

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation) Do not enter social security numbers on this form as it may be made public.

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

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 04-01-2020, and ending 03-31-2021

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: AMERICAN CIVIL LIBERTIES UNION OF SOUTHERN CALIFORNIA. Doing business as. Number and street (or P.O. box if mail is not delivered to street address): 1313 WEST EIGHTH STREET. Room/suite. City or town, state or province, country, and ZIP or foreign postal code: LOS ANGELES, CA 90017

D Employer identification number: 95-0490250. E Telephone number: (213) 977-9500. G Gross receipts \$ 6,675,825

F Name and address of principal officer: HECTOR VILLAGRA, 1313 WEST EIGHTH STREET, LOS ANGELES, CA 90017

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527

J Website: WWW.ACLUSOCAL.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1946 M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O FOR DETAILS THE ORGANIZATION DEFENDS THE CIVIL LIBERTIES ENSHRINED IN THE US CONSTITUTION AND THE BILL OF RIGHTS THROUGH POLICY ADVOCACY, MEDIA ADVOCACY, AND ORGANIZING, IT FIGHTS TO SECURE AND PROTECT THE CIVIL RIGHTS OF ALL PEOPLE - INCLUDING WOMEN, YOUTH, PEOPLE OF COLOR, LESBIAN, GAY, BISEXUAL, AND TRANSGENDER PEOPLE, IMMIGRANTS AND REFUGEES, MEMBERS OF MINORITY RELIGIONS, PEOPLE WITH DISABILITIES, PEOPLE EXPERIENCING POVERTY OR HOMELESSNESS, AND PEOPLE WHO ARE INCARCERATED.

Table with 2 columns: Description, Amount. Rows 2-7a, 7b. Includes: 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (44). 4 Number of independent voting members of the governing body (44). 5 Total number of individuals employed in calendar year 2020 (0). 6 Total number of volunteers (717). 7a Total unrelated business revenue from Part VIII, column (C), line 12 (0). 7b Net unrelated business taxable income from Form 990-T, line 39 (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12. Includes: 8 Contributions and grants (5,045,500 / 6,556,734). 9 Program service revenue (0 / 0). 10 Investment income (36,359 / 6,938). 11 Other revenue (-49,577 / -95,240). 12 Total revenue—add lines 8 through 11 (5,032,282 / 6,468,432).

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19. Includes: 13 Grants and similar amounts paid (127,000 / 61,920). 14 Benefits paid to or for members (0 / 0). 15 Salaries, other compensation, employee benefits (1,937,746 / 2,122,448). 16a Professional fundraising fees (66,355 / 88,069). 16b Total fundraising expenses (252,118). 17 Other expenses (1,401,861 / 1,300,670). 18 Total expenses. Add lines 13-17 (3,532,962 / 3,573,107). 19 Revenue less expenses. Subtract line 18 from line 12 (1,499,320 / 2,895,325).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22. Includes: 20 Total assets (5,680,181 / 8,468,032). 21 Total liabilities (452,007 / 329,018). 22 Net assets or fund balances. Subtract line 21 from line 20 (5,228,174 / 8,139,014).

Part II Signature Block

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

Sign Here Signature of officer: HECTOR VILLAGRA EXECUTIVE DIRECTOR. Date: 2022-02-11

Paid Preparer Use Only Print/Type preparer's name: ARMANINO LLP. Preparer's signature. Date: 2022-02-11. Check if self-employed. PTIN: P00650274. Firm's EIN: 94-6214841. Firm's address: 12657 ALCOSTA BLVD STE 500, SAN RAMON, CA 945834600. Phone no. (925) 790-2600

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O FOR DETAILSSEE FORM 990, PART I, LINE 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **2,045,700** including grants of \$ **61,920**) (Revenue \$)

THE ORGANIZATION PROVIDED PUBLIC POLICY RESEARCH AND ADVOCACY, AS WELL AS PUBLIC EDUCATION AND TECHNICAL GUIDANCE ON ISSUES PERTAINING TO CIVIL LIBERTIES AND CIVIL RIGHTS. AMONG OTHER THINGS, WE WERE ABLE TO ADVOCATE SUCCESSFULLY FOR CALIFORNIA TO ADOPT UNIVERSAL MAIL-IN VOTING IN RESPONSE TO THE COVID-19 PANDEMIC AND TO PASS PROPOSITION 17 WHICH ALLOWS PEOPLE WHO HAVE FINISHED THEIR PRISON TERMS THE RIGHT TO VOTE IN FUTURE ELECTIONS.

