			EXTENDED TO FEBRUARY 16, 20	021	
	0	00	Return of Organization Exempt Fron	n Income Tax	OMB No. 1545-0047
Forr	пIJ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		s) 2010
		uary 2020)	Do not enter social security numbers on this form as it m	ay be made public.	Open to Public
		of the Treasury nue Service	► Go to www.irs.gov/Form990 for instructions and the la	test information.	Inspection
AF	or the	e 2019 calend		MAR 31, 2020	
	heck if pplicabl	le: C Name o	forganization	D Employer identific	ation number
	Addre chang	ACLU	FOUNDATION OF MARYLAND, INC.		
	Name chang	pe Doing b	usiness as	23-720953	38
	Initial return Final	Number	and street (or P.O. box if mail is not delivered to street address) Room/s CLIPPER MILL ROAD #350	Suite E Telephone number 410-889-8	2555
	return termir ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	7,758,403.
	Amen return	ded BALT	IMORE, MD 21211	H(a) Is this a group re	
	Applic tion pendi	F Name a	nd address of principal officer: JOHN HENDERSON	for subordinates?	
<u> </u>		3000		21 H(b) Are all subordinates ind	
		empt status:			ist. (see instructions)
			ACLU-MD.ORG	H(c) Group exemption	
	orm of art l	Summary		Year of formation: 1969 M	State of legal domicile: MD
FC		-		NT7AMTON EVICE	'S TO
ė	1		e the organization's mission or most significant activities: <u>THE ORGA</u> MARYLANDERS TO EXERCISE THEIR RIGHTS		AW VALUES
Governance					
ern		Check this bo			ets. 15
Š					15
			dependent voting members of the governing body (Part VI, line 1b)		38
Activities &			of individuals employed in calendar year 2019 (Part V, line 2a)		21
tivit			of volunteers (estimate if necessary)		0.
Act			d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, line 39		
		o		Prior Year 2,729,235.	<u>Current Year</u> 7,478,454.
ne	8		and grants (Part VIII, line 1h)	128,716.	258,759.
Revenue	9	•	ice revenue (Part VIII, line 2g)	35,030.	21,190.
Re			come (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,892,981.	7,758,403.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	<u> </u>
			milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	40		to or for members (Part IX, column (A), line 4)	2,273,719.	2,772,884.
ses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	2,772,004.
Expenses	108	Total fundraia	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ▶ <u>171,903.</u>		• •
EXP				750,314.	939,012.
_	''		es (Part IX, column (A), lines 11a-11d, 11f-24e) es. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,024,033.	3,711,896.
	18 19		expenses. Subtract line 18 from line 12	-131,052.	4,046,507.
- 3		nevenue less	expenses. Subtract line to nonn line 12	Beginning of Current Year	End of Year
t Assets or d Balances	20	Total assets (I	Dart V lina 16)	3,651,420.	7,565,564.
Asse Bali	20		2art X, line 16) 5 (Part X, line 26)	528,325.	347,586.
Net /	22		fund balances. Subtract line 21 from line 20	3,123,095.	7,217,978.
	nrt II	Signature		5,125,055	7,217,570.
		•	I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of mv	knowledge and belief. it is
			. Declaration of preparer (other than officer) is based on all information of which prep		,
,			, , , , , , , , , , , , , , , , , ,		
Sigr	า	Signatur	e of officer	Date	
Her		JOHN	HENDERSON, BOARD PRESIDENT		
			print name and title		
		Print/Type pre		Date Check	PTIN
Paid			M. HANTSKE, CPA Patrick M. Hantake, CPI	4 02/12/21 ^{if} self-employe	d P00440640

1 414	minician in minipiti, cim / wowere ///./Purese, e.							
Preparer	Firm's name 🕨 MULLEN, SONDBERG, WIMBISH & STONE, PA	Firm's EIN 🕨 52–1197902						
Use Only	Firm's address 🕒 888 BESTGATE ROAD, SUITE 310							
	ANNAPOLIS, MD 21401	Phone no. 410 - 224 - 4920						
May the IRS discuss this return with the preparer shown above? (see instructions)								
932001 01-20	932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)							
a.								

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.								F
SEE	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION	

		- _{age} 2
Par		
1	Check if Schedule O contains a response or note to any line in this Part III	
-	THE ORGANIZATION EXISTS TO EMPOWER MARYLANDERS TO EXERCISE THEIR	
	RIGHTS SO THAT THE LAW VALUES AND UPLIFTS THEIR HUMANITY	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	XNo
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 🖸	XNo
	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 \$2,989,274. including grants of \$) (Revenue \$258,75	5 9.)
	THE ORGANIZATION HAS VARIOUS PROGRAMS TO SUPPORT CONSTITUTIONAL AND	.
	CIVIL RIGHTS THROUGH LITIGATION, PUBLIC ADVOCACY, LEGISLATIVE OUTREACH COMMUNITY ENGAGEMENT, AND PUBLIC EDUCATION. THE WORK OF THESE	1,
	PROGRAMS IS GREATLY EXPANDED BY A SUBSTANTIAL PRO BONO PROGRAM	
	INVOLVING THE PRIVATE BAR. THE VALUE OF THOSE SERVICES FOR 2019 WAS	
	\$487,475 WHICH IS REPORTED ON THE SCHEDULE D OF THE 990.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
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 2,989,274.	
	Form 990) (2019)
932002	2 01-20-20	

Form	990	(2019)
	330	(2013)

 Form 990 (2019)
 ACLU FOUNDATION OF MARYLAND, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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 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	X	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? 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,			v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
~	Schedule D, Part III	8		X
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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			
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
а		11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 23	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	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			
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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	0000	X
932003	01-20-20	Form	990	(2019)

932003 01-20-20

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Form 990 (2	2019)		FOUNDAT		
Part IV	Checklist of	f Required	Schedules	(contin	ued)

ACLU FOUNDATION OF MARYLAND, INC.

