BRUNO & TERVALON LLP CPAS 4298 Elysian Fields Ave New Orleans, LA 70122 504-284-8733

November 8, 2019

CONFIDENTIAL

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

Dear Cassandra:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

BRUNO & TERVALON LLP CPAS

Form

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 2018 Open to Public Inspection

<u>A</u>	For the 2018 c	alendar year, or tax year beginning $04/01/18$, and ending $03/31/1$	L 9		· · · · · · · · · · · · · · · · · · ·
В	Check if applicable:	C Name of organization American Civil Liberties Union of		D Employe	r identification number
	Address change	Mississippi, Inc.		┨╻╻╻	
	Name change	Doing business as			509917
H		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephor	354-3408
닏	Initial return	P.O. Box 2242 City or town, state or province, country, and ZIP or foreign postal code		1 001	JJ4 J400
	Final return/ terminated				04 534
	Amended return	Jackson MS 39225 F Name and address of principal officer:	Т	G Gross rec	eipts\$ 94,534
H			H(a) Is this a	group return for s	ubordinates? Yes X No
Ш	Application pending	Cassandra Welchlin		- ,	5. 5.
			1	subordinates incl	udou:
			ا ا	lo," attach a list.	(see instructions)
	Tax-exempt status:	501(c)(3) X 501(c) (4) 4 (insert no.) 4947(a)(1) or 527	_		
J	Website: 🕨 🕻	ww.aclu-ms.org	H(c) Group e	exemption number	
ĸ	Form of organization	X Corporation Trust Association Other ▶ L Y	ear of formation:	1969	M State of legal domicile: MS
	art I Si	ımmary			
331343		escribe the organization's mission or most significant activities:			-
•	B	d.8dd.autend simil liboution			
ၓၙ					
Пa					
Š	2 Chock th	is box ▶ if the organization discontinued its operations or disposed of more than 25	% of its net a		
Ö	2 Check ti				14
Activities & Governance	3 Number	of voting members of the governing body (Part VI, line 1a)			14
Ë	4 Number	of independent voting members of the governing body (Part VI, line 1b)			0
⋛	5 Total nui	nber of individuals employed in calendar year 2018 (Part V, line 2a)			0
Ac	6 Total nui	mber of volunteers (estimate if necessary)		6	
	1	elated business revenue from Part VIII, column (C), line 12			0
	b Net unre	lated business taxable income from Form 990-T, line 38	Prlor	7b	O Comment Vaca
		1		76,522	Current Year 85,353
è	8 Contribu	tions and grants (Part VIII, line 1h)		10,322	00,000
Revenue	9 Program	service revenue (Part VIII, line 2g)			0
ě	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)			<u></u>
	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			9,181
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		76,522	94,534
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			0
ø,	15 Salaries	other compensation, employee benefits (Part IX, column (A), lines 5–10)			0
Se	16a Professi	onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ 0			0
Expenses	b Total fur	draising expenses (Part IX, column (D), line 25) ▶ 0			
ы	17 Other ex	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	,	75,604	107,493
		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		75,604	107,493
		less expenses. Subtract line 18 from line 12		918	-12,959
<u>-</u>	Si Roveride		Beginning of C		End of Year
Net Assets or	20 Total as	sets (Part X, line 16)	14	44,573	131,614
Ass	의 21 Total lial	pilities (Part X, line 26)		0	0
¥,	22 Net asse	ets or fund balances. Subtract line 21 from line 20	14	44,573	131,614
		gnature Block		<u> </u>	
		perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts and to the	hest of my kr	nowledge and helief it is
t	under perialities of true correct and (complete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowle	dge.	lowicage and boller, it is
_			•	-	
۵.	. 🕨	Signature of officer		Date	<u> </u>
	9 [J	Date	
H	ere	Cassandra Welchlin Presid	<u>lent</u>		
		Type or print name and title	1		D. DTIN
_		pe preparer's name Preparer's signature	Date	Check	if PTIN
Pa	wardo	J. Moret, Jr.	11/0	7/19 self-en	
	eparer Firm's n	BRUNO & TERVALON LLP CPAS		Firm's EIN	72-0877929
Us	se Only	4298 Elysian Fields Ave			
_	Firm's a			Phone no.	504-284-8733
Ma	av the IRS discu	ss this return with the preparer shown above? (see instructions)			X Yes No

