ACLUMF American Civil Liberties Union of 64-0694013

FYE: 3/31/2015

# Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for taking part in the IRS e-file Program.

American Civil Liberties Union of P.O. Box 2242 Jackson, MS 39225

- [X] Your Form 990 / Form 990-EZ, Return of Organization Exempt from Income Tax for tax year March 31, 2015 is being filed electronically with the IRS by the services of BRUNO & TERVALON LLP CPAS.
- [X] Your return was accepted by the IRS on 10/06/15 and the Submission Identification Number assigned to your return is 72023520152790001497.

Since you are filing your return electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

#### **Acknowledgement Process**

The IRS will notify your electronic return originator when they accept your return, usually within 48 hours. If your return was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

## If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you can send either an amended electronic tax return or you can send an amended Form 990 / Form 990-EZ, Return of Organization Exempt from Income Tax, to the IRS submission processing center that processes paper returns for your area.

Form 8879-EC

### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury

For calendar year 2014, or fiscal year beginning 4/01 \_\_\_ 2014, and ending 3/31, 20 15 ▶ Do not send to the IRS. Keep for your records.

2014

Internal Revenue Service Name of exempt organization

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

American Civil Liberties Union of

Employer identification number

Mississippi Foundation, Inc.

64-0694013

Name and title of officer

Jennifer Riley-Collins

Executive Director

PartI	Type of Return an	d Return Information	(Whole <u>Dollars</u> Only

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, If you entered -0- on the return, then enter -0- on the englishing live below. De not complete more than 1 line in Part I

the applicable like below. Bo hore chart who lit is at the		
1a Form 990 check here VII b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	975,286
2a Form 990-EZ check here Data Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here b tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ 🔲 b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

#### Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, i authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions

involve resolve	at in the processing of the electronic payment of taxes to receive confidential information e issues related to the payment. I have selected a personal identification number (PIN) a unic return and, if applicable, the organization's consent to electronic funds withdrawal.	necessary to answ	er inqu	iiries and
Officer	r's PIN: check one box only			
	I authorize	to enter my PIN		as my signature
	ERO firm name			five numbers, but t enter all zeros
	on the organization's tax year 2014 electronically filed return. If I have indicated within the being filed with a state agency(ies) regulating charities as part of the IRS Fed/State pro ERO to enter my PIN on the return's disclosure consent screen.	this return that a cop gram, I also authori	oy of th	e return is aforementioned
X	As an officer of the organization, I will enter my PIN as my signature on the organization If I have indicated within this return that a copy of the return is being filed with a state at the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen	gency(ies) regulatin	ectroni g char	ically filed return. ities as part of
Officade	signature	Date	. 10	)/05/15

Officer's signature Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

72023577929

do not enter all zeros

10/05/15

I certify that the above numeric antropie my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that Nam submitting this return in acdordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-lile Providers for Business Returns.

ERO's signature

医療O Must Retain This Form—See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2014)

Form

Department of the Treasury

## Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2014 calendar year, or tax year beginning 04/01/14, and ending 03/31/15

2014 Open to Public inspection

OMB No. 1545-0047

D Employer identification number American Civil Liberties Union of Name of organization Check if applicable: Mississippi Foundation, Inc. Address change 64-0694013 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) 601-354-3408 P.O. Box 2242 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated 975,286 39225 G Gross receipts \$ Jackson Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Jennifer Riley-Collins H(b) Are all subordinates included? P.O. Box 2242 If "No," attach a list, (see instructions) 39225 Jackson 4947(a)(1) or X 501(c)(3) 501(c) ( (insert no.) Tax-exempt status: www.aclu-ms.org H(c) Group exemption number Website: 🕨 Year of formation: 1983 Form of organization: X Corporation Trust Association M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Equality and freedom of speech and expression. Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 20 3 Number of voting members of the governing body (Part VI, line 1a) 0 4 4 Number of independent voting members of the governing body (Part VI, line 1b) <u>17</u> 5 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 8 6 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7b b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 958,832 835,808 8 Contributions and grants (Part VIII, line 1h) 22,612 9 Program service revenue (Part VIII, line 2g) 6,406 8,793 10 investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,087 7,661 11 Other revenue (Part Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 867,913 975,286 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ...... 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 441,844 582,633 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 26,814 325,879 472,589 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 908,512 914,433 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) -46,520 66,774 19 Revenue less expenses, Subtract line 18 from line 12 Beginning of Current Year End of Year 1,337,296 1,347,751 20 Total assets (Part X, line 16) 285,3<u>00</u> <u>187,114</u> 21 Total liabilities (Part X, line 26) 1,150,182 062,451 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Executive Director Jennifer Riley-Collins Here Type or print name and title PTIN Preparer's signature Check Print/Type preparer's name 10/05/15 self-employed P01239199 Paid Waldo J. Moret, Jr. 72-0877929 BRUNO & TERVALON LLP CPAS Firm's EIN ▶ Preparer Firm's name Use Only 4298 Elysian Fields Ave 504-284-8733 New Orleans, LA May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No Form **990** (2014) For Paperwork Reduction Act Notice, see the separate instructions.

	Liberties Union of	
Part III Statement of Program	Service Accomplishments	
Check if Schedule O co	ntains a response or note to any line in	this Part III
1 Briefly describe the organization's missi		
Equality and freedom	of speech and expression	n.
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	***************************************	
		and listed on the
	ificant program services during the year which w	
prior Form 990 or 990-EZ?		[] 165 [24]
If "Yes," describe these new services or		
3 Did the organization cease conducting,	or make significant changes in how it conducts,	any program
services?		Yes 🔀
if "Yes," describe these changes on Sch	nedule O.	
4 Describe the organization's program ser	vice accomplishments for each of its three large	est program services, as measured by
ownerses Section 501(a)(3) and 501(a)	(4) organizations are required to report the amou	unt of grants and allocations to others,
the total expenses, and revenue, if any,		
the total expenses, and revenue, ir any,	tol each program service reported.	
	052 046 + + + + + + + + + + + + + + + + + + +	) /Payanua *
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Litigation - Challeng	ge US and State Courts w	nich discriminate
against or disenfrance	chise MS residents becau	se of race, age, gender,
ethnicity, religion of		
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Pi	art 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 (see instructions)?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4_	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,			7,7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			4.5
	complete 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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		x
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	.10	******	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.	000000000	*******	*******
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	x	
	complete Schedule D, Part VI	110	**	
b		11b	X	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
4	The state of the s			
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
۵	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
ь	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		X
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,			ļ
	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			<sub></sub>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	_17		X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		x
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
nn-	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		† <del></del> -
u	R 153 W HID AVE, MIC HIS SINGERICAL ARROLD ARROLD A SON OF THE MARKET PROPERTY OF THE TAXABLE TO			

Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and il Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 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 X through 24d and complete Schedule K. If "No," go to line 25a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? X 25b If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 X disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes." complete X 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 X 32 complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 36 related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38

19? Note. All Form 990 filers are required to complete Schedule O

Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096. Enter 4-0 if not applicable  □ bill the organization comply with backup withholding rules for reportable payments to verdions and reportable garding (gambling) varientings to prize witness?  2a Enter the number of enter Nevy Gambling (gambling) varientings to prize witness?  2a Enter the number of enterphyses reported on Form W.3. Transmitted of Wage and Tax  Subtrements, life of the calestancy are enting with the very concerned by this nature  5 If a least one is reported on line 2a, cild the organization file all required federar entrophymect too returne?  5 If the seast one is reported on line 2a, cild the organization file all required federar entrophymect too returne?  5 If the seast one is reported on line 2a, cild the organization file all required federar entrophymects too returne?  5 If the seast one is reported on line 2a, cild the organization file all required federar entrophymects too returnes?  5 If the seast one is reported on line 2a, cild the organization file all required federar entrophymects too returnes?  5 If the seast one is reported on line 2a, cild and organization file all required federar entrophymects too returnes?  5 If the seast one is reported on the call the company of the organization file and required to the seast entrophymects of the company of the organization have an interest in, or a signature or other authority over, a fearable about in a firetign country? Per country for the seast entrophymects of the great prize and the season of the foreign country?  5 If the 2a fearable about in a firetign country Per country in the company of the foreign country Per country foreign between the season of the foreign country Per country foreign between the name of the foreign country Per country foreign between the name of the foreign country Per country foreign between the name of the foreign country Per country foreign between the season of the great		990 (2014) American Civil Liberties Union of 64-0694  Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>				Page 5
1a Enter the number reported in Box 3 of Form 1088. Enter -0- if not applicable 1b Enter the number of Forms W-25 included in line 1s. Enter -0- if not applicable 1b Enter the number of Forms W-25 included in line 1s. Enter -0- if not applicable 1b Enter the number of Forms W-25 included in line 1s. Enter -0- if not applicable 2b Enter the number of employees expended on Form W-5. Transmitted of Wage and Tax Statements, fleef for the calestraty year ending with or within the year covered by this nature. 2 17 2 18 18 18 18 18 18 18 18 18 18 18 18 18	::::::::::::::::::::::::::::::::::::::	Check if Schedule O contains a response or note to any line in this Part \	<i>,</i>				. 🔲
Eight the number of Forms W-2G included in line 1a. Enter -0-1 firot applicable  Did the organization compty with backup withholding lotes for reportable payments to verdors and reportable garning (gambling) withings to prize witness?  2a. Eight the number of employees reported or Form W-3, trainamital of Wage and Tax Statements, life of the cateablesy year ending with or within the year converse by the return.  2b If a least one is reported on line 2a, did the organization file all required dodard amployment tax returns?  Note: If the sum of lines 1 and 25 ag is greater than 250, you may be required to -6ff lices instructions)  1b If the centrol is reported on line 2a, did the organization file all required dodard amployment tax returns?  1c If "Yes," has filed a Form 99-07 for the year! "If You line 3b, provide an explanation is herbalia to			1	t _		Yes	No.
City the organization comply with backup withinbiding rules for reportable payments to vendors and reportable gaining (gambing) winnings to prize wirners?  20 In the time to reportable gaining (gambing) winnings to prize wirners?  Shatements, fised for the calendary year ending with or within the year covered by this noturn  If at least one is reported on fine 22, did the organization file all respitite disears employment tax returns?  Note. If the sum of lines 1s and 2s is greater than 250, you may be required to a-file (see instructions)  31 If a file state on the state of the calendary year ending with or within the year covered by this noturn  12 If Yea, "has it filed a form 990-T for this year? If Not 1o line 3b, provide an explanation 1h Schedule O  32 If Yea," has it filed a form 990-T for this year? If Not 1o line 3b, provide an explanation 1h Schedule O  33 If Yea," shell the filed of the calendary year, of the organization have an interest in, or a signature or other authority over, a financial account?  54 If Yea," shell the name of the foreign country, level as a bank account, sociatifies accountry, or other financial accountry  65 If Yea," shell the shell the foreign country, level as a bank account, sociatifies accountry  65 If Yea," shell the part of the organization that it was or is a party to a prohibited fax sheller transaction?  65 If Yea, and the organization have entire that were not tax deductible as charitable contributions or gifts were not tax deductible or tax deductible as charitable contributions or gifts were not tax deductible?  65 If Yea," indicate the number of Forms 8282 filed during the year  66 If Yea," indicate the number of Forms 8282 filed during the year  77 Organization charitant and contributions under section 170(c).  86 If Yea," indicate the number of Forms 8282 filed during the year  78 If Yea," indicate the number of Forms 8282 filed during the year  79 If Yea," indicate the number of Forms 8282 filed during the year  89 If Yea," indicate the number of Forms 8282 fi	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable					
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c Enter the amount of reserves on hand	D		13b				
C Little tille dillouist of reserves on figure							
	14a	Did the organization receive any payments for indoor tanning services during the tax year?			14	2	X

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .

14b

Form 990 (2014)

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Form 990 (2014) American Civil Liberties Union of 64-0694013

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

Sec	tion A. Governing Body and Management					
		_		9000000000	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20	_		
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	<u>1b</u>	0	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6_		$\mathbf{x}_{-}$
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			1		
	one or more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, 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 t	he following			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			d8	X	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	nal R	evenue C	ode.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			-		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	
11a		the fo	rm?	11a	X	
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		- <b></b>	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			·		
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			1	X	<u> </u>
b	Other officers or key employees of the organization			1	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		<u> </u>
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NY, MS					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50					
	available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	est pol	icy, 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 reco	rds: 🕨				
	ennifer Riley-Collins P.O. Box 2242					
	ackson MS 392	)6	60	1-35	4-3	408

DAA

Form 990 (2014	American	Civil	Liberties	Union	of	64-0694			Page 7
Part VII	Compensation	of Office	rs, Directors, Tı	ustees, K	ey Emp	loyees, High	nest Compe	ensated Employee	s, and
	Independent C	ontractor	S						<del></del> 7
	Check if Sched	ule O cont	ains a response	or note to	any line	<u>in this Part ∨</u>	<u>/ ]</u>		<u>.</u>

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
- 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (F) (B) Reportable Estimated Position Reportable Name and Title Average amount of compensation from hours per (do not check more than one compensation related other week box, unless person is both an from organizations compensation officer and a director/trustee) the (list any (W-2/1099-MISC) from the hours for organization organization (W-2/1099-MISC) ndividual trustee related (ey employee lighest compensated stitutional trustee and related organizations organizations below dotted line (1) Alison Steiner 2.00 0 0 0 X 0.00 President (2) Mary Figueroa 2.00 0 X X ٥ 0.00 Secretary (3) Charles Williams 2.00 0 0 0 0.00 X X Vice President (4) Monica Galloway 2.00 0 0 0 0.00 X X Treasurer (5) Olga Osby 2.00 0 0 X X 0.00 National Board Rep. (6) Jennifer Riley-Collins 40.00 0 0.00 X 100,047 ٥ Executive Director (7)(8) (9) (10)(11)Form 990 (2014)

(A) Name and title	week box, ur (list any officer			(C) Position do not check more than one ox, unless person is both an fficer and a director/trustee)				(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	nours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(vv 2 / 1500 miles)	organization and related organizations
(12)			-							
(13)										
(14)										
(15)										
(16)	<u> </u>	-	•							
(17)	,									
(18)										
//01		_			<u> </u>					
(19)										
1b Sub-total							<b>&gt;</b>	100,047		
c Total from continuation she d Total (add lines 1b and 1c)							<b>&gt;</b>	100,047		
Total number of individuals (ir reportable compensation from	ncluding but not l	imite	d to	thos	e lis	ted a	bov			Yes   No
<ul> <li>Did the organization list any form of the employee on line 1a? If "Yes,</li> <li>For any individual listed on line organization and related organization and related organization.</li> <li>Did any person listed on line for services rendered to the organization.</li> </ul>	" complete Scheone 1a, is the sum nizations greater	dule of re thar 	J for port \$15	suc able 50,00	h inc com 00? I  ation	dividu npens f "Ye n fror	ial satio s," o  n ar	on and other compensation complete Schedule J for su ny unrelated organization o	from the ch r individual	3 X 4 X 5 X
Section B. Independent Contracto	ors				•					
Complete this table for your fit     compensation from the organ	ization. Report c	ensa omp	ited ensa	inde ition	oeno for t	ient d he ca	cont alen	dar year ending with or with	nin the organization's tax y	ear.
Name and	(A) d búsíness address						-	Descrip	(B) ation of services	(C) Compensation
					<del></del>		-			
				· · · -			<u> </u>			
				-						
Total number of independent received more than \$100,000	contractors (incli of compensation	uding 1 fro	but n the	not e org	limit Janiz	ed to ation	the	ose listed above) who	0	5 990 (no.

· · · · · · · · · · · · · · · · · · ·		Check	if Schedule (	O contains	a response	or note to any line	in this Part VIII		
						(A) Total revenue	(B) Retated or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ភូភ	1a	Federated car	npaigns	1a					
區		Membership d		1b					
ΩĔ		Fundraising e		1c	4,768				
£ E		Related organ		1d					
ပည္ကြ				1e					
뜷		Government grants		16					
풀히	т	All other contribution	ns, gifts, granis, i not included above	45	054 064				
듄				1f	954,064				
Contributions, Giffs, Grants and Other Similar Amounts	_		ns included in lines 12-			050 630			
	h	Total. Add line	<u>es 1a–1f,</u>			958,832			
Program Service Revenue				•	Busn. Code				
eve.	2a				.				
PŽ	þ								
<u>Ş</u>	C								
Ser	d								
Ĕ	e								
ğ	f		am service reve			•			
<u>4</u>			es 2a–2f						
	3		come (including						
						8,793			8,793
	4	and other similar amounts) 4 Income from investment of tax-exempt bond pro							
	•	5 Royalties		and the second s					
		rtoyanios	(i) Real		ii) Personal				
İ	60	Gross rents	(7.102.	<del></del>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ĺ		Less: rental exps.			*******				
		Rental inc. or (loss)		l.,					
		Net rental inco		<del></del>					
		sales of assets	(i) Securities	<u> </u>	(ii) Other				
		other than inventory							
l	b	Less: cost or other		1					
		basis & sales exps.							
	C	Gain or (loss)							
	d	Net gain or (lo	ss)		. <i></i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ا و	8a	Gross income fr	om fundralsing eve	ints					
		(not including \$		ŀ					
ě			reported on line 1c						
<u>بر</u> ا			18						
Other Reven	h		rpenses						
ŏ			(loss) from fund		s				
			om gaming activitie	I					
	Jä								
	۱.		19			1			
l			kpenses						***************************************
			(loss) from gam						
	10a		f inventory, less	II					
			lowances	I	<del> </del>	-			
			goods sold						
	С		(loss) from sale	es of inventory					
	4.		cellaneous Revenue		Busn. Code	7,661	7,661		
	11a					1,001	1,001	<u> </u>	
	b				.				
	C								
	d		nue			B CC1			
	е		es 11a–11d			7,661			0.700
	12	Total revenue	e. See instructio	ns	<u></u> ▶	975,286	7,661	0	8,793