			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		X
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		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see 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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			x
38				
00				
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	1
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1:	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2	.03	110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

932004 01-20-20

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Form 990 (2019)

1c

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Form 990 (2019)		FOUNDATION				
Part V Statement	s Regardin	g Other IRS Filing	gs ai	nd Tax Complia	ance	(continued)

				Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			103		
	filed for the calendar year ending with or within the year covered by this return	38				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х	
b	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		Х	
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		Х	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				77	
_	any contributions that were not tax deductible as charitable contributions?		6a		X	
b	b 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).	(ar2)	7-		х	
a h	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay If "Yes," did the organization notify the donor of the value of the goods or services provided?	1	7a 7b		<u>_</u>	
0	It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		70			
U	to file Form 8282?		7c		х	
d	If "Yes," indicate the number of Forms 8282 filed during the year		10			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		Х	
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	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?					
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:					
a	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
a h	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 11a					
5	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a			
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
	Enter the amount of reserves on hand 13c					
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				v	
	excess parachute payment(s) during the year?		15		X	
10	If "Yes," see instructions and file Form 4720, Schedule N.		40		v	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X	
	If "Yes," complete Form 4720, Schedule O.					

5

Form **990** (2019)

932005 01-20-20

Form 990 (2019)
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ACLU FOUNDATION OF MARYLAND, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\hfill \hfill \h$			10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ")	/es," a	escribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva		dependent			
	$\ensuremath{persons}$, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			
	taxable entity during the year?			<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
<u> </u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed MD	1.000	T (0 F01 () (0)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	na 990	-1 (Section 501(c)(3)	s only)	availa	ela
	for public inspection. Indicate how you made these available. Check all that apply.	-				
10	X Own website Another's website X Upon request Other (explain		,	d fire	sial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	TOILING (a milerest policy, and	u iinani	JIAI	
20	statements available to the public during the tax year.	ake er	trocordo			
20	State the name, address, and telephone number of the person who possesses the organization's boot DANA VICKERS SHELLEY $-410-889-8550$	ns an				
	3600 CLIPPER MILL ROAD #350, BALTIMORE, MD 21211					
032000	3 01-20-20			Form	990	(2019)
332000	6			1 0111		(2013)
	÷					

2019.05040 ACLU FOUNDATION OF MARYLA 053105.1

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

• List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week					1711 US		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or (stee			nsated		(W-2/1099-MISC)	(11271000 11100)	organization
	organizations	truste	al tru		oyee	ompei		(and related
	below	Individual trustee or director	Institutional trustee	Cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) JOHN HENDERSON	1.00									-
PRESIDENT		Х		Х				0.	0.	0.
(2) HOMAYRA ZIAD	1.00									_
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) ERIC S. GILLMAN	1.00									_
TREASURER		Х		Х				0.	0.	0.
(4) ROLAND DANIELS	1.00									_
DIRECTOR		Х						0.	0.	0.
(5) LAURA HOWELL	1.00									_
SECRETARY		Х		Х				0.	0.	0.
(6) GARLAND NIXON	1.00									-
DIRECTOR		Х						0.	0.	0.
(7) AJMEL QUERESHI	1.00									-
DIRECTOR	1	Х						0.	0.	0.
(8) JOHN SONDHEIM	1.00									•
DIRECTOR	1	Х						0.	0.	0.
(9) COLEMAN BAZELON	1.00								•	•
DIRECTOR	1 0 0	Х						0.	0.	0.
(10) STEPHANIE JOSEPH	1.00								0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(11) SARA MOVAHED	1.00								0	0
DIVERSITY AND INCLUSION OF	1 0 0	Х		X				0.	0.	0.
(12) MARION GRAY-HOPKINS	1.00	37							0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(13) BOATEMAA NTIRI-REID	1.00	77						0.	0.	0
DIRECTOR	1.00	Х				-		0.	0.	0.
(14) RICHARD POTTER	1.00	v						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(15) COREY STOTTLEMYER	1.00	х						0.	0.	0
DIRECTOR (16) DANA VICKERS SHELLEY	60.00	Λ				-		U •	0.	0.
(16) DANA VICKERS SHELLEY EXECUTIVE DIRECTOR				x				168,454.	0.	20 216
(17) CRAIG LEE	50.00			^		-		100,404.	0.	28,316.
(17) CRAIG LEE FINANCE AND OPERATIONS DIRECTOR				x				97,850.	0.	11,765.
		I		Δ			I	97,030.	0.	Form 990 (2019)
932007 01-20-20				-	-					Form 330 (2019)