4b (Code:) (Expenses \$ **293,000** including grants of \$) (Revenue \$)

ACLU OF SOUTHERN CALIFORNIA'S SHARE OF EXPENSES FOR LEGISLATIVE ACTIVITIES PERFORMED BY THE SACRAMENTO OFFICE.

4c (Code:) (Expenses \$ **231,989** including grants of \$) (Revenue \$)

ACLU OF SOUTHERN CALIFORNIA HAS AN AGREEMENT WITH THE NATIONAL OFFICE WHEREBY CERTAIN REVENUES ARE SHARED ACCORDING TO A SET FORMULA REVENUE SUBJECT TO THIS AGREEMENT INCLUDE RECEIVED MEMBERSHIP RENEWALS, SPECIAL APPEALS, AND BEQUEST.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e **Total program service expenses** **2,570,689**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 16 main rows (2a-16) and sub-rows (a-f). Columns include question text, response boxes (e.g., 2a, 2b), and Yes/No/Amount columns. Row 2a shows a value of 0. Row 2b shows 'Yes'. Row 3a shows 'No'. Row 4a shows 'No'. Row 5a shows 'No'. Row 6a shows 'Yes'. Row 6b shows 'Yes'. Row 7a-7c are empty. Row 7e-7g are empty. Row 7h is empty. Row 8 is empty. Row 9a-9b are empty. Row 10a-10b are empty. Row 11a-11b are empty. Row 12a is empty. Row 12b is empty. Row 13a is empty. Row 13b-13c are empty. Row 14a shows 'No'. Row 14b is empty. Row 15 shows 'No'. Row 16 shows 'No'.

If "Yes," complete Form 4720, Schedule O.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently... 13 Did the organization have a written whistleblower... 14 Did the organization have a written document... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: PREETI P KULKARNI 1313 WEST EIGHTH STREET LOS ANGELES, CA 90017 (213) 977-9500

