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

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

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

(A) Name and Title		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) J. BENNETT GUESS	(i)	145,260.	0.	30,964.	8,102.	0.	184,326.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FREDA LEVENSON	(i)	130,968.	0.	20,927.	7,263.	0.	159,158.	
LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Page 3

#### Part III Supplemental Information

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

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Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

AMERICAN CIVIL LIBERTIES UNION OF OHIO



Employer identification number 23 - 7137105

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

FOUNDATION,

THE 990 IS REVIEWED BY THE ORGANIZATION'S AUDIT COMMITTEE AND IS

INC.

DISTRIBUTED TO THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS. THE

FORM IS PREPARED BY THE DEPUTY DIRECTOR IN CONJUNCTION WITH THE

ORGANIZATION'S ACCOUNTING FIRM.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION PROVIDES A COPY OF THE CONFLICT OF INTEREST POLICY TO EACH BOARD MEMBER, VOLUNTEER BOARD COMMITTEE MEMBER AND EMPLOYEE AT THE BEGINNING OF SERVICE. ALL COVERED PERSONS ARE REMINDED OF THE POLICY DURING THE FIRST QUARTER OF EACH YEAR AND A COPY IS AGAIN PROVIDED. EACH RECIPIENT MUST ACKNOWLEDGE HAVING RECEIVED, READ AND UNDERSTOOD THE POLICY. IF A RECIPIENT HAS A MATTER REQUIRING DISCLOSURE UNDER THE POLICY AT THAT TIME, THE RECIPIENT SHALL DO SO. IN ADDITION, EACH COVERED PERSON IS REQUIRED TO DISCLOSE TO THE ORGANIZATION ANY PERSONAL INTEREST WITH RESPECT TO A TRANSACTION OR ACTION AS SOON AS S/HE BECOMES AWARE OF THE CONFLICT, PREFERABLY PRIOR TO THE CONSIDERATION OF THE TRANSACTION OR ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS REVIEWED PERIODICALLY BY THE ORGANIZATION'S EXECUTIVE COMMITTEE. THEY TAKE INTO CONSIDERATION THE LOCAL JOB MARKET AS WELL AS SALARY SURVEYS COMPILED BY THE NATIONAL ACLU OFFICE WHICH COMPARE COMPENSATION OF ALL ACLU AFFILIATE STAFF POSITIONS ACROSS THE COUNTRY, AND SURVEYS PREPARED BY OHIO NON-PROFIT ASSOCIATIONS. SALARY CHANGES FOR THESE EMPLOYEES ARE DOCUMENTED IN MEETING MINUTES AND/OR

IN THE EMPLOYEE'S PERSONNEL FILE.

For Pa	aperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2023
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Schedule O (Form 990) 202	23					Page <b>2</b>
Name of the organization	AMERICAN FOUNDATIO	 LIBERTIES	UNION	OF	OHIO	Employer identification number
	23-7137105					

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S BY-LAWS, CONFLICT OF INTEREST POLICY AND ANNUAL AUDITED

FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE,

WWW.ACLUOHIO.ORG. PRINT COPIES ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A

THE LIST OF DIRECTORS INCLUDES ANY BOARD MEMBER WHO SERVED ANY PORTION

OF THE FISCAL YEAR.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE'S DUTIES INCLUDE REVIEW OF THE ORGANIZATION'S

YEAR-END FINANCIAL STATEMENTS WITH THE INDEPENDENT ACCOUNTANT, AND

REVIEW OF THE DRAFT 990 PRIOR TO THE FILING WITH THE IRS. SELECTION OF

THE INDEPENDENT ACCOUNTING FIRM IS ALSO A RESPONSIBILITY OF THE AUDIT

COMMITTEE.

332212 11-14-23

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization	on AMERICAN CIVII FOUNDATION, IN	Go to www.irs.gov/Form990 fo LIBERTIES UNION ( IC.	Yes" on Form 990, Part IV, li ch to Form 990. or instructions and the lates OF OHIO	ine 33, 34, 35b, 36	, or 37.	Employ 23-		Pen to Pen Inspecti Cation nu L05	<b>3</b> ublic on
Part I       Identification of Disregarded Entities. Completing         (a)       (a)         Name, address, and EIN (if applicable)       of disregarded entity		te if the organization answered "Yes (b) Primary activity	" on Form 990, Part IV, line 3 (c) Legal domicile (state of foreign country)	(d)	(e) me End-of-year	assets	ets Direct co ent		)
	on of Related Tax-Exempt Organiza ns during the tax year. (a)	ations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34, t	because it had one	or more relat			a)
	e, address, and EIN elated organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct cor enti	ntrolling	contr	<b>g)</b> 512(b)(13) rolled ity?
	BERTIES UNION OF OHIO - CHESTER AVENUE, CLEVELAND,	CIVIL LIBERTIES ADVOCACY	оніо	501(C)(4)					X

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 FOUNDATION, INC.

#### 23-7137105 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	mana parti	aging ner?	Percenta ownersh
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	_											
	_											
	_											
	-											
	_											
	-											
	-											

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

## AMERICAN CIVIL LIBERTIES UNION OF OHIO FOUNDATION, INC.

Schedule R (Form 990) 2023 F

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization 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		X	
	Gift, grant, or capital contribution to related organization(s)	1b		X	
	Gift, grant, or capital contribution from related organization(s)	1c	Х		
d	Loans or loan guarantees to or for related organization(s)	1d		X	
	Loans or loan guarantees by related organization(s)	1e		X	
f	Dividends from related organization(s)	1f		X	
g	Sale of assets to related organization(s)	1g		X	
	Purchase of assets from related organization(s)	1h		X	
i	Exchange of assets with related organization(s)	1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X	
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х		
o	Sharing of paid employees with related organization(s)	10	Х		
р	Reimbursement paid to related organization(s) for expenses	1p		X	
q	Reimbursement paid by related organization(s) for expenses	1q	Х		
r	Other transfer of cash or property to related organization(s)	1r		X	
s	Other transfer of cash or property from related organization(s)	1s		Х	
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) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) ACLU OF OHIO, INC	С	2,345.	CASH TRANSFERS LESS EXPENSE REIMB
(2) ACLU OF OHIO, INC	Q	208,737.	ALLOCATION BASED ON USAGE
(3) ACLU OF OHIO, INC	0	1,394,743.	ALLOCATION BASED ON USAGE
_(4)			
_(5)			
_(6)	12		

Schedule R (Form 990) 2023 FOUNDATION, INC.

#### 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)	(b)	(c)	(d)	-	)	(f)	(g)	()	ח)	(i)	(j	)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e Are a partners 501 (c orgs	all s sec	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gene	ral or	Percentage
of entity	, ,	(state or foreign	(related, unrelated,	501(c	)(3)	total	end-of-year	tior alloca	nate tions?	amount in box 20	mana partr	ging her?	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income		Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes	NO	
	1												
										l			
											+ +		
	-												
	-												
				+									
	-												

Schedule R (Form 990) 2023

AMERICAN	CIVIL	LIBERTIES	UNION	OF	OHIO
FOUNDATIO	ON, INC	2.			

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Schedule R	(Form 990)	12023

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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