Form 990 (2019) ACLU FOUR	IDATION	OF	' M2	AR'	\mathbf{YL}	AN	D,	INC.	23-72	<u>:095</u>	38	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees, a	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	Name and title Average hours per Position week week				an	(D) Reportable compensation from	(E) Reportable compensatior from related		Estii amo	(F) mated punt of ther		
	(list any hours for related organizations below line)	ustee or ensate		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compensation from the organization and related organizations					
(18) DEBORAH JEON	50.00				_							
LEGAL DIRECTOR						x		120,002.		0.	42	,144.
										_		
				_						\downarrow		
								206.206				
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							386,306. 0. 386,306.		0.0.0		<u>,225.</u> 0. ,225.
 Total number of individuals (including but n compensation from the organization 	ot limited to th	ose	listed	l ab	ove) wh	o re	eceived more than \$100,	000 of reportable		- I Y	2 (es No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual	, 		•		, 				[3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	x
 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," corr</i> 	iccrue compen	Isati	on fro	om a	any	unre	late	ed organization or individ	lual for services		5	x
Section B. Independent Contractors		20 1	<i>51 54</i>	<u>u p</u>	/0/30					<u></u>		
1 Complete this table for your five highest co the organization. Report compensation for	•	•							•	ensatio	on from	1
(A) Name and business	address							(B) Description of s	ervices	Cc	(C) mpens	
SPECTRUM HR SOLUTIONS 5457 TWIN KNOLLS ROAD, CC	LUMBIA,	М	D 2	21(04	5		HR SERVICES			119	,477.
	· · · · · ·											
2 Total number of independent contractors (in \$100,000 of compensation from the organia	•	ot lin	nited	to t	hos 1	e lis	ted	above) who received mo	ore than			
										F	orm 9	90 (2019)

			2019) ACLU FOUNDATI	ON OF MAI	RYLAND, INC	•	23-7209	538 Page 9
Pa	rt \	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin			(0)	
					(A) Total revenue	(B) Related or exempt		(D) Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
s s s	1	2	Federated campaigns 1a					
anta	'							
j G								
Ēs,	c Fundraising events 1c d Related organizations 1d							
i Gi			J					
Sin's			Government grants (contributions) 1e					
utio		T	All other contributions, gifts, grants, and similar amounts not included above 11 17,	478,454.				
Contributions, Gifts, Grants and Other Similar Amounts		~	Noncash contributions included in lines 1a-1f	20,957.				
u oʻ		-	Total. Add lines 1a-1f		7,478,454.			
0 %				Business Code	,,1,0,1011			
	2	а	ATTORNEY FEES	900099	257,708.	257,708.		
vice	2		MISC FEES	900099	1,051.	1,051.		
Ser		c		500055	1,0010	1,0010		
Program Service Revenue		d						
Be		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f		258,759.			
	3		Investment income (including dividends, intere					
			other similar amounts)		21,190.			21,190.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	►				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	🕨				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
nue			and sales expenses 7b					
evenue			Gain or (loss)					
, Be			Net gain or (loss)	····· •				
Other R	8	а	Gross income from fundraising events (not including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	1				
		b	Less: direct expenses 8b)				
		с	Net income or (loss) from fundraising events	►				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses9b	,				
			Net income or (loss) from gaming activities	🕨				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold	-				
		С	Net income or (loss) from sales of inventory					
s		_		Business Code				
leo(11							
llar ven		b						
Miscellaneous Revenue		c c	All other revenue					
ΪΣ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		7,758,403.	258,759.	0.	21,190.
932009				F			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Form 990 (2019)

ACLU FOUNDATION OF MARYLAND, INC. Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons		his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	468,530.	244,790.	215,870.	7,870.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,637,179.	1,432,750.	121,454.	82,975.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	203,140.	166,039.	26,787.	<u> 10,314.</u> 14,910.
9	Other employee benefits	309,091.	256,873.	37,308.	14,910.
10	Payroll taxes	154,944.	124,316.	23,758.	6,870.
11	Fees for services (nonemployees):				
	Management		1 4 5 5		
	Legal	<u>1,455.</u> 23,294.	1,455.	3,572.	1,033.
	Accounting	10,641.	<u>18,689.</u> 10,641.	3,572.	1,033.
	Lobbying Professional fundraising services. See Part IV, line 17	10,041.	10,041.		
e f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	92,340.	74,186.	14,082.	4,072.
12	Advertising and promotion		, _ • • •		_,
13	Office expenses	164,822.	139,867.	18,172.	6,783.
14	Information technology	204,235.	163,865.	31,316.	9,054.
15	Royalties				
16	Occupancy	238,598.	191,434.	36,585.	10,579.
17	Travel	46,225.	37,088.	7,088.	2,049.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	69,879.	55,425.	2,574.	11,880.
20	Interest				
21	Payments to affiliates	25 420	20 402	2 000	1,127.
22	Depreciation, depletion, and amortization	25,429.	20,403.	3,899.	1,14/•
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TELEPHONE AND COMMUNICA	48,852.	39,195.	7,491.	2,166.
b	DUES AND SUBSCRIPTIONS	8,267.	8,267.	,	_,,
c	MISCELLANEOUS	3,113.	2,498.	477.	138.
d	POSTAGE	1,862.	1,493.	286.	83.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,711,896.	2,989,274.	550,719.	171,903.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
93201	0 01-20-20	10			Form 990 (2019