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLARISSA WOO DIR OF ECON JUSTICE / DEPUTY DIR OF ADVOCACY	54.00					X	106,310	0	44,422	
(2) HECTOR VILLAGRA EXECUTIVE DIRECTOR	18.00			X			73,702	0	29,102	
(3) PREETI KULKARNI CHIEF FINANCIAL AND ADMIN OFFICER	18.00			X			53,977	0	3,789	
(4) MARCUS BENIGNO CHIEF COMM & MKTING OFFICER	18.00			X			52,153	0	4,850	
(5) JULIE WEINSTEIN CHIEF DEVELOPMENT OFFICER	6.00			X			18,309	0	3,141	
(6) JOHN ERICKSON PRESIDENT	3.00	X		X			0	0	0	
(7) RANA SHARIF VICE PRESIDENT	2.00	X		X			0	0	0	
(8) CANDICE GARRETT SECRETARY	2.00	X		X			0	0	0	
(9) NINA KIN TREASURER	1.00	X		X			0	0	0	
(10) MICHELE GOODWIN TREASURER	2.00	X		X			0	0	0	
(11) CARLOS AMADOR AFFIRMATIVE ACTION OFFICER	2.00	X		X			0	0	0	
(12) SHARON KYLE NATIONAL BOARD REP	2.00	X		X			0	0	0	
(13) JONATHAN BIBRIESCA DIRECTOR (JOINED 12/2020)	1.00	X					0	0	0	
(14) DAVID CRUZ DIRECTOR	1.00	X					0	0	0	
(15) DENISSE GASTLUM DIRECTOR (JOINED 12/2020)	1.00	X					0	0	0	
(16) DANIELLE GOLDSTEIN DIRECTOR (JOINED 12/2020)	1.00	X					0	0	0	
(17) TJ HILL DIRECTOR (LEFT 12/2020)	1.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CONNIE TCHENG DIRECTOR	2.00	X						0	0	0
(19) JULIE ALLEY DIRECTOR (JOINED 12/2020)	1.00	X						0	0	0
(20) REBECCA ARVIZU DIRECTOR (JOINED 12/2020)	1.00	X						0	0	0
(21) JULIA BREDRUP DIRECTOR (LEFT 12/2020)	1.00	X						0	0	0
(22) VICTORIA BROWDER DIRECTOR (LEFT 12/2020)	1.00	X						0	0	0
(23) ROBERTO CABRALES DIRECTOR	1.00	X						0	0	0
(24) MARIA CASEY DIRECTOR	1.00	X						0	0	0
(25) EMILY DASILVA DIRECTOR	1.00	X						0	0	0
(26) CHRISTINA FIALHO DIRECTOR (LEFT 12/2020)	1.00	X						0	0	0
(27) CORRIE FREEDMAN DIRECTOR (LEFT 12/2020)	1.00	X						0	0	0
(28) MARY ELLEN GALE DIRECTOR	1.00	X						0	0	0
(29) NANCY GREENSTEIN DIRECTOR	1.00	X						0	0	0
(30) ELLEN GREENSTONE DIRECTOR	1.00	X						0	0	0
(31) ISABELLE GUNNING DIRECTOR	1.00	X						0	0	0
(32) REED HAMZEH DIRECTOR (LEFT 12/2020)	1.00	X						0	0	0
(33) ALIZA HARTZ DIRECTOR (LEFT 12/2020)	1.00	X						0	0	0
(34) KARRIANN HINDS DIRECTOR	1.00	X						0	0	0
(35) RENA KAREFA-JOHNSON DIRECTOR (JOINED 12/2020)	1.00	X						0	0	0
(36) MICHAEL S KLEIN DIRECTOR	1.00	X						0	0	0
(37) ROGER L KOHN DIRECTOR (LEFT 12/2020)	1.00	X						0	0	0
(38) ALISON KORTE DIRECTOR (LEFT 12/2020)	1.00	X						0	0	0
(39) JIM LAFFERTY DIRECTOR	1.00	X						0	0	0
(40) GABRIELA LANDEROS DIRECTOR	1.00	X						0	0	0
(41) SHARI LEINWAND DIRECTOR (LEFT 3/2021)	1.00	X						0	0	0
(42) DOUGLAS E MIRELL DIRECTOR	1.00	X						0	0	0
(43) WENDY MITCHELL DIRECTOR	1.00	X						0	0	0
(44) MALEK MOAZZAM-DOULAT DIRECTOR	1.00	X						0	0	0
(45) ROSEMARIE MOLINA DIRECTOR	1.00	X						0	0	0
(46) JIM NASELLA DIRECTOR	1.00	X						0	0	0
(47) MIGUEL PAREDES DIRECTOR	1.00	X						0	0	0
(48) R SAMUEL PAZ DIRECTOR	1.00	X						0	0	0
(49) GLORIA BECKY ALVAREZ SALAZAR PREZA DIRECTOR	1.00	X						0	0	0
(50) DICK PRICE DIRECTOR	1.00	X						0	0	0
(51) JACKIE PROVOST DIRECTOR (LEFT 12/2020)	1.00	X						0	0	0
(52) STEPHEN F ROHDE DIRECTOR	1.00	X						0	0	0
(53) DEIRDRE RONEY DIRECTOR (JOINED 12/2020)	1.00	X						0	0	0
(54) IVAN ROSALES DIRECTOR	1.00	X						0	0	0
(55) G EDWIN RUSH DIRECTOR	1.00	X						0	0	0
(56) NAT SEGALOFF DIRECTOR	1.00	X						0	0	0
(57) TAIYYEBA SKOMRA DIRECTOR (JOINED 12/2020)	1.00	X						0	0	0
(58) MARLA STONE DIRECTOR (LEFT 12/2020)	1.00	X						0	0	0
(59) SHAKEEL SYED DIRECTOR (LEFT 12/2020)	1.00	X						0	0	0
(60) MARLA TAUSCHER DIRECTOR (LEFT 12/2020)	1.00	X						0	0	0
(61) ALAN TOY DIRECTOR	1.00	X						0	0	0
(62) FERMIN VASQUEZ DIRECTOR	1.00	X						0	0	0
(63) GARY WILLIAMS DIRECTOR	1.00	X						0	0	0
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							304,451	0		85,304

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
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Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b	4,170,729		
	c Fundraising events . . .	1c	529,329		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,856,676		
g Noncash contributions included in lines 1a - 1f:\$	1g				
h Total. Add lines 1a-1f			6,556,734		

Program Service Revenue		Business Code			
2a					
b					
c					
d					
e					
f	All other program service revenue.				
g Total. Add lines 2a-2f.					

3 Investment income (including dividends, interest, and other similar amounts)		4,542			4,542
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real				
	(ii) Personal				
	6b Less: rental expenses				
c Rental income or (loss)	6c				
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	86,815			
	(ii) Other				
	b Less: cost or other basis and sales expenses	7b	84,419		
c Gain or (loss)	7c	2,396			
d Net gain or (loss)		2,396			2,396

Other Revenue	8a Gross income from fundraising events (not including \$ 529,329 of contributions reported on line 1c). See Part IV, line 18	8a	0		
	b Less: direct expenses	8b	122,974		
	c Net income or (loss) from fundraising events		-122,974		-122,974
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less					

returns and allowances . . .	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue	Business Code				
11a MISCELLANEOUS REVENUE	900099	27,734			27,734
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		27,734			
12 Total revenue. See instructions		6,468,432	0	0	-88,302