Form	990 (2018) American Civi.	l Liberties Unio	on of 64-05	09917	Page 2
	rt III Statement of Program	Service Accomplishmen	nts	· · · ·	
		<u>ntains a response or note</u>	to any line in this Pa	<u>rt III</u>	<u>.</u>
	Briefly describe the organization's missi				
Ρ:	romote, defend and e	extend civil lib	erties.		
	•				
	Did the organization undertake any sign	ificant program services during	the year which were not li	sted on the	
			•		Yes X No
	If "Yes," describe these new services or				
3	Did the organization cease conducting,	or make significant changes in h	now it conducts, any prog	ram	
	services?		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,.,.	Yes X No
	If "Yes," describe these changes on Sch	nedule O.			
	Describe the organization's program ser				
	expenses. Section 501(c)(3) and 501(c)			nts and allocations to others,	
	the total expenses, and revenue, if any,	for each program service report	ed.		
42	(Code:) (Expenses \$	including a	rants of \$) (Revenue \$	
L	(Code:)(Expenses \$ itigation - Challeng	re in US and Sta	te Courts wh:	ich discriminate	,
a	gainst or disenfranc	hise MS residen	ts because o	f race, age, gen	der.
e	thnicity, religion o	r sexual orient	ation		
	·				
		**! * * * * * * * * * * * * * * * * * *	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

	(O. I	00 050		· · · · · · · · · · · · · · · · · · ·	
4b	(Code:)(Expenses \$ egislation - Promote	90,030 including g	rants of \$) (Revenue \$)
Щ.	ississippians throug	th public educat	ion	SIAIT TIDELCIES	to all
IA.	ississippians uniong	ii pubitic educat	<u></u>		

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	· ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	(Code:) (Expenses \$	including g	rants of \$) (Revenue \$)
	dvocacy - Engage and	l empower commun know your righ	ities, partic	cularly under re	presented
_		know your righ	ts trainings	and civic engag	ement
I	orums.	.,			
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	•		·····		• • • • • • • • • • • • • • • • • • • •
	•			****	
4d	Other program services (Describe in Sci	nedule O.)			
	(Expenses \$	including grants of \$) (Re	venue \$)
4e	Total program service expenses ▶	98,058			

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 X assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more 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 X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If X 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 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 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X 19 If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X

	Checkist of Required Schedules (Continued)	_				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individu	oie on			Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	ais on	l	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the					1
23	organization's current and former officers, directors, trustees, key employees, and highest compensa	ted				1
	employees? If "Yes," complete Schedule J	lou		23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	 1				
- 14	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lie		4b		1	
	through 24d and complete Schedule K. If "No," go to line 25a			24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	· · · · · · · ·		24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the					<u> </u>
	to defease any tax-exempt bonds?	•		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year'	?		24d		
25a			nefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in	n a prio	or			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9	90-EZ	Z?			
	If "Yes," complete Schedule L, Part I			25b		X
26	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					
	disqualified persons? If "Yes," complete Schedule L, Part II			26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,					
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% control	lled				
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule	e L,				
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		*****	28a		X
đ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete					
	Schedule L, Part IV			28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member t	hereof	f)	Ì		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu			29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifi	ed				
	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sched		Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"					
	complete Schedule N, Part II			32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Reg	ulation	ns			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pari	t II, III,			77	
					X	37
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a					
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line			35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitate	ole				
	related organization? If "Yes," complete Schedule R, Part V, line 2			36		 -
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct.					x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, I			37		^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1	i ib an	ia		x	
	19? Note. All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance			38	Λ	<u> </u>
	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	·				
	Check if Schedule O contains a response of note to any line in this Fart V			<u> </u>	V	NI-
<i>a</i> _	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	10	0		Yes	No
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_1a 1b	0			ı
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	IN				
C	reportable gaming (gambling) winnings to prize winners?			1c		p:::::::::::::::::::::::::::::::::::::
	repertable germing (germany) withings to price without			IV		<u> </u>