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15270212 756446 053105.00

ACLU I	FOUNDATION	OF	MARYLAND,	INC.
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23-7209538 Page 11

		Dalance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X		<u></u>	
					(A) Beginning of year		(B) End of year
		2 · · · · · · ·				<u> </u>	-
	1			······	154,528.	1	<u> </u>
	2	Savings and temporary cash investments			555,994.	2	
	3	Pledges and grants receivable, net			95,667.		5,152,500.
	4	Accounts receivable, net	1,471,456.	4	1,348,603.		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs		_			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
	_	under section 4958(f)(1)), and persons described		6			
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			35,694.	8	48,900.
4	9			·····	55,094.	9	40,900.
	10a	Land, buildings, and equipment: cost or other		141 251			
		basis. Complete Part VI of Schedule D		<u>141,251.</u> 108,505.	25 111	10	22 746
		Less: accumulated depreciation	<u>25,111.</u> 1,297,368.	10c	<u>32,746.</u> 264,526.		
	11	Investments - publicly traded securities		1,297,300.	11	204,520.	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets	15,602.	14	79,804.		
	15	Other assets. See Part IV, line 11			3,651,420.	15	7,565,564.
	16	Total assets. Add lines 1 through 15 (must equ		406,901.	16	347,586.	
	17	Accounts payable and accrued expenses	400,901.	17	547,500.		
	18	Grants payable		18 19			
	19	Deferred revenue				20	
	20 21	Tax-exempt bond liabilities					
		Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela				22	
	23 24	Unsecured notes and loans payable to unrelated				23 24	
	24	Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on lines					
		of Schedule D	5 17 247		121,424.	25	0.
	26	T			528,325.	26	347,586.
	20	Organizations that follow FASB ASC 958, che					
es		and complete lines 27, 28, 32, and 33.					
anc	27				2,795,316.	27	7,186,177.
Bala	28				327,779.	28	7,186,177. 31,801.
Гр		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.		·			
P	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ast	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,123,095.	32	7,217,978.
	33				3,651,420.	33	7,565,564.
							E 000 (0010)

Form 990 (2019)

Form 990 (2019) Part X Balance Sheet

Form	990 (2019) ACLU FOUNDATION OF MARYLAND, INC. 2	3-72095	38	Page 12
Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1 7,	758	,403.
2	Total expenses (must equal Part IX, column (A), line 25)	23,	711	,896.
3	Revenue less expenses. Subtract line 2 from line 1			,507.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 3,		<u>,095.</u>
5	Net unrealized gains (losses) on investments	5	48	<u>,376.</u>
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8		3		
9	Other changes in net assets or fund balances (explain on Schedule O)	Э		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
		<u>o 7,</u>	217	<u>,978.</u>
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
		-	Y	es 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 in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on	a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	L	2b 2	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate ba	sis,		
	consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au	dit,		
	review, or compilation of its financial statements and selection of an independent accountant?	L	2c 2	x
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedu	le O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	Audit		
	Act and OMB Circular A-133?	L	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
		,	Earm 9	90 (2010)

Form **990** (2019)

932012 01-20-20

SCHEDU	LE A
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of t	the organization							identification number		
Part I			N OF MARYLAN					3-7209538		
	Reason for Public (e instructions	i.			
	nization is not a private found									
1	A church, convention of ch					I)(A)(I).				
2 3	A school described in sect					:)				
3 4	A hospital or a cooperative					•	(iiii) Enter	the hospital's name		
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	An organization that norma section 170(b)(1)(A)(vi). (C		ntial part of its support f	rom a gove	ernmental	unit or from th	ie general p	oublic described in		
8	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)						
9	An agricultural research org	ganization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	inction with a	land-grant	college		
	or university or a non-land-g university:	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or		
10 X	An organization that norma activities related to its exen income and unrelated busin See section 509(a)(2). (Col	npt functions - subject ness taxable income	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	from gross investment		
11	An organization organized a		velv to test for public sa	fetv. See	section 50)9(a)(4).				
12	An organization organized a	-	•	-			rry out the	purposes of one or		
	more publicly supported or									
	lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.			
а	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving		
	the supported organization	on(s) the power to reg	gularly appoint or elect a	a majority c	of the direc	tors or trustee	es of the su	upporting		
	organization. You must o	complete Part IV, Se	ections A and B.							
b	Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s supporte	ed organizatio	n(s), by hav	ving		
	control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported		
	organization(s). You mus	•								
С	Type III functionally inte	• • • •					ly integrate	ed with,		
_	its supported organizatio		-							
d	Type III non-functionally						-			
	that is not functionally int	0	0,	,		•	an attentiv	/eness		
	requirement (see instruct	•	•							
е	Check this box if the orga functionally integrated, or					турет, туре	n, rype m			
f Ente	er the number of supported of	,	, , , , , , , , , , , , , , , , , , , ,	0 0						
	vide the following information	•	d organization(s)							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other		
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
Total										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 ACLU FOUNDATION OF MARYLAND, INC. Part II