#### Form 990 (2014) American Civil Liberties Union of 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 (A) Total expenses (B) Program service expenses (C) Management and (D) Fundralsing Do not include amounts reported on lines 6b. general expenses өхрепзез 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees \_\_\_\_\_ Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 168,919 467,097 298,178 Other salaries and wages Pension plan accruals and contributions (include 8,989 18,705 27,694 section 401(k) and 403(b) employer contributions) 14,667 30,539 45,206 Other employee benefits 9 14,503 28,133 42,636 Payroll taxes 10 Fees for services (non-employees): Management Legal Accounting Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expanses on Schedule O.) 996 1,891 2,887 Advertising and promotion 12 20,402 10,689 2,409 33,500 13 Office expenses 13,927 18,162 3,818 417 Information technology 14 15 Royalties 624 56,205 21,311 78,140 16 Occupancy 15,999 753 13,379 31,131 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 14.719 17,306 2,894 34,919 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 12,871 51,029 63,900 Depreciation, depletion, and amortization 22 300 3,144 7,644 4,200 Insurance 23 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.) 11,263 20,231 2,341 Professional Services 33,835 8,257 10,249 3,255 21,761 Other ....... e All other expenses 296,696 26,814 585,002 908,512 Total functional expenses. Add lines 1 through 24e 25 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 following SOP 98-2 (ASC 958-720) Form 990 (2014)

**Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 878,530 676,788 Cash—non-interest bearing 2 Savings and temporary cash investments 200,000 3 Piedges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions), Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 62 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 219,188 b Less: accumulated depreciation 10b 201,139 10c 139,124 80,064 11 Investments—publicly traded securities \_\_\_\_\_ 11 226,641 253,749 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14. 41,441 67,573 15 15 Other assets. See Part IV, line 11 1,347,751 1,337,296 Total assets. Add lines 1 through 15 (must equal line 34) <u> 16</u> 74,272 48,857 17 17 Accounts payable and accrued expenses 18 18 Grants payable 97,867 130,681 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 7,576 3,150 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 110,011 25 of Schedule D 285,300 187,114 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,062,451 1,150,182 27 Unrestricted net assets 28 28 Temporarily restricted net assets Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,062,451 1,150,182 Total net assets or fund balances 33 1,347,751 1,337,296 Total liabilities and net assets/fund balances \_\_\_\_\_\_\_

Form 990 (2014)

orm	990 (2014) American Civil Liberties Union of 64-0694013			Page	e 12
	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		5,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,5	
3	Revenue less expenses. Subtract line 2 from line 1	_3		6,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,0		
5	Net unrealized gains (losses) on investments	5		20,9	157
6	Donated services and use of facilities	6			
7	Investment expenses	7	·		
8	Prior period adjustments	88			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u></u>
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		•		
	33, column (B))	10	1,15	<u>50,1</u>	<u>.82</u>
D.	nt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
	Officer if Carrows in			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
'	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2-	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>x</u>
Za	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				
	Were the organization's financial statements audited by an independent accountant?		2b	X	
D	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:    X   Separate basis				
	Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		0.000000		*******
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for crossing the committee that assume the committee that as a committee that assume the committee that as a committee that		2c	x	
	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.		P.000,00000		000000000000000000000000000000000000000
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		3a	[	x
	the Single Audit Act and OMB Circular A-133?				<del></del>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		JD	000	

Form 990 (2014)

#### SCHEDULE A (Form 990 or 990-EZ)

**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.

2014

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

American Civil Liberties Union of

Employer identification number

			Mississippi				04-003	<del></del>			
P	an I	Reas	on for Public Charity	Status (All organizations	must co	omplete t	nis part.) See instructio	ns.			
he	orga			e it is: (For lines 1 through 11,							
1	Ť			ociation of churches described							
2	П		cribed in section 170(b)(1)(								
3	Ħ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
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	The second secon										
Ū	ш	-	(b)(1)(A)(iv). (Complete Part			, <b>-</b>					
6				overnmental unit described in	section 17	n(h)(1)(A)(	v).				
	X			substantial part of its support f				c			
'		-	section 170(b)(1)(A)(vi). (Co		ioni a gon	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J 9 p	-			
	<b>_</b>		, ,, .,	70(b)(1)(A)(vi). (Complete Pa	# II \						
8				) more than 33 1/3% of its sup		oontribution	e membershin fees and ar	nee			
9	Ш			pt functions—subject to certai							
				id unrelated business taxable i							
				0, 1975. See section 509(a)(2			71 Taxy Hotti baomossos				
	$\Box$						(0)(4)				
10	<b> </b>			exclusively to test for public sa exclusively for the benefit of, to				nses of			
11				ons described in section 509(							
				cribes the type of supporting or				. Othoric			
	$\Box$										
а	Ш			d, supervised, or controlled by				10			
			•	o regularly appoint or elect a m	tajonty or i	tie director	o of trustees of the supporting	19			
	$\Box$		You must complete Part IV				reninction(s) by bouing				
b	Ш			ised or controlled in connectio							
				organization vested in the same	ne persons	that contro	or manage the supported				
	_		s). You must complete Par								
C	Ш			orting organization operated in							
	_			ions). You must complete Pa				ī			
d	Ш			supporting organization operat							
				anization generally must satisf							
				complete Part IV, Sections							
е	Ш			d a written determination from			pe I, Type II, Type III				
				actionally integrated supporting	organizat	on.		<del> </del>			
f			r of supported organizations			,,,,					
g	Рго	vide the follov	ving information about the su	ipported organization(s).	<del></del>	T	· · · · · ·	<del></del>			
1}		e of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		rganization Ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see			
	org	anization		above or IRC section		ment?	instructions)	instructions)			
				(see instructions))	<u> </u>		·				
					Yes	No					
A)											
					<del>- </del>		··				
B)											
					<del> </del>	-					
C)											
					<del> </del>			-			
D)								}			
		·			<del> </del>						
E)											
							•				

Schedule A (Form 990 or 990-EZ) 2014 American Civil Liberties Union of 64-0694013 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.)