	Clatemente Regarding Objet into I linigo and Tax Compitance (contain	uou,					LNA
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ſ	ſ			Yes	NO
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2	b.	201202000	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		3	a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0			b	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ity over.		コ		
	a financial account in a foreign country (such as a bank account, securities account, or other financial			4	a		X
b	if "Yes," enter the name of the foreign country: ▶						
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour	nts (FBAR).	***************************************			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			I	a	**********	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?			b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne			十		
	organization solicit any contributions that were not tax deductible as charitable contributions?	-		6	.a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or			\dashv		
-	gifts were not tay deductible?			6	ь		
7	Organizations that may receive deductible contributions under section 170(c).				M		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	oods					
_	and services provided to the payor?			7	a l	xxxxxxxx	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				~		
•	required to file Form 8282?			7	ا ء		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			M		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		17	7	e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			71	-		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as requir		_		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization						X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine						
•	sponsoring organization have excess business holdings at any time during the year?			8	3	2000000000	P000000000
9	Sponsoring organizations maintaining donor advised funds.						
a	Did the sponsoring organization make any taxable distributions under section 4966?			9.	a l	010000000	000000000
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				b		
10	Section 501(c)(7) organizations. Enter:						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
 а	A land the state of the state o	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12	≥a	000000000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	~					
a	Is the agreement in the world to increase qualified health plane in more than one state?			13	la l	<u> </u>	
-	Note. See the instructions for additional information the organization must report on Schedule 0.				ă		
b	Enter the amount of reserves the organization is required to maintain by the states in which						
	the organization is licensed to issue qualified health plans	13b					
c		13c	-				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14	la	200000000	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	 ⊋ ()		14	$\overline{}$	-	_ _
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				$\tilde{+}$	-	
. •	excess parachute payment(s) during the year?			1:	5		х
	If "Yes," see instructions and file Form 4720, Schedule N.				١		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	10	∞:::: 6	A180000108	X
	If "Yes," complete Form 4720, Schedule O.	ii iÇQII	ie !	<u> </u>	•		<u>-1</u>
	n 160, complete Form 4120, concedute C.				<u> </u>	<u> </u>	proceedition

Form 990 (2018) American Civil Liberties Union of 64-0509917 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included in line 1a, above, who are independent h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? Each committee with authority to act on behalf of the governing body? X 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 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 X with a taxable entity during the year? 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ MS, NY 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records > P.O. Box 2242 Jennifer Riley-Collins

601-354-3408

MS 39225

Jackson

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any	bo: off	Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(vv-2r1099-MIGG)	organization and related organizations
(1) Cassandra Welch	lin 2.00									
President	0.00	x		x				0	0	0
(2) Patricia Herlih	Y									
Samatan-	2.00 0.00	x		x				0	0	0
Secretary (3) Olga Osby	0.00	^								-
(3) O1 ga O3 D Y	2.00									
Vice President	0.00	X		X	_	Ш		0	. 0	0
(4)Monica Galloway	2.00									
Treasurer	0.00	X		X				0	0	0
(5)										
(6)										
(7)										
(8)										
		_								
(9)										
(10)										
(11)										

(A) Name and title	(B) Average hours per week (list any	(d	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				ne i an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11 2 1555 11155)	organization and related organizations
					<u> </u> 			-		•
	.,,,				 					
1b Sub-total							▶			
d Total (add lines 1b and 1c)			. <u></u>	<u></u>			>			
Total number of individuals (ir reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 of	Yes No
 3 Did the organization list any for employee on line 1a? If "Yes, 4 For any individual listed on line organization and related organization. 	<i>" complete Sche</i> e 1a, is the sum	dule of re	J for	suc able	h ind	lividt pens	<i>ial</i> satio	on and other compensation	from the	3 X
individual 5 Did any person listed on line of for services rendered to the o	la receive or acc rganization? <i>If "</i> Y	rue	 com	oens	atior	i fror	n an	ny unrelated organization or	individual	5 X
Section B. Independent Contractor 1 Complete this table for your fi	ve highest comp	ensa	ated	inde	pend	ent d	cont	ractors that received more	than \$100,000 of	
compensation from the organ	(A) I business address	omp	ense	IIIOII	IOI L	IIC Ca	letti	Descrip	(B) lion of services	(C) Compensation
				_				-		
										,
								<u> </u>		
<u></u>	<u></u>					<u>-</u>				
Total number of independent received more than \$100,000	contractors (incli of compensation	udin n fro	g but m the	not e org	limit janiz	ed to ation	tho	se listed above) who	0	5