23-7209538 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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	18	Private toundation. If the organization	n did not check a	box on line 13, 16	a, 160, 17a, or 17					

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 ACLU FOUNDATION OF MARYLAND, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1656351.	1858940.	1993637.	2729235.	7478454.	<u>15716617.</u>
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	520,250.	75,600.	196,299.	128,716.	258,759.	1179624.
3	Gross receipts from activities that						
•	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	2176601.	1934540.	2189936.	2857951.	7737213.	16896241.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b						16896241.
8 Sec	Public support. (Subtract line 7c from line 6.)						10090241.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(a) 2017	(4) 2019	(a) 2010	
	Amounts from line 6	(a)2015 2176601.	(b)2016 1934540.	(c) 2017 2189936.	(d)2018 2857951.	(e) 2019 7737213	(f) Total 16896241.
	Gross income from interest,	2170001.	1))10.	2105550.	2037331.	1151215.	10090241.
104	dividends, payments received on securities loans, rents, royalties, and income from similar sources	57,994.	44,921.	35,991.	35,030.	21,190.	195,126.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b	57,994.	44,921.	35,991.	35,030.	21,190.	195,126.
11	Net income from unrelated business activities not included in 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.)	228.	4,401.	46.			4,675.
13	Total support. (Add lines 9, 10c, 11, and 12.)	2234823.	1983862.	2225973.	2892981.	7758403.	17096042.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3) organiza	ation,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (li	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	<u>98.83 %</u>
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	<u>98.34</u> %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	19 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	1.14 %
	Investment income percentage from 2					18	1.62 %
19a	33 1/3% support tests - 2019. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ies as a publicly s	upported organizat	tion	► X
b	33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	►
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	►
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Schedule A (Form 990 or 990-EZ) 2019 ACLU FOUNDATION OF MARYLAND, INC.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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 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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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

Schedule A (Form 990 or 990-EZ) 2019

10a

10b

23-7209538 Page 4

Yes No

1

Schedule A (Form 990 or 990-EZ) 2019 ACLU FOUNDATION OF MARYLAND, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the 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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		X	
			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	4		
•	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	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
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 Part VI the role the organization's			
	· · · · ·	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions		
2	Activities Test. Answer (a) and (b) 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		
b	Did the activities described in (a) 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 (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
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.	3b		

17

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

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	edule A (Form 990 or 990-EZ) 2019 ACLU FOUNDATION OF MARY			23-7209538 Page 6
1	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin Check here if the organization satisfied the Integral Part Test as a qualifyir			in Dart \/l\ See instructions All
	other Type III non-functionally integrated supporting organizations must co	•		m Part VI). See instructions. All
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		
Sec	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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Illy integrat	ted Type III supporting o	rganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 ACLU FOUNDATION OF MARYLAND, INC.

Par	TV Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	(Form 990 or 990-EZ) 2019 ACLU	FOUNDATION OF	MARYLAND,	INC.	23-7209538 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 an Section D, lines 5, 6, and 8; and Pa (See instructions.)	Provide the explanations i c, 4b, 4c, 5a, 6, 9a, 9b, 9c, d 3; Part IV, Section E, line:	required by Part II, line 11a, 11b, and 11c; Pa s 1c, 2a, 2b, 3a, and 3	e 10; Part II, line 17a o art IV, Section B, lines [·] 3b; Part V, line 1; Part [·]	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
932028 09-25-	19		20	Schedu	le A (Form 990 or 990-EZ) 2019

20 2019.05040 ACLU FOUNDATION OF MARYLA 053105.1

SCHEDULE C	Political Campaign and Lobbying Activities			
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 527			
	Complete if the experimetion is described below. Attack to Form 000 or Form 000 F7			

Department of the Treasury Internal Revenue Service mplete if the organization is described below. Attach to Form 990 or Form 990-EZ

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), 	(5), or (6) organizations: Complete Part III.
Name of organization	

Name of organization	Employer	identification	number
ACLU FOUNDATION OF MARYLAND, INC.		3-720953	38
Part I-A Complete if the organization is exempt under section 501(c) or is a section	າ 527 organ	ization.	
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.			
2 Political campaign activity expenditures	▶\$		
3 Volunteer hours for political campaign activities			
Part I-B Complete if the organization is exempt under section 501(c)(3).			
1 Enter the amount of any excise tax incurred by the organization under section 4955	▶\$		
2 Enter the amount of any excise tax incurred by organization managers under section 4955			
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes	No
4a Was a correction made?		Yes	No
b If "Yes," describe in Part IV.			
Part I-C Complete if the organization is exempt under section 501(c), except section	on 501(c)(3).		
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	► \$		
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527			
exempt function activities	► \$		
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,			
line 17b	►\$		
4 Did the filing organization file Form 1120-POL for this year?		Yes	No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organization	ns to which the	filing organizati	on

