| | 90 |)U |
|------|----|----|
| ⊦orm | 5 | |

PUBLIC INSPECTION COPY

| | Fo | rm 990 | | | | | | OMB No. 1545-0047 |
|--------------------------------|---------------------|---|-----------------|--|--------------|-----------------------------|------------|------------------------------|
| | 10 | | | Return of Organization Exempt From Inco | me T | ax | | 2018 |
| | | | | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except pri | | | | 2010 |
| Depa Inter | artment nal Rev | t of the Treasury venue Service | | Do not enter social security numbers on this form as it may be made Go to www.irs.gov/Form990 for instructions and the latest info | public. | 1. | | Open to Public Inspection |
| Α | For t | the 2018 calend | dar | year, or tax year beginning $4/01$, 2018, and ending | 3/3 | | , | 2019 |
| В | Check | if applicable: | С | | | D Employe | | ication number |
| | A | ddress change | AC | LU Foundation of Texas Inc. | | 76-0 |)3431 | 171 |
| | N | | | Box 8306 | | E Telephor | ne numb | er |
| | Ir | nitial return | Но | uston, TX 77288 | | 713- | -942- | -8146 |
| | Fi | inal return/terminated | | | | | | |
| | A | mended return | | | | G Gross re | ceipts 🕏 | 4,966,989. |
| | A | pplication pending | F | Name and address of principal officer: Ranjana Natarajan | a) Is this a | a group returr | for sub | ordinates? Yes X No |
| | | | Sa | me As C Above | b) Are all | subordinates attach a list. | included | ? Yes No |
| I | Тах | -exempt status: | Х | 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527 | | attach a list. | (300 113 | |
| J | We | ebsite: ► 🛛 🗤 | w | aclutx.org Ho | (c) Group | exemption nu | mber 🕨 | |
| Κ | | m of organization: | Х | Corporation Trust Association Other► L Year of formation | : 1991 | 1_M_s | tate of le | gal domicile: TX |
| Pa | nrt I | Summary | | | | | | |
| | 1 | | | he organization's mission or most significant activities: The mission | | | | |
| ø | | | | is to be the state's foremost champion of ed | | | | |
| anc | | | | civil_rights_and_the_broad_array_of_other_is | sues | <u>affect</u> | ing | individual |
| /err | 2 | Check this bo | | n the United States. | | EQ/ of ito r | | |
| ğ | 2 | | | if the organization discontinued its operations or disposed of more members of the governing body (Part VI, line 1a) | | | 3 | 23 |
| ంర | 4 | | | endent voting members of the governing body (Part VI, line 1b) | | | 4 | 23 |
| ties | 5 | Total number | ofi | ndividuals employed in calendar year 2018 (Part V, line 2a) | | | 5 | 53 |
| Activities & Governance | 6 | | | volunteers (estimate if necessary) | | | 6 | 3,500 |
| Ä | | | | usiness revenue from Part VIII, column (C), line 12 | | | 7a | 0. |
| | b | Net unrelated | bu | siness taxable income from Form 990-T, line 38 | | | 7b | 0. |
| | 8 | Contributions | 200 | A grapts (Part)/III line 1h) | | rior Year | 70 | Current Year |
| ne | 9 | | | d grants (Part VIII, line 1h) revenue (Part VIII, line 2g) | 3 | ,642,3 | 10. | 4,918,079. |
| Revenue | 10 | - | | ne (Part VIII, column (A), lines 3, 4, and 7d) | | 1,2 | 66 | 48,003. |
| Be | 11 | | | art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 7,8 | | 10,000. |
| | 12 | Total revenue | ; <u> </u> | add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3 | ,651,4 | | 4,966,082. |
| | 13 | Grants and si | mila | ar amounts paid (Part IX, column (A), lines 1-3) | | | | 63,780. |
| | 14 | Benefits paid | to o | or for members (Part IX, column (A), line 4) | | | | |
| s | 15 | Salaries, othe | er co | ompensation, employee benefits (Part IX, column (A), lines 5-10) | 2 | ,530,6 | 26. | 2,421,267. |
| ¢۵ | 16a | Professional f | func | Iraising fees (Part IX, column (A), line 11e) | | | | |
| Expens | b | Total fundrais | ing | expenses (Part IX, column (D), line 25) ► 315,906. | | | | |
| ш | 17 | Other expense | es (| Part IX, column (A), lines 11a-11d, 11f-24e) | 1 | ,326,6 | 48. | 1,478,805. |
| | 18 | Total expense | es. / | Add lines 13-17 (must equal Part IX, column (A), line 25) | | ,857,2 | | 3,963,852. |
| | 19 | | | penses. Subtract line 18 from line 12 | | -205,7 | | 1,002,230. |
| ۶ő | | | | | Beginnin | g of Current | | End of Year |
| Net Assets or Fund Balances | 20 | | - | t X, line 16) | | ,862,7 | 79. | 2,837,253. |
| , Aş | 21 | Total liabilities | s (F | Part X, line 26) | | 776,7 | 72. | 540,645. |
| Pun | 22 | Net assets or | fun | d balances. Subtract line 21 from line 20 | 1 | ,086,0 | 07. | 2,296,608. |
| Pa | irt II | Signatur | e B | llock | | · · · | | |
| Unde com | er pena plete. D | alties of perjury, I de Declaration of prepa | clare rer (d | that I have examined this return, including accompanying schedules and statements, and to the ther than officer) is based on all information of which preparer has any knowledge. | best of m | y knowledge a | and belie | f, it is true, correct, and |
| | | Ele | ch | onically Filed | | | | |
| Sic | n | Signatur | | | Da | te | | |