Pai	t VII	Statement of Revenue Check if Schedule O contains a response of					or note to any line	in this Part VIII		
		Officer is defined	oddio c	3011	dirio di	<u> </u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
និស	1a	Federated campaigns		1a						
틸		Membership dues		1b		465				
E C		Fundraising events		1c						
ar /		Related organizations		1d		84,888				
a,e		Government grants (contribution		1e						
E.S.		All other contributions, gifts, gr								
富		and similar amounts not includ		1f						
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included	d in lines 1a-1	1f: \$						
	h	Total. Add lines 1a-1	f <u></u> .			>	85,353			
Program Service Revenue						Busn. Code				
eVe.	2a				, ,					
ا ا	þ									<u> </u>
ا <u>ج</u>	С									
Se	d									
ᄪ	е									
ğ		All other program sen								
<u></u>		Total. Add lines 2a-2								
		Investment income (in								
ļ		and other similar amo								
		Royalties								
	5	Noyanies	(i) Real			ersonal				
	6a	Gross rents	(1) 11241							
ĺ		Less: rental exps.		-						
		Rental inc. or (loss)								
		Net rental income or	(loss)			>		000000000000000000000000000000000000000		
		Gross amount from (i) Securities			Other				
		sales of assets other than inventory								
	b	Less: cost or other								
	-	basis & sales exps.								
	С	Gain or (loss)								
		Net gain or (loss)				<u></u> >				
4		Gross income from fund								
n i		(not including \$								
eve		of contributions reported								
гŖ		See Part IV, line 18		. а						
Other Revenue	b	Less: direct expense								
0		Net income or (loss)			events	<u></u> > _				
	9a	Gross income from gam								
		See Part IV, line 19					-			
		Less: direct expense				<u> </u>	_			
	1	Net income or (loss)			tivities	<u>,,,,,</u>				
	10a	Gross sales of invent								
		returns and allowand					-			
		Less: cost of goods								
	С	Net income or (loss)			ventory	Busn, Code			<u> </u>	
	4.1	Miscellaneou			<u>.</u>	Dusii, Code	9,181	9,181		
	l	Other					3,202			
	b							-	 	
	C	All other revenue							·	
	d	Total. Add lines 11a				•	9,181			
		Total revenue. See					94,534		. 0	0
	14	i Otal Teveriue. See	mad uçdu	113			· · · · · · · · · · · · · · · · · · ·		<u> </u>	~ DOD (0040)

Part IX Statement of Functional Expenses

_	Check if Schedule O contains a resp	(A)	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
			expenses	gerieral expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
	Accounting	2,000		2,000	
	Lobbying	74,498	74,498		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	-			
	(A) amount, list line 11g expenses on Schedule O.)			,	
12	Advertising and promotion				
13	Office expenses	1,334	!	1,334	
14	Information technology				
15	Royalties				
16	Occupancy	5,545		5,545	
17	Travel	1,251	1,251		
18	Payments of travel or entertainment expenses		,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,343	19,343		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			•	
23		176	176		
24	Other expenses. Itemize expenses not covered				
24	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.)				
_	Professional Services	2,790	2,790		
a		465	2/100	465	
b	Dues	91		91	
Ç	Bank Fees	91	<u>-</u>	34	
d	All other sympage			<u> </u>	
e	*	107,493	98,058	9,435	0
25	Total functional expenses. Add lines 1 through 24e	101,493	90,038	y,4 35	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	TOHOWING SUIP 96-7 TASC 956-7703	1			i .

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 141,960 106,043 1 Cash—non-interest bearing 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 2,613 25,571 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 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 organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 144,573 131,614 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ |X| and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 144,573 131,614 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 144,573 131,614 Total net assets or fund balances 33 144,573 131,614 Total liabilities and net assets/fund balances ... 34

orm	990 (2018) American Civil Liberties Union of 64-0509917			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	0.4	 E 2 4
1	Total revenue (must equal Part VIII, column (A), line 12)	1		94,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		07,	
3	Revenue less expenses. Subtract line 2 from line 1			12,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			44,	<u> </u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1.	31,	<u>614</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>		
	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
1			—		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		-	900000000000000000000000000000000000000	X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	*********	<u>~</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			••••••••••••••••••••••••••••••••••••••	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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 Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				1
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	**********
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				1
	the state of the s		2h		i

Form **990** (2018)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Complete if the organization is described below.