Sec	tion A. Public Support	<u> </u>					
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	665,559	650,389	400,839	835,808	958,832	3,511,427
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	<u>.</u>					
4	Total. Add lines 1 through 3	665,559	650,389	400,839	835,808	958,832	3,511,427
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						174,600
6	Public support. Subtract line 5 from line 4.						3,336,827
	tion B. Total Support	(=) 2040	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	dar year (or fiscal year beginning in)	(a) 2010		400,839	835,808	958,832	3,511,427
7	Amounts from line 4	665,559	650,389	400,639	635,608	938,632	5,511,421
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,927	4,015	3,809	6,406	8,793	27,950
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	`					
11	Total support. Add lines 7 through 10						3,539,377
12	Gross receipts from related activities, etc.	(see instructions)				12	7,661
13	First five years. If the Form 990 is for the	organization's first	t, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	. $\Box$
	organization, check this box and stop her	e	<u></u>	<u> </u>			<b>,</b>
Sec	tion C. Computation of Public Su					<del></del>	
14	Public support percentage for 2014 (line 6						94.28%
15	Public support percentage from 2013 Scho	edule A, Part II, Iin	e 14 <sub></sub>			15	99.41%
16a	33 1/3% support test—2014. If the organ				33 1/3% or more, o	heck this	<b>⊾</b> 1557
	box and stop here. The organization quali	ifies as a publicly s	supported organiza	tion		,,	▶ 🕱
b	33 1/3% support test-2013. If the organ						. □
	check this box and stop here. The organiz	zation qualifies as	a publicly supporte	ed organization	,		, P 🗀
17a	10%-facts-and-circumstances test-201	4. If the organizati	on did not check a	box on line 13, 16	sa, or 16b, and line	14 IS	
	10% or more, and if the organization meet	s the "facts-and-ci	rcumstances" test,	, check this box an	d stop here. Expl	ain in	
	Part VI how the organization meets the "fa	cts-and-circumsta	nces" test. The org	anization qualifies	as a publicly supp	oorted	▶ □
	organization						
b	10%-facts-and-circumstances test—201						
	15 is 10% or more, and if the organization	meets the "facts-a	and-circumstances	test, check this b	ox and stop here.	Liak	
	Explain in Part VI how the organization me						▶ □
	supported organization	,					,, 💆 📖
18	Private foundation. If the organization did						<b>L</b> [**]
	instructions						
	·						

Support Schedule for Organizations Described in Section 509(a)(2)

	tion A. Public Support						
alen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
t	Glfts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
a	Amounts included on lines 1, 2, and 3 received from disqualified persons						·
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.) ion B. Total Support						
					1 11 0040	(-) 0044	/£\ T-4-1
len	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	<del>, -</del>				<u> </u>	
а	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					.	
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11,	-			<u></u>		
ļ	First five years. If the Form 990 is for the	organization's first	, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop here					· · · · · · · · · · · · · · · · · · ·	<u></u>
ec	tion C. Computation of Public Su	pport Percent	age		<u> </u>	145	<del></del>
	Public support percentage for 2014 (line 8,						
	Public support percentage from 2013 Sche					, 10	
	tion D. Computation of Investmet Investment income percentage for 2014 (lin			3 column (fi)		17	
•	Investment income percentage for 2014 (in Investment income percentage from 2013						
2	nivesuiteju income percentage nom 2013 (	CHICAGO IS I GILL	···, ···· <del>·</del>				
3 9a	33 1/3% support tests—2014. If the organ	ization did not che	ack the box on lin	e 14, and line 15 is	more than 33 1/3	s%, and line	

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part i, answer (b) and (c) below.
- 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 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.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? if "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) 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.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) 10a (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - 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.)

·		Yes	No
0000	X0060		No
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Schedule A (Form 990 or 990-EZ) 2014 American Civil Liberties Un	ion	of 64-0694	013 Page 6
Part Y Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part Y Type III Non-Functionally Integrated 509(a)(3)	<u>aniza</u>	<u>tions                                    </u>	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov			
other Type III non-functionally integrated supporting organizations must complete Section	ns A th	rough E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1_1_		
2 Recoveries of prior-year distributions	2_		<u> </u>
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_		<u> </u>
Section 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		
e 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		
Section C - Distributable Amount	_		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
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	1 -		
emergency temporary reduction (see instructions)	6_		
7 Check here if the current year is the organization's first as a non-functionally-integrated	Type (ii	l supporting organization (s	ee

instructions).

64-0694	013	Page 7
continued)		
	Current Y	ear

	ule A (Form 990 or 990-EZ) 2014 American Civil Li	berties Union	of 64-0694	013 Page 7
Par		Supporting Organiza	LIDITA (CONTINUES)	Current Year
Sect	ion D - Distributions			Garrone 1 dan
	Amounts paid to supported organizations to accomplish exempt purpo Amounts paid to perform activity that directly furthers exempt purposes			,
2	organizations, in excess of income from activity	s or supported		
	Administrative expenses paid to accomplish exempt purposes of supp			
3	Amounts paid to acquire exempt-use assets	Ottob Organizationio		
4_	Qualified set-aside amounts (prior IRS approval required)	<u> </u>		
5	Other distributions (describe in Part VI). See instructions.			
6	Total annual distributions, Add lines 1 through 6.	<u> </u>	<del></del>	
	Distributions to attentive supported organizations to which the organizations	tion is responsive		
8	(provide details in Part VI). See instructions.	ation is responsive		
	Distributable amount for 2014 from Section C, line 6			
40	Line 8 amount divided by Line 9 amount	<del> </del>		
	Line o amount divided by Line 9 amount	(i) ·	(ii)	(iii)
	Section E - Distribution Allocations (see Instructions)	Excess Distributions	Underdistributions	Distributable
	Section E - Distribution Anocations (see mandonous)	EXOCOS DISCIDURATIONS	Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
C				
d				
e	From 2013			
f	Total of lines 3a through e			1
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
c	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
С				
d	Excess from 2013			
		DOCOMORCOMORDOCOMORCOMORIANISMONISMONISMONISMONISMONISMONISMONISMO	######################################	xtxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014 . . .

#### Schedule B

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

**Schedule of Contributors** 

OMB No. 1545-0047

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Department of the Treasury Internal Revenue Service

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization American Civil Liberties Union of

Mississippi Foundation, Inc.