made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2019

OMB No. 1545-0047

Open to Public

Inspection

71

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019 Part II-A Complete if the org section 501(h)).	ACLU FO	UNDA' is exen	TION OF MARY	YLAND, INC. 501(c)(3) and file	23-7 ed Form 5768 (ele	209538 Page 2 ction under	
	tion belongs	to an affil	iated aroup (and list in	Part IV each affiliated	group member's name	address FIN	
expenses, and shar	-				group member s name	, address, En v ,	
			d "limited control" pro	visions apply			
Limi	ts on Lobbyi	ng Exper	·		(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influ	ience nublic	opinion (c	irassroots lobbying)		3,264.		
b Total lobbying expenditures to influ	-		• •		7,377.		
	c Total lobbying expenditures (add lines 1a and 1b)						
d Other exempt purpose expenditure							
e Total exempt purpose expenditure	3,701,604. 3,712,245.						
f_Lobbying nontaxable amount. Enter		,			335,612.		
If the amount on line 1e, column (a) o			bying nontaxable amo				
Not over \$500,000			he amount on line 1e.				
Over \$500,000 but not over \$1,000	000		0 plus 15% of the exce	ass over \$500.000			
Over \$1,000,000 but not over \$1,500	ess over \$1,000,000.						
Over \$1,500,000 but not over \$1,5							
Over \$17,000,000	000,000	\$1,000,0	0 plus 5% of the exces	ss over \$1,500,000.			
		φ1,000,0					
g Grassroots nontaxable amount (en	ter 25% of lin	o 1f)			83,903.		
h Subtract line 1g from line 1a. If zer					0.		
i Subtract line 1f from line 1c. If zero					0.		
j If there is an amount other than ze			ine 1i, did the organiza		Ŭ		
reporting section 4911 tax for this						Yes No	
			raging Period Under				
(Some organizations th	nat made a s	ection 50		nave to complete all o	of the five columns be	low.	
	Lobbyi	ng Exper	ditures During 4-Yea	r Averaging Period	-		
Calendar year (or fiscal year beginning in)	(a) 20 ⁻	16	(b) 2017	(c) 2018	(d) 2019	(e) Total	
2a Lobbying nontaxable amount	268,	599.	279,167.	301,202.	335,612.	1,184,580.	
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						1,776,870.	
c Total lobbying expenditures	51,	394.	9,576.	16,302.	10,641.	87,913.	
d Grassroots nontaxable amount	67	150.	69,792.	75,301.	83,903.	296,146.	
e Grassroots ceiling amount	U						
(150% of line 2d, column (e))						444,219.	
						,,	
f Grassroots lobbying expenditures	16,	776.	3,652.	3,547.	3,264.	27,239.	

Schedule C (Form 990 or 990-EZ) 2019

932042 11-26-19

23-7209538 Page 3

Schedule C (Form 990 or 990-EZ) 2019 ACLU FOUNDATION OF MARYLAND, INC. 23-72095 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	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(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?					
f	Grants to other organizations for lobbying purposes?					
g	g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)	, or sec	Yes	No	
4	Ware substantially all (2004 as more) dues received pendeductible by members?		1	100		
1 2	Were substantially all (90% or more) dues received nondeductible by members?					
			2			
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		-	tion		
i ui	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				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	al				
	expenses for which the section 527(f) tax was paid).					
а	Current year		. 2a			
b	Carryover from last year		. 2b			
с	Total		. 2c			
3						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditure next year?		. 4			
5	Taxable amount of lobbying and political expenditures (see instructions)					
Par	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	nd 2 (see		

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

Schedule C (Form 990 or 990-EZ) 2019

SCHEDULE	D
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Department of the Treasury Internal Revenue Service

90)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employe	' id	entification	number
-	-		

De	ACLU FOUNDA'I'ION OF	1	
Pa			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		least formula
5	Did the organization inform all donors and donor advisors in w	-	
•	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		-
	for charitable purposes and not for the benefit of the donor or		
Pa	impermissible private benefit?		
1			, Fait IV, III - 7.
	Purpose(s) of conservation easements held by the organization Preservation of land for public use (for example, recreati		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		of a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualifie	ad conservation contribution in the form	n of a conservation easement on the last
2	day of the tax year.		Held at the End of the Tax Year
а			
b			
c	Number of conservation easements on a certified historic structure		
	Number of conservation easements included in (c) acquired af		
	listed in the National Register	,	
3	Number of conservation easements modified, transferred, release		
	year 🕨	, , , , ,	5 5
4	Number of states where property subject to conservation ease	ement is located	_
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements it h	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing co	nservation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserv	vation easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial state	ments that describes the
Dee	organization's accounting for conservation easements.	Ant Ilistania al Tressannos and	
Pa	rt III Organizations Maintaining Collections of A		other Similar Assets.
	Complete if the organization answered "Yes" on Form S		
1 a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publi		
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in ful	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
~			
2	If the organization received or held works of art, historical treas		iai gain, provide
-	the following amounts required to be reported under FASB AS	-	► ¢
a h	Revenue included on Form 990, Part VIII, line 1		
0	Assets included in Form 990, Part X		\$