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

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

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

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

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

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

<u>• \$</u>	ection 501(c)(4), (5), or (6) organizations: Complete Part III.			1	
Name	of organization American Civil Liber	ties Union of	Ē		ification number
	Mississippi, Inc.			64-05099	
Par	t I-A Complete if the organization is exemp				on.
1	Provide a description of the organization's direct and indirect	t political campaign activi	ties in Part IV. (see in	structions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions) $_{\dots}$			▶\$	
3	Volunteer hours for political campaign activities (see instruct				
Par	t I-B Complete if the organization is exemp	•			
1	Enter the amount of any excise tax incurred by the organizat	tion under section 4955		📮 🦠	
2	Enter the amount of any excise tax incurred by organization	managers under section	4955	🏲 🖣	Yes No
3	If the organization incurred a section 4955 tax, did it file Form				
	Was a correction made? If "Yes." describe in Part IV.		• • • • • • • • • • • • • • • • • • • •		Lies Like
5000000000	tres, describe in Partiv. Complete if the organization is exempt	nt under section 50	1(c), except sect	ion 501(c)(3).	
1	Enter the amount directly expended by the filing organization				
'	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribute	ed to other organizations f	or section	·· <i>·</i> ·································	
_	527 exempt function activities			▶ \$	
3	Total exempt function expenditures. Add lines 1 and 2. Ente	r here and on Form 1120	POL,		
•	line 17b			▶ \$	□Voe □ No
4	Did the filing organization file Form 1120-POL for this year?				Yes No
5	Enter the names, addresses and employer identification nur	nber (EIN) of all section 5	27 political organization	ons to which the filing	
	organization made payments. For each organization listed, e				
	the amount of political contributions received that were prom				
	as a separate segregated fund or a political action committee	e (PAC). If additional spa	ce is needed, provide	information in Part IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds. If none, enter -0	delivered to a separate
					political organization.
			<u>.</u>		If none, enter -0
(1)					
(2)					
(3)					
(4)					
(4)					
(5)					
(3)					
(6)					
(~)					

che	dule C (Form 990 or 990-EZ) 2018	can Civil	Liberties V	Union of	64-	0509917	Page 2
	rt II-A Complete if the organiza section 501(h)).						
. (Check ▶ ☐ if the filing organization b	elongs to an affil	liated group (and lis	t in Part IV eac	h affiliated	group member	's name,
	address, EIN, expenses,						
; (Check 🕨 🗌 if the filing organization of	hecked box A ar	nd "limited control" p	rovisions apply	/.		
	Limits on Lobb (The term "expenditures" m	ying Expendit	ures paid or incurred.)		(a) Fili organization	-	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pub						
	Total lobbying expenditures to influence a le		* *				
	Total lobbying expenditures (add lines 1a an						<u> </u>
d							
	Total exempt purpose expenditures (add line						
	Lobbying nontaxable amount. Enter the amo						
•	columns.	ant nom the lonon	mig table in both				
ſ	If the amount on line 1e, column (a) or (b) is:	The lebbying no	ntaxable amount is:				
ŀ		20% of the amoun					
ŀ	Not over \$500,000	 	% of the excess over \$50				
-	Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000		% of the excess over \$1,0				
-			of the excess over \$1,50	333			
ŀ	Over \$1,500,000 but not over \$17,000,000	\$1,000,000.	Of the excess over \$1,50	70,000.			
	Over \$17,000,000	eline de					
_	Grassroots nontaxable amount (enter 25% of Subtract line 1g from line 1a. If zero or less,				•		***
	Subtract line 1f from line 1c. If zero or less,		did the ergonization fi				
j	If there is an amount other than zero on eith reporting section 4911 tax for this year?						. Yes No
	•	4-Year Averagi	ing Period Under S	ection 501(h)			
	(Some organizations that made				te all of th	e five column	s below.
			nstructions for line				
			<u>-</u>				
	Lob	bying Expenditu	ures During 4-Year	Averaging Pe	eriod		
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017		(d) 2018	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
	(100 % of fine 22, column (c))						
C	Total lobbying expenditures						
¢	Grassroots nontaxable amount						
6	Grassroots ceiling amount (150% of line 2d, column (e))						

Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

Page 3

Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	For	n 5768	}		
		(2	a)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
	Volunteers?						
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
-	Media advertisements?						
	Mailings to members, legislators, or the public?						
	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?						
	Direct contact with legislators, their staffs, government officials, or a legislative body?	-					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
	Other activities?		-				
	Total. Add lines 1c through 1i						
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		*********				
	If "Yes," enter the amount of any tax incurred under section 4912			***************************************			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(:)(5),	or s	ection			
	501(c)(6).					,	
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	X	<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	<u> </u>	X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?				3		X
Υа	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)				lino	2 ic	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."	u) Av	, rai	t III-A,	iiiie	J, 15	ı
1	A sale in the sale		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of						
-	political expenses for which the section 527(f) tax was paid).						
а	Current year		2a				
	Carryover from last year		2b				
	Total		2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						•
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying						
	and political expenditure next year?		4				
5	Taxable amount of lobbying and political expenditures (see instructions)		5				
	rt IV Supplemental Information						
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part	II-A, Iir	nes 1 a	and			
2 (se	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.						
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S	chedule C, Part I-A, Line 1						
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A	CLO OF MISSISSIPPI CONDUCTS diffect glass top and diffect	TOD	'nΣŦ	119 6) <u> </u>	
٦.	uring Mississippi legislative session for Legislation th	at	SIIT	nort	· ~ :	vi'	1
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1	iberties.						
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Schedule C (Form	990 or 990-EZ) 2018	American	CIATI	Liberties	Union of	64-0509917	Page 4
Part IV		al Information (
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047
2018
Open to Public

Employer identification number Name of the organization American Civil Liberties Union of 64-0509917 Mississippi, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 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 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Part II Complete if the organization answered "Yes" on 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 Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 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, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)(ii)? 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. Complete if the organization answered "Yes" on 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) Revenue included on 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 on Form 990, Part VIII, line 1

Sumpton operations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Sche	dule D (Form 990) 2018 American					5099.			Page 2
a Public shiblion d Loan or exchange programs b Scholarty research e Chher c Presentation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar Sasets to be sold to raise funds rather than to be maintained separa of the organization's collection? Yes No SECTION SECTION AND CONTROLLINE C Expression and Quistodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X Intel® No SECTION SECTION AND CONTROLLINE SECTION AND CONTROLLINE Yes No SECTION AND CONTROLLINE Yes Yes No SECTION AND CONTROLLINE Yes Y	Pa	rt III Organizations Maintainin	g Collections of	f Art, Historical	<u>Treasures</u>	, or Othe	<u>er Simil</u>	ar Assets	(continue	əd)
b Scholarly research e	3		ion, and other record	is, check any of the f	ollowing that	are a signit	ficant use	of its		
c	а	Public exhibition	d 🔲	Loan or exchange po	rograms					
c	b	Scholarly research	е 🗌	Other						
XIII So During the year, did the organization solicit or receive donations of art, historical treasures, or other similar passets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future generations								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar sasets to be sold to raise funds rather than to be maintained as part of the organization?	4	Provide a description of the organization's co	ollections and explai	n how they further the	e organizatio	n's exempt	purpose i	n Part		
assets to be sold to riske funds rather than to be maintained as part of the organization's collection? Part IV		XIII.								
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5	-								□
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Ves □ No If "Yes, "explain the arrangement in Part XIII and complete the following table: □ Reginning balance □ Additions during the year □ Distributions during the year □ Distribution include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ Yes □ No If "Yes," explain the arrangement in Part XIII. Chack hare if the explanation hars seen provided an Part XIII Part V □ Fandowment Funds. □ Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance □ Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance □ Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1b Contributions □ Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1c Net investment earnings, gains, and losses □ Grants or scholarships □ Other expenditures for facilities and programs □ Administrative expenses □ End of year balance □ Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: □ Board designated or quasi-endowment ► % □ Permanent endowment ► % □ Permanent endowment F ► % □ Permanent endowment funds not in the possession of the organization that are held and administered for the organization by: □ Unresided organizations □ If yes into 34(0), are the related organization skied as required on Schedule R? □ Description by program □ Description of program □ Congolite if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10. □ Description of program □ Congolite if the organization answered "Yes" on Form 990, Part IV, line 11a, See	300000000			part of the organization	on's collection	n?			Yes	No
Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form \$90, Part X/ I and complete the following table:	Pa	Complete if the organization		" on Form 990, P	art IV, line	9, or rep	orted a	n amount	on Form	
b f*Yes,* explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c 1c 1d 1d 1d 1d 1d 1d	1a	Is the organization an agent, trustee, custod							Yes	
c Beginning balance 16 diddions during the year 11 d	h	If "Yes." explain the arrangement in Part XIII	and complete the fo	ollowing table:			,		. Ш	Ш
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f Ending balance										
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?										
B if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V	າ 29	Did the organization include an amount on F	form 990 Part X line	21 for escrow or cu	etodial accou		L		Ves	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years										
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions			. Oncok horo ii tiro o	Apianation has been	provided on i	i uit Aili , ,				
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (other) Description of property (d) Book value (e) Cost or other basis (c) Accumulated (d) Book value (d) Book value										
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c Leasehold improvements d Equipment e Other										
d Equipment e Other	c c	Leasehold improvements		Ì.						
e Other										
			1					-		
				t X, column (B), line	10c.)	<u> </u>	<u>.</u>	▶		