Employer identification number

64-0694013

Organization type (check on	e):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (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 on Note. Only a section 501(c)(7 instructions.	covered by the <b>General Rule</b> or a <b>Special Rule.</b> ), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.					
Special Rules						
regulations under sec 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3 % support test of the tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) se amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one eyear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, I purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
contributor, during the contributions totaled reducing the year for an General Rule applies	For an organization described in section 501(c)(7), (8), or (10) filling 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. Do not 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					
990-EZ, or 990-PF), but it mu	is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, st 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 ecrtify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Name of organization American Civil Liberties Union of Employer identification number 64-0694013

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 1	WK Kellogg Foundation 1 Michigan Avenue Battle Creek MI 49017	\$ 244,829	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Atlantic Philanthropic 125 Park Avenue New York NY 10017	\$ 46,277	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
3	Name, address, and ZIP+4 American Civil Liberties Union National, Inc. 125 Broad Street 18th Floor New York NY 10004	\$ 607,323	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to 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," to 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," to 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

٠٤	Section 501(c)(4), (5), or (6) organizations: Complete Part III.	·			
lam	e of organization American Civil Liber				ification number
	<u>Mississippi Foundati</u>	ion, Inc.		64-06940	
Pai	Complete if the organization is exem	pt under section 501(c)	or is a sectio	n 527 organizatio	on.
1	Provide a description of the organization's direct and indire			<b>.</b> .	
2	Political expenditures				
3	Volunteer hours		,		
pa i	Complete if the organization is exem	pt under section 501(c)	(3).		
1	Enter the amount of any excise tax incurred by the organization			<b>▶</b> \$	
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	5	▶\$	<u></u>
3	If the organization incurred a section 4955 tax, did it file Fo	rm 4720 for this year?		,	Yes No
4a	Was a correction made?				Yes No
ь	If "Voc " describe in Part IV				,
Pa	Complete if the organization is exem	pt under section 501(c	, except section	on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	on for section 527 exempt func	tion		4
	activities			<b>&gt;</b> \$	
2	Enter the amount of the filing organization's funds contribut	ted to other organizations for s	ection	<b>.</b> .	
	527 exempt function activities			P 9	•••••
3	Total exempt function expenditures. Add lines 1 and 2. Ent	er here and on Form 1120-PO	<del></del> 1	▶ ¢	
	line 17b				Yes No
4	Did the filing organization file Form 1120-POL for this year	'{	volitical organizatio	as to which the filing	[_] 163 [_] 110
5	Enter the names, addresses and employer identification nu organization made payments. For each organization listed,	anter the amount hald from the	o filina omanizatio	n's funds. Also enter	
	the amount of political contributions received that were pro	moth and directly delivered to	e tilling organization e senerate nolitica	Lorganization such	
	as a separate segregated fund or a political action committee	mplly and directly delivered to	a separate porition s needed provide i	information in Part IV.	
-,		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	In) Managa	(-7	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization. If
					none, enter-0
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chec	dule C (Form 990 or 990-EZ) 2014 Americ	an Civil Liberties Union	of 64-069401	
0.000	t II-A Complete if the organiza	tion is exempt under section 501(c)(3) a	and filed Form 5768 (el	ection under
971000	section 501(h)).			<u> </u>
(	Check ▶ ☐ if the filing organization	belongs to an affiliated group (and list in F	Part IV each affiliated gro	oup member's
	name, address, EIN, ex	rpenses, and share of excess lobbying exp	enditures).	
C	Check ▶ ☐ if the filing organization	checked box A and "limited control" provis	sions apply.	
	Limits on Lobb	ying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence publ	ic opinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a leg	ristative body (direct lobbying)	102,787	
		i 1b)	102,787	
			805,725	
		s 1c and 1d)		
	Lobbying nontaxable amount. Enter the amo			
	columns.		161,277	
Γ	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Γ	Not over \$500,000	20% of the amount on line 1e.		
ſ	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
ſ	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Γ	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Γ	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	40,319	
h	Subtract line 1g from line 1a. If zero or less,	enter -0-	0	
		nter -0-		
		er line 1h or line 1i, did the organization file Form 472		
-	reporting section 4911 tax for this year?		<del> </del>	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 Expenditu	ires During 4-Year	Averaging Period	1 -	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount		,		161,277	161,277
b Lobbying ceiling amount (150% of line 2a, column(e))					241,916
c Total lobbying expenditures				102,787	102,787
d Grassroots nontaxable amount				40,319	40,319
e Grassroots ceiling amount (150% of line 2d, column (e))					60,479
f Grassroots lobbying expenditures				О	

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 American Civil Liberties Union of Part II-B Complete if the organization is exempt under section 501(c)(3) and	64-069 has NOT filed			}		Page 3
(election under section 501(h)).		a)	T	(b	)	
For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No		Amo	unt	
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? ] 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?		01.5	oction			
Part III A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).		01.5			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				1 2	103	-
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> </ul>				3	<del>                                     </del>	†
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  1 Dues, assessments and similar amounts from members	d "No," OR (k	) Pai	rt III-A,	line	3, is	
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).		2a				
a Current year b Carryover from last year c Total		2b 2c				
<ul> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the</li> </ul>	,	3				
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4	<del> </del>		<del></del>	·
5 Taxable amount of lobbying and political expenditures (see instructions)		1 5	<u> </u>			
Part V Supplemental Information  Provide the descriptions required for Part I-A, Ilne 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.		ines 1	and	*****		
Schedule C, Part II-A, Explanation of Four Year Ave						
No lobbying expense in prior years.			,,,,,,,,,			
Schedule C, Part II-B, Line 1						.,
ACLU of Mississippi conducts direct grass top and d	lirect lo	oby:	ing e	eff:	ort	s
during Mississippi legislative session for Legislat	ion that	suj	por	t c	ivi	1

Schedule C (Form	990 or 990-EZ) 2014	American Civil	Liberties	Union	οİ	64-0694013	Page 4
Part IV	Supplemental	Information (continued)					
liberti	es.				• • • • • • • • • • • • • • • • • • • •		
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#### SCHEDULE D (Form 990)

Department of the Treasury internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer Identification number Name of the organization American Civil Liberties Union of 64-0694013 Mississippi Foundation, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 **>** \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(li)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a if the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these Items: a Revenue included in Form 990, Part VIII, line 1