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932051 10-02-19	

43 2019.05040 ACLU FOUNDATION OF MARYLA 053105.1

Schedule D (Form 990) 2019

		UNDATION OF							09538	
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othei	r Similaı	r Assets	(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that	make si	gnificant u	use of its		
	collection items (check all that apply):									
а	Public exhibition	d	ו 🛄 ו	_oan or exc	hange progra	am				
b	Scholarly research	е	. [] (Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organizatio	n's exen	npt purpos	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, his	torical treas	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	'Yes" on	Form 990	, Part IV,	ine 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi									
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:						
									Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on F						ity?	L	Yes	No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i									
		(a) Current year		rior year	(c) Two year			voare back	(a) Four y	/ears back
10	Beginning of year balance	(a) Current year	(0) P	nor year		S Dack	(a) Thee y	Cars Dack	(e) Four y	Cais Dack
0	Contributions									
с А	Grants or scholarships									
	Other expenditures for facilities									
e	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 1a	column (a))) held as:					
a	Board designated or quasi-endowment		%	, оснани (а)						
	Permanent endowment		_/*							
		<u></u> /°								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		ation that	are held ar	nd administer	ed for th	e organiza	ation		
	by:	0					U			res No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		wment fu	unds.						
Par	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	, line 11a. S	ee Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o basis (investr			or other (other)	• •	ccumulate preciation	ed	(d) Book	value
1 a	Land									
b	Buildings									
с	Leasehold improvements				9,500.		6,10		23	,397.
	Equipment			11	1,751.		102,40	02.	9	,349.
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X, colum	n (B), line 1	0c.)				32	,746.
								<u></u>	- /-	

Schedule D (Form 990) 2019

Part VII	Investn	nents - C	Other Sec	urities.				
Schedule D	(Form 990)) 2019	ACLU	FOUNDATION	OF	MARYLAND,	INC.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

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: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Ves" on Form 990 Part IV line 11d See Form 990 Part X line 15

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (C	Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part)	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

X

932053 10-02-19

(8) (9)

	dule D (Form 990) 2019 ACLU FOUNDATION OF MARYLAN				7209538 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	8,294,254.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		48,376.		
b	Donated services and use of facilities		487,475.		
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	535,851.
3	Subtract line 2e from line 1			3	7,758,403.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	0.
C					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,758,403.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	Expenses per F		<u>7,758,403.</u> n.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	Returi	n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	Expenses per F		7,758,403. n. 4,199,371.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F	Returi	n.
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per F	Returi	n.
5 Par 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F	Returi	n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	ents With 2a 2b 2c	Expenses per F	Returi	n.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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.) Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d	Expenses per F 487,475.	Returi	n. <u>4,199,371.</u>
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	ents With 2a 2b 2c 2d	Expenses per F 487,475.	1 2e	n. <u>4,199,371.</u> 487,475.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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.) Other (Describe in Part XIII.)	ents With 	Expenses per F	1	n. <u>4,199,371.</u>
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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:	ents With	Expenses per F	1 2e	n. <u>4,199,371.</u> 487,475.
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	ents With	Expenses per F	1 2e	n. <u>4,199,371.</u> 487,475.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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:	ents With 2a 2b 2c 2d 4a	Expenses per F	1 2e	n. <u>4,199,371.</u> <u>487,475.</u> <u>3,711,896.</u>
5 Par 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	ents With 2a 2b 2c 2d 4a 4b	Expenses per F	1 2e 3 4c	n. <u>4,199,371.</u> <u>487,475.</u> <u>3,711,896.</u> 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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.)	ents With 2a 2b 2c 2d 4a 4b	Expenses per F	1 2e 3	n. <u>4,199,371.</u> <u>487,475.</u> <u>3,711,896.</u>

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

PART X, LINE 2:

THE ORGANIZATION ANALYZES TAX POSITIONS TAKEN, INCLUDING THOSE RELATED TO
THE REQUIREMENTS SET FORTH IN IRC SEC. 501(C) TO QUALIFY AS A TAX EXEMPT
ORGANIZATION, ACTIVITIES PERFORMED BY VOLUNTEERS AND BOARD MEMBERS, THE
REPORTING OF UNRELATED BUSINESS INCOME, AND ITS STATUS AS A TAX-EXEMPT
ORGANIZATION UNDER MARYLAND STATE STATUTE. THE ORGANIZATION DOES NOT KNOW
OF ANY TAX BENEFITS ARISING FROM UNCERTAIN TAX POSITIONS ARE THERE WAS NO
EFFECT ON THE ORGANIZATION'S FINANCIAL POSITION OR CHANGES IN NET ASSETS
AS A RESULT OF ANALYZING ITS TAX POSITIONS. FISCAL YEARS ENDING ON OR
AFTER MARCH 31, 2017 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE
AUTHORITIES.

46

932054 10-02-19

ACLU FOUNDATION OF MARYLAND, INC. 23-7209538 Pag art XIII Supplemental Information portformed	chedule D (Form 990) 2019	ACLU FOUNDATIO	N OF MARYLAND,	INC.	23-7209538	Page 5
Stedule D (Form 1990)2	Part XIII Supplemental Inf	ormation (continued)	•			
					Schedule D (Form 99	0) 201
	055 10-02-19					

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IJ)
Depa	rtment of the Treasury	Attach to Form 990.		Open to		ic
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organization		Employer ide			mber
Da	rt I Question	ACLU FOUNDATION OF MARYLAND, INC.	23-72	0953	8	
FC		s negariting compensation			Vee	
10	Chock the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form 99	00		Yes	No
Id		line 1a. Complete Part III to provide any relevant information regarding these items.	50,			
	First-class or c		معيداه			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fees	201100			
		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				
	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	ı to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	n committee X Written employment contract				
	Independent o	compensation consultant Compensation survey or study				
Form 990 of other organizations I Approval by the board or compensation committee						
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	-				
		e payment or change-of-control payment?				X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
с		ceive payment from, an equity-based compensation arrangement?		. <u>4c</u>		X
	IT "Yes" to any of IIr	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only caption 501/a	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
5	contingent on the r					
а	•			5a		x
		ation?				X
2		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the n					
а	-	~ 		6a		X
		ation?		6b		X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lir	nes 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				
				. 8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedul	e J (Forn	n 990)	2019

932111 10-21-19

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.