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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	61,920	61,920		
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	244,394	99,594	102,164	42,636
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	1,379,463	986,640	326,331	66,492
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	153,944	113,000	35,019	5,925
9 Other employee benefits	213,356	139,318	65,434	8,604
10 Payroll taxes	131,291	89,189	33,530	8,572
11 Fees for services (non-employees):				
a Management				
b Legal	24,567	24,567		
c Accounting	29,343		29,343	
d Lobbying	448,199	448,199		
e Professional fundraising services. See Part IV, line 17	88,069			88,069
f Investment management fees	346		346	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	243,287	162,698	76,068	4,521
12 Advertising and promotion	9,778	8,977		801
13 Office expenses	53,494	20,874	19,817	12,803
14 Information technology	15,923	9,877	4,967	1,079
15 Royalties				
16 Occupancy	184,850	134,940	37,597	12,313
17 Travel	2,920	2,895	24	1
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,033	1,736	157	140
20 Interest				
21 Payments to affiliates	231,989	231,989		
22 Depreciation, depletion, and amortization				
23 Insurance	21,481	1,816	19,503	162
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER PROGRAM EXPENSES	32,460	32,460		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,573,107	2,570,689	750,300	252,118
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33).

Part 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	6,468,432
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,573,107
3	Revenue less expenses. Subtract line 2 from line 1	3	2,895,325
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,228,174
5	Net unrealized gains (losses) on investments	5	15,515
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	8,139,014

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization AMERICAN CIVIL LIBERTIES UNION OF SOUTHERN CALIFORNIA	Employer identification number 95-0490250
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization
AMERICAN CIVIL LIBERTIES UNION OF
SOUTHERN CALIFORNIA

Employer identification number
95-0490250

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 AMERICAN CIVIL LIBERTIES UNION OF
 SOUTHERN CALIFORNIA

Employer identification number

95-0490250

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____

Name of organization AMERICAN CIVIL LIBERTIES UNION OF SOUTHERN CALIFORNIA	Employer identification number 95-0490250
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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 the organization
AMERICAN CIVIL LIBERTIES UNION OF
SOUTHERN CALIFORNIA

Employer identification number

95-0490250

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3** Volunteer hours for political campaign activities (see instructions)

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 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 organizations to which the filing organization 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-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

--	--	--

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

--	--	--

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c 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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1 Yes	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide 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 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Supplemental Financial Statements

2020

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN CIVIL LIBERTIES UNION OF SOUTHERN CALIFORNIA

Employer identification number 95-0490250

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easement, number of easements, acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	50,125	58,281	58,801	65,422	62,724
b Contributions					
c Net investment earnings, gains, and losses	19,833	-5,407	2,373	4,855	5,043
d Grants or scholarships					
e Other expenditures for facilities and programs	1,990	2,749	2,893	11,476	2,345
f Administrative expenses					
g End of year balance	67,968	50,125	58,281	58,801	65,422

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 100.000 %
 - c** Term endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | No | No |
| (ii) Related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.) . . . ▶ 0

Part VII Investments—Other Securities.

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM NATIONAL OFFICE	2,147,985
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	2,147,985

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)	

1.	(a) Description of liability	(b) Book value
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	6,402,052
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	15,515	
b	Donated services and use of facilities	2b	27,466	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-231,989	
e	Add lines 2a through 2d			2e -189,008
3	Subtract line 2e from line 1			3 6,591,060
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	346	
b	Other (Describe in Part XIII.)	4b	-122,974	
c	Add lines 4a and 4b			4c -122,628
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 6,468,432

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

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

1	Total expenses and losses per audited financial statements		1	3,491,212
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	27,466	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	122,974	
e	Add lines 2a through 2d			2e 150,440
3	Subtract line 2e from line 1			3 3,340,772
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	346	
b	Other (Describe in Part XIII.)	4b	231,989	
c	Add lines 4a and 4b			4c 232,335
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 3,573,107

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part 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.

Return Reference	Explanation
PART V, LINE 4:	THE UNION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.
PART X, LINE 2:	THE UNION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(4) OF THE U.S. INTERNAL REVENUE CODE AND IS SUBJECT TO TAXES ON UNRELATED BUSINESS INCOME. THE UNION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE UNION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE TAX POSITION TAKEN AND, AS SUCH DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT RESULT IN A MATERIAL IMPACT ON THE UNION'S FINANCIAL POSITION OR STATEMENT OF ACTIVITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	PAYMENT MADE TO AFFILIATES -231,989.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DIRECT FUNDRAISING EXPENSES -122,974.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	DIRECT FUNDRAISING EXPENSES 122,974.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	PAYMENT MADE TO AFFILIATES 231,989.