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" or	Form 990 Part IV lin	ne 11h See Form 990 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial d	erivatives		
	ld equity interests		
		· 	
(E)		· 	
(F)			<u> </u>
0.18		,	
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
*******************************	Complete if the organization answered "Yes" or	n Form 990, Part IV, lir	ne 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
_(5)			
(6)		· ·	
_(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets. Complete if the organization answered "Yes" or	Form 000 Part IV lin	on 11d. Son Form 990. Bort V. ling 15
	(a) Description	rronn 990, Faitiv, III	(b) Book value
(1)	(a) Besonption		(IV) DOOK VAILED
(2)			
(3)			
(4)			-
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column			>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" or	າ Form 990, Part IV, lin	ie 11e or 11f. See Form 990, Part X,
	line 25.	-	
1.	(a) Description of liability	(b) Book value	-
	income taxes	<u></u>	4
(2)			-
(3)		<u></u>	-
(4)			-
(5)			-
(6)		 	-
(8)			1
(8)			1
	ı (b) must equal Form 990, Part X, col. (B) line 25.) ▶	"	1
	uncertain tax positions. In Part XIII, provide the text of the for	otnote to the organization's	financial statements that reports the
-	liability for uncertain tax positions under FIN 48 (ASC 740).		•

Schedule D (Form 990) 2018 American Civil Liberties	Union of 64	-0509917	Page 4
Part XI Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" on Form	Statements With Reven	ue per Return.	
1 Total revenue, gains, and other support per audited financial statements	1 330, 1 a)(17, line 12a.	11	94,534
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			51/004
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	94,534
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>.)</u>	5	94,534
Part XII Reconciliation of Expenses per Audited Financial		nses per Return.	
Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
		1	107,493
Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a Donated services and use of facilities	2a		
b Prior year adjustments			
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d 3 Subtract line 2e from line 1		2e	107 403
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 		3	107,493
a Investment expenses not included on Form 990, Part VIII, line 7b	40		
b Other (Describe in Part XIII.) c Add lines 4a and 4b		40	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		4c	107,493
Part XIII Supplemental Information.	<u> </u>		101,493
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1; Part IV, lines 1b and 2b; Par	rt V. line 4: Part X. line	
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			
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Schedule D (Form 990) 2018	America	u Civil	Liberties	Union	of	64-0509917	Page 5
Part XIII	Supplem	ental Informat	ion (continue	ed)				

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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.

Attach to Form 990 or 990-EZ,

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

2018

2018Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization American Civil Liberties Union of Mississippi, Inc.

Inspection
Employer identification number
64-0509917

Form 990, Part VI,	Line 2 - Related Pa	arty Information Among Officers
Jenniffer Riley-Col	llins	Cassandra Wechlin
Executive Di		President
Business Relationsh		·····
Form 990, Part VI,	Line 6 - Classes of	f Members or Stockholders
The ACLU of MS, Inc	. has 1,927 general	l members who annually elect
a 14 member Board o	of Directors as its	governing body.
Form 990, Part VI,	Line 7a - Election	of Members and Their Rights
The ACLU of MS, Inc	. has 1,927 general	members who annually elect
a 14 member Board o	of Directors as its	governing body.
Form 990, Part VI,	Line 11b - Organiza	ation's Process to Review Form 990
The 990 Return is p	repared by an inder	pendent CPA Firm and presented to
management and the	Board for review an	nd approval before filing with the
IRS.		
•••••••••••••••••••••••••••••••••••••••		
Form 990, Part VI,	Line 12c - Enforcem	ent of Conflicts Policy
The Board is requir	ed to review and si	gn annually a conflict of interest
and disclosure stat	ement. Any require	d disclosures are made at that time
and presented at th	e first Board of Di	rectors meeting following the annual
membership meeting.		
•••••		
Form 990, Part VI,	Line 15a - Compensa	tion Process for Top Official