(B)		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denetits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DANA VICKERS SHELLEY	(i)	168,454.	0.	0.	8,712.	19,604.	196,770.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBORAH JEON	(i)	120,002.	0.	0.	23,240.	18,904.		0.
LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

932113 10-21-19

Schedule J (Form 990) 2019

Page 3

Schedule J (Form 990) 2019 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.

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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



ACLU FOUNDATION OF MARYLAND, INC.

23-7209538

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

AND UPLIFTS THEIR HUMANITY

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OF THE UNION HAVE THE RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS OF THE UNION HAVE THE POWER TO ELECT OR APPOINT ONE OR MORE MEMBERS OF THE GOVERNING BOARD.

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

THE 990 IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR AND THE FINANCE COMMITTEE OF THE GOVERNING BODY AND A COPY IS DISTRIBUTED ELECTRONICALLY TO ALL MEMBERS OF THE GOVERNING BODY FOR REVIEW PRIOR TO FILING.

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

MEMBERS OF THE BOARD OF DIRECTORS AND KEY EMPLOYEES ARE PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST POLICY AND REQUESTED TO COMPLETE AND SIGN AND RETURN TO THE EXECUTIVE DIRECTOR A COPY OF APPENDIX A OF THE POLICY ANNUALLY. EACH INDIVIDUAL IS UNDER A CONTINUING OBLIGATION TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST THAT ARISES DURING THE COURSE OF THE YEAR TO THE PRESIDENT OF THE BOARD OF DIRECTORS.

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

THE EXECUTIVE COMMITTEE AND THE BOARD REVIEWS AVAILABLE INFORMATION AND

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

51

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization ACLU FOUNDATION OF MARYLAND, INC.	Employer identification number 23-7209538
MAKES A RECOMMENDATION FOR THE FULL BOARD TO CONSIDER AND A	APPROVE THE
EXECUTIVE DIRECTOR'S SALARY.	

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION POSTS THE AUDITED FINANCIAL STATEMENTS AND 990 ON ITS

WEBSITE AS WELL AS ON OTHER PUBLIC WEBSITES. COPIES ARE ALSO AVAILABLE BY REQUEST.

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

THE ORGANIZATION HAS A PUBLIC DISCLOSURE POLICY WHICH DESCRIBES THE

ALLOWABLE FORMS WHICH CAN BE GIVEN TO THE GENERAL PUBLIC.

PART XII, LINE 2C

THE AUDIT IS REVIEWED BY THE BOARD OF DIRECTORS. THIS PROCESS HAS NOT

CHANGED FROM THE PRIOR YEAR.

Schedule O (Form 990 or 990-EZ) (2019)

932161 09-10-19 LHA

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

ACLU FOUNDATION OF MARYLAND, INC.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	olled
				501(c)(3))		Yes	No
ACLU OF MARYLAND, INC - 52-0746271							
3600 CLIPPER MILL ROAD							
BALTIMORE, MD 21211	CIVIL LIBERTIES	MARYLAND	501(C)(4)		N/A		х
	1						
	7						
	7						
	1						
	1						

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

Schedule R (Form 990) 2019

2019 Open to Public Inspection

2
One

23-7209538

Employer identification number

Schedule R (Form 990) 2019 ACLU FOUNDATION OF MARYLAND, INC.

23-7209538 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)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?		Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
	1										
	-										
	-										
	-										
	-										
	1										
	1	1		1		1		L	1		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)		0. 4000				Yes	No
									\square
									\square

Schedule R (Form 990) 2019 ACLU FOUNDATION OF MARYLAND, INC.

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
Dividends from related organization(s)			
g Sale of assets to related organization(s)			
Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)			
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
Sharing of paid employees with related organization(s)		X	Ŧ
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses			+
Other transfer of cash or property to related organization(s)	<u>1r</u>		
Other transfer of cash or property from related organization(s)	1s		

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) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ACLU OF MARYLAND, INC.	N	251,145.	Cost
(2) ACLU OF MARYLAND, INC.	0	156,798.	соят
(3) ACLU OF MARYLAND, INC.	С	5,000,000.	соят
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2019 ACLU FOUNDATION OF MARYLAND, 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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	e all rs sec. c)(3) s.?	(f) Share of total	(g) Share of end-of-year	(† Dispr tior alloca	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn	(k) ^{Il or} Percentage ^{ing} ownership
		country)	sections 512-514)	Yes			assets	Yes	No	(Form 1065)	Yes	10

Schedule R (Form 990) 2019

	(Form 990) 2019
Part VII	Supplementa

art VII	Supplemental Information	
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Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2019

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