Additional Data

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**Supplemental Information Regarding
Fundraising or Gaming Activities**

2020

**Open to Public
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN CIVIL LIBERTIES UNION OF
SOUTHERN CALIFORNIA

Employer identification number
95-0490250

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CHARITYBUZZ 437 FIFTH AVENUE 11TH FLOOR NEW YORK, NY 10016	SITE/PROMOTION AND MARKETING	Yes		374,615	88,069	286,546
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				374,615	88,069	286,546

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA

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

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		AUCTION (event type)	BILL OF RIGHTS DINNER (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	514,243	15,086		529,329
	2 Less: Contributions	514,243	15,086		529,329
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	79,195	43,779		122,974
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				122,974
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-122,974	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% .. <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the
Treasury
Internal Revenue Service

Name of the organization
AMERICAN CIVIL LIBERTIES UNION OF
SOUTHERN CALIFORNIA

Employer identification number

95-0490250

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LEGAL SERVICES FOR PRISONERS WITH CHILDREN 400 MARKET STREET OAKLAND, CA 94608	94-3080408	501(C)(3)	6,920				DA GRANT FOR INCARCERATED PEOPLE
(2) HOMEBOY INDUSTRIES 130 WEST BRUNO STREET LOS ANGELES, CA 90012	95-4800735	501(C)(3)	55,000				CIVIC ENGAGEMENT GRANT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2**
- 3** Enter total number of other organizations listed in the line 1 table **0**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	WE ENGAGE IN REGULAR COMMUNICATION AND REGULAR CHECK INS WITH OUR GRANTEE ORGANIZATIONS AND ASK FOR SUMMARIES OF WORK. FOR A NUMBER OF THE GRANTEE ORGANIZATIONS, WE WORK ALONGSIDE THEM IN COALITION AND SEE THE WORK AS IT HAPPENS. WE ALSO REQUIRE A GRANT REPORT AFTER THE GRANT PERIOD HAS ENDED WHICH SUMMARIZES THE GRANTEE'S PROGRESS IN ACHIEVING THE GRANT PURPOSE AND THEIR COMPLIANCE WITH THE TERMS OF THE AGREEMENT.

Additional Data

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN CIVIL LIBERTIES UNION OF
SOUTHERN CALIFORNIA

Employer identification number

95-0490250

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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.

Return Reference	Explanation
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Additional Data

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2020

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Inspection**SCHEDULE O**
(Form 990 or 990-
EZ)**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.

Department of the Treasury

Name of the organization
AMERICAN CIVIL LIBERTIES UNION OF
SOUTHERN CALIFORNIA

Employer identification number

95-0490250

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS SHARON KYLE AND DICK PRICE HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 8B	THE ORGANIZATION DOES NOT CONTEMPORANEOUSLY DOCUMENT THE MEETINGS HELD BY EACH COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. EACH MEETING IS DOCUMENTED BY A MEMORANDUM PREPARED BY MEMBERS ATTENDING THE MEETING.
FORM 990, PART VI, SECTION B, LINE 11B	THE DIRECTOR OF FINANCE CONDUCTS THE INITIAL REVIEW OF THE FORM 990. THE CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER WILL REVIEW IN FURTHER DETAIL. THE EXECUTIVE DIRECTOR WILL REVIEW BEFORE SIGNING. THE FORM 990 IS AVAILABLE TO THE BOARD MEMBERS VIA A SECURED WEBSITE PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS ALL BOARD MEMBERS AND STAFF MEMBERS. WHEN A BOARD MEMBER DISCLOSES AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, A DESIGNATED BOARD COMMITTEE REVIEWS WHETHER ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST EXIST. IF CONFLICTS OF INTEREST EXIST, MEMBERS ARE PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN ANY MATTER IN WHICH THEY MAY HAVE SUCH CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE DIRECTOR, CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER, AND EACH DEPARTMENT'S DIRECTOR DETERMINE THE HIRING OR TERMINATION OF EMPLOYEES. TITLE, COMPENSATION, AND/OR BENEFITS CHANGES ARE REVIEWED AND DETERMINED BY THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER ANNUALLY. THE BOARD REVIEWS THE COMPENSATION AND BENEFITS OF THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER ANNUALLY.
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XII, LINE 2C:	THE BOARD'S AUDIT COMMITTEE IS TASKED WITH SELECTION AND OVERSIGHT OF THE INDEPENDENT AUDIT.

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