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization Employer identification number American Civil Liberties Union of 64-0509917 The compensation for the Executive Director is set using comparability data of similarly situated Executive Directors of other nonprofit organizations and based upon merit of performance after evaluation and deliberation by the Board of Directors. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation ACLU of MS, Inc. makes its governing documents, conflict of interest and financial statements available to the general public during the tax year by providing copies upon request. Page 1 of 1

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Open to Public OMB No. 1545-0047 (f) Direct controlling entity (g) Section 512(b)(13) controlled entity? 2018 Inspection Employer identification number Yes 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. 64-0509917 (f)
Direct controlling entity (e) End-of-year assets N/A N/A N/A (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. (d) Total income <u>-</u> 7 -Related Organizations and Unrelated Partnerships ▶ Go to www.irs.gov/Form990 for instructions and the latest information. (d) Exempt Code section g 9 g Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) Σ NY ▶ Attach to Form 990. NY (b) Primary activity Civil Equa Civil Righ Civil Righ (b) Primary activity American Civil Liberties Union of 64-0694013 13-3871360 13-6213516 (a) Name, address, and EIN (if applicable) of disregarded entity (a)Name, address, and EIN of related organization MS 39225 10004 10004 Mississippi, Inc. NX ACLU of MS Foundation, Inc. 125 Broad Street 18FL 125 Broad Street 18FL ACLU Foundation, Inc. Box 2242 ACLU, Inc. Department of the Treasury Internal Revenue Service Name of the organization York New York SCHEDULE R Jackson (Form 990) P.0. Part New PartII Ξ Ξ 2 <u>@</u> ন্ত 3 3 3 <u></u> Schedule R (Form 990) 2018

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

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Schedule R (Form 990) 2018

Page 2

64-0509917

American Civil Liberties Union of

(k) Percentage ownership Schedule R (Form 990) 2018 (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. 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. Percentage ownership ε Code V—UBt amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets (h) Dispro-portionate Yes No alloc.? 6 Share of end-of-year assets 6 Share of total income Share of total income (C corp, S corp, Type of entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Direct controlling entity ਉ (d)
Direct controlling
entity Legal domicile foreign country) (state or <u>©</u> (c) Legal domicile state or foreign country) Primary activity (b) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>e</u> Part IV Part ₽ lΞ 8 $\widehat{\mathbb{C}}$ <u>4</u> (E) 3 ල 4

Page 3

64-0509917 Schedule R (Form 990) 2018 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. PartV

Schedule R (Form 990) 2018 Yes No M MM × M × ĸ × × × M × × × × M Method of determining amount involved 9 Ę 5 4 Ξ <u>0</u> 19 ¥ 9 4 19 2 = d Loans or loan guarantees to or for related organization(s) Excliating of assets with refactor organization(s)
Lease of facilities, equipment, or other assets to related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Amount involved a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 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? Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. k Lease of facilities, equipment, or other assets from related organization(s) Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Name of related organization Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) ٥ _ Ξ 3 3 € 3 9

64-0509917 Schedule R (Form 990) 2018 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.

	,									
(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant	(e) Are all partners			(h) Dispronortionat		(i)	
		domicile (state or	_ 7	section 504(c)(3)	total income	end-of-year assets	allocations?	amount in box 20 of Schedule K-1	maraging partner?	g ownership
		foreign		organizations?	187			(Form 1065)		
		country)	sections 512-514)	Yes No	0		Yes No		Yes	No
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Schedule R (Fo	orm 990) 2018	<u> American</u>	Civil .	<u>Liberties</u>	Union of	64-0509917	Page 5
Part VII	Suppleme Provide add	ntal Informatio ditional informat	n. tion for respo	onses to questi	ons on Schedu	le R. See Instructions.	
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