Sched	dule D (Form 990) 2014 American	Civil Libe	erties Unio	n of	64-06940			Page 2
Pai	Maintainir Organizations Maintainir	g Collections of	Art, Historical T	<u>reasures, c</u>	or Other Sim	ilar Assets	(continue	<u>id)</u>
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other records	s, check any of the fo	llowing that are	e a significant us	se of its		
а	Public exhibition	d ∏∃	Loan or exchange pro	ograms .				
b	Scholarly research	e 🗀 (	Other					
c	Preservation for future generations	<u> </u>						
4	Provide a description of the organization's	collections and explain	how they further the	organization's	exempt purpose	e in Part		
	XIII.	•	•	_				
5	During the year, did the organization solicit	or receive donations of	of art. historical treasu	ures, or other s	imilar			
9	assets to be sold to raise funds rather than	to be maintained as n	art of the organization	n's collection?		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
	Escrow and Custodial Ar					<u></u>		
<b></b>	Complete if the organization	n answered "Yes"	to Form 990. Pa	rt IV. line 9.	or reported a	an amount o	n Form	
	990, Part X, line 21.	1101101100	10 / 0//// 020/ / 0		•			
	Is the organization an agent, trustee, custo	dish or other intermed	ien/ for contributions	or other assets	not	•		
та	is the organization an agent, trustee, custo	uian of other intention	iary for contributions	01 011101 40021			Yes	No
	included on Form 990, Part X?		llowing toble:			***************************************	. 🗀 · ·	لمستا
þ	If "Yes," explain the arrangement in Part XI	II and complete me to	NOWING table.				Amount	
						1c		
	Beginning balance							
	Additions during the year							
	Distributions during the year					45		
f	Ending balance					<u></u>	Yes	No.
2a	Did the organization include an amount on	Form 990, Part X, line	21, for escrow or cus	stodiai account	i ilability?		. ш	
þ	If "Yes," explain the arrangement in Part XI	II. Check here if the ex	kplanation has been p	provided in Par	TXIII		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Pa	t V Endowment Funds.	1 m e . 1			,			
	Complete if the organization						(a) Fauru	
		(a) Current year	(b) Prior year	(c) Two year	's Dack (a) I	hree years back	(e) Four y	BBI'S DACK
1a	Beginning of year balance							
b	Contributions	<u>,,</u>						
С	Net investment earnings, gains, and							
	losses							
ď	Grants or scholarships			<u> </u>			ļ	
	Other expenditures for facilities and							
_	programs							
f	Administrative expenses	,						
	End of year balance	-		<u> </u>				
2	Provide the estimated percentage of the cu	rrent vear end balance	e (line 1g, column (a)	) held as:				
-	Board designated or quasi-endowment	. %						
	Permanent endowment ► %							
	Temporarily restricted endowment ▶	%						
U	The percentages in lines 2a, 2b, and 2c sh							
20	Are there endowment funds not in the poss	ession of the organiza	ation that are held an	d administered	for the			
Ja	organization by:						\	es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						12-/::\	
	If "Yes" to 3a(ii), are the related organization	ne lieted as required (	on Schedule R?				3b	
D D	Describe in Part XIII the intended uses of t	ho organization's and	nument funds					
4			JWINETIC IGNO.					
<b>##</b> 3	T VI Land, Buildings, and Eq Complete if the organization	uipilieitt. on anewered "Vee	" to Form 990 Pa	art IV line 1	1a See Form	n 990. Part X	K. line 10.	
		(a) Cost or other		r other basis	(c) Accumula		(d) Book va	alue
	Description of property	(Investment)		ther)	depreciation		.,	
		<del></del>						
	Land					***************************************		
	Buildings		-					
C	Leasehold improvements		<del> </del>	210 100	0.	0,064	12	9,124
d	Equipment			219,188	01	0,004	<u>د ب</u>	<u>, 464</u>
e	Other				<del></del> · · · · ·		12	9,124
Total	. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Par	t X, column (B), line	100.}	<u> </u>	<u></u> ▶	13	<i>3</i> ,124

Schedule D (Form 990) 2014	American	Civil	Liberties	Union	ο£	64-0694013

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" to I	Form 990 Part IV line	11b. See Form 990. Pa	rt X. line 12.
	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)		Cost or end-of-year	market value
(1) Financial o	derivatives			
	eld equity interests			
	00 Index Funds	122,397		
	d-Cap Index Funds		Market	
	delity Small-Cap Discovery Funds		Market	
(C) Wi1	ndsor II Mutual Funds		Market	
(D) <b>Fi</b>	delity Capital Appreciation Funds		<u>Market</u>	
(E) Fig	delity Contra Funds	17,285	Market	·
(F)				
(H)		052.740		
The state of the s	ı (b) must equal Form 990, Part X, col. (B) line 12.) ▶	253,749		
Part VIII	Investments—Program Related.	000 B(B/ C	44. 0 Farm 000 Da	ut V. Binna 40
	Complete if the organization answered "Yes" to F		11c. See Form 990, Pa	
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
			Gdat or Brita Or your	manor raigo
(1)				
(2)			,	
(3)			· · · · · · · · · · · · · · · · · · ·	
(4)			<u> </u>	
(5)				
(6)				
<u>(7)</u>		-		
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶	-		
Part IX	Other Assets.	<u> </u>		
	Complete if the organization answered "Yes" to F	Form 990, Part IV, line	11d, See Form 990, Pa	rt X, line 15.
	(a) Description			(b) Book value
(1)	Due from Affiliate			67,573
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				CD E00
	. (0)		<u> </u>	67,573
Part X	Other Liabilities.	000 Dawl IV line	44 445 Caa Farma 0	OD David V
	Complete if the organization answered "Yes" to I	-orm 990, Part IV, line	The or Th. See Form 9	90, Part A,
	line 25.	<del>1</del> .		
1.	(a) Description of liability	(b) Book value		
	income taxes			
_(2)				
(3)				
(4)		<del> </del>		
(5)				
(6)				
(7)				
(8)				
(9)	n (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

	edule D (Form 990) 2014 American Civil Liberties Unic	n of	64-06940	1.3	Page 4
Pa	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" to Form 990, Pa			eturn.	
1	Total revenue, gains, and other support per audited financial statements			1	996,243
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Net unrealized gains (losses) on investments	2a	20,957	1	
	Donated services and use of facilities		<u> </u>		
	Recoveries of prior year grants				
		-			
u	Other (Describe in Part XIII.) Add lines 2a through 2d			2e	20,957
_				3	975,286
3	Subtract line 2e from line 1		***************************************		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)			4.0	
C	Add lines 4a and 4b		••••	4c 5	975,286
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  IT XII Reconciliation of Expenses per Audited Financial Statem	onte M	ith Evnences ner		913,200
	Complete if the organization answered "Yes" to Form 990, Pa	art IV/ lin	ш шхрен <del>зез рег</del> не 12а	r Cocurin	
				11	908,512
	Total expenses and losses per audited financial statements	**********			200,022
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	4	<del></del>	-	
	Prior year adjustments			-	
C	Other losses			-	
d	Other (Describe in Part XIII.)	2d		_	
е	Add lines 2a through 2d		,	2e	200 510
3	Subtract line 2e from line 1			3	908,512
4	Amounts included on Form 990, Part IX, line 25, 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	<u> </u>	_	
	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	908,512
Pa	m XIII Supplemental Information.				
Provi	de 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: Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additio	onal information.		
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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.

2014

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
- Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

American Civil Liberties Union of Mississippi Foundation, Inc.

Employer Identification number 64-0694013

Form 990, Part VI, Line 7a - Election of Members and Their Rights The ACLU Foundation of MS has 752 general members who annually elect an 18 member Board of Directors as its governing body. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The 990 Return is prepared by an independent CPA Firm and provided to management and the Board for review and approval before filing with the IRS. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy The Board of Directors are required to review and sign annually a conflict of interest and disclosure statement, any required disclosures are made at that time. The review and disclosure is made at the first meeting of the Board of Directors following the annual membership meeting. Form 990, Part VI, Line 15a - Compensation Process for Top Official The Executive Director's compensation package is approved in advance by a disinterested Board of Director. The Board relied on comparability data, related to job responsibility and a level of supervision, prior experience and education, the location of the organization and the availability of specialty in the area from other organizations, including both non-pofit and for profit organizations. Form 990, Part VI, Line 15b - Compensation Process for Officers Key employee compensation package is approved by the Executive Director and Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization  American Civil Liberties Union of	64-0694013
ratified through the budget process by a disintereste	ed Board of Directors.
The Executive Director relies on comparability data,	related to job
responsibility and level of supervision, prior experi	ence and education,
the location of the organization and the availabilty	of specialty in the
area from other organizations, including both non-pro	ofit and for profit.
Form 990, Part VI, Line 19 - Governing Documents Disc	closure Explanation
ACLU Foundation of MS, Inc. makes its governing docum	ments, conflict of
Interest and financial statements available to the ge	eneral public during
the tax year by providing copies upon request and pub	olication on website.
	Page 1 of 1

Page 2

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▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Related Organizations and Unrelated Partnerships Attach to Form 990. American Civil Liberties Union of Mississippi Foundation, Inc. Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990)

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

Open to Public Inspection 2014 OMB No. 1545-0047

64-0694013

Employer identification number

(f)
Direct controlling
entity 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. (e) End-of-year assets Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part Part II € <u>@</u> 3 9 2

Name, address,	(a) Name, address, and ElN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity? Yes No	z(b)(13) entity? No
(1) ACLU of MS, Inc. P.O. Box 2242	64-0509917							
:	MS 39225	Civil Righ	MS	c4	7	N/A		×
(2)								
(3)								
(4)								i
			i					
(5)								

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

Schedule R (Form 990) 2014

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64-0694013

Schedule R (Form 990) 2014 American Civil Liberties Union of

Schedule R (Form 990) 2014 (k) Percentage ownership (i) Section 512(b)(13) controlled entity? Yes No (i) General or managing partner? Yes No 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. (h) Percentage 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. ownership Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets (g) Share of (h) Dispro-portionate alloc.? Yes Share of end-ofyear assets 6 Share of total income Share of total Type of entity (C corp, S corp, income or trust) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Direct controlling entily Î (d)

Direct controlling
entity Legal domicile foreign country) (state or ŝ (c) Legal domicile (state or foreign country) Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>m</u> Part IV Part III ΔĄ 3 | ତ 4 lΞ 3 3 Ξ 2

Part V

64-0694013 Schedule R (Form 990) 2014 American Civil Liberties Union of

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes No
1 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?	lated organizations listed ir	ו Parts II–IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				<b>1</b> a	×
b Giff. grant, or capital contribution to related organization(s)				1b	×
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan quarantees to or for related organization(s)				1d	×
				40	×
ב דסמונס כו וסמון אתבונדונססק בל וכומוכת כואמון בשונים לו	***************************************			2	
f Dividends from related organization(s)				#	M
				5	×
				T	*
n Furchase of assets from related organization(s)				= :	4
i Exchange of assets with related organization(s)				÷	<b>4</b>
j Lease of facilities, equipment, or other assets to related organization(s)				1j	×
					-
k Lease of facilities, equipment, or other assets from related organization(s)				÷	×
1 Performance of services or membership or fundraising solicitations for related organization(s)				=	×
m Performance of services or membership or fundraising solicitations by related organization(s)				<b>1</b>	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	×
o Sharing of paid employees with related organization(s)				10	X
p Reimbursement paid to related organization(s) for expenses		-		10	×
q Reimbursement paid by related organization(s) for expenses				19	×
r Other transfer of cash or property to related organization(s)				1	×
(s)				- S	×
	is line, including covered re	elationships and transacti	on thresholds.		
	(a)	(a)	9		
Name of related organization	Transaction	Amount involved	Method of determining amount involved	ount involved	
	type (a-s)				
(1)					
(7)					
(3)					
(4)					
(9)				Ì	
(9)					
			Schedule R (Form 990) 2014	R (Form	990) 2014

64-0694013 Schedule R (Form 990) 2014 American Civil Liberties Union of

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI 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.

Schedule R (Form 990) 2014 (k) Percentage ownership °Z managing General or partner? Yes amount in box 20 of Schedule K-1 Code V—UBI (Form 1065) (h) Disproportionate alfocations? ŝ Yes (g)
Share of
end-of-year
assels Share of total income (e)
Are all partners
section
501(c)(3)
organizations? Yes No (d)
Predominant
income (related,
unrelated, excluded from tax under sections 512-514) (c) Legal domicile (state or foreign country) (b) Primary activity Name, address, and EIN of entity : 9 3 3 9 E 8 9 Ξ 3 3 <u>@</u>

ACLUMF American Civil Liberties Union of

rion of Federal Statements

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FYE: 3/31/2015

64-0694013

**Taxable Dividends from Securities** 

Description

Unrelated Exclusion Postal Acquired after US
Business Code Code Code 6/30/75 Obs (\$ or %)

Interest

\$ 8,793
Total \$ 8,793