| Sign | Signature of officer | | Da | ate | | | | |
|--|-------------------------------|-------------------------|-------------|---------------|-----------|--|--|--|
| Here | <u>Ranjana Natarajan</u> | | President | | | | | |
| | Type or print name and title | | | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check if | PTIN | | | |
| Paid | Jody Blazek | Jody Blazek | 02/05/20 | self-employed | P00072674 | | | |
| Preparer | Firm's name Blazek & Vet | | | | | | | |
| Use Only | Firm's address > 2900 Weslaya | Firm's EIN ► 76-0269860 | | | | | | |
| | Houston, TX | Phone no. (71 | 3) 439-5739 | | | | | |
| May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No | | | | | | | | |
| BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101L 08/20/18 Form 990 (20 | | | | | | | | |

| Form 990 (2018) ACLU Foundation of Texas Inc. | 76-0343171 Page 2 |
|--|---|
| Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | X |
| Briefly describe the organization's mission: | Δ |
| See Schedule 0 | |
| | |
| | |
| 2 Did the organization undertake any significant program services during the year which were not listed on the | 20 prior |
| Form 990 or 990-EZ? | · |
| If "Yes," describe these new services on Schedule O. | |
| 3 Did the organization cease conducting, or make significant changes in how it conducts, any progra | m services? Yes X No |
| If "Yes," describe these changes on Schedule O. | |
| 4 Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc | services, as measured by expenses. cations to others, the total expenses, |
| and revenue, if any, for each program service reported. | |
| 4a (Code:) (Expenses \$ 1,511,046. including grants of \$ 28,195 |) (Revenue \$ |
| See Schedule 0 | <u> </u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4b (Code:) (Expenses \$ 654,725. including grants of \$ 9,846 | .) (Revenue \$) |
| See_Schedule_O | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c (Code:) (Expenses \$ 494,049. including grants of \$ 15,719 | .) (Revenue \$) |
| See Schedule 0 | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d Other program services (Describe in Schedule O.) See Schedule O | |
| (Expenses \$ 453,758. including grants of \$ 10,020.) (Revenue | e \$) |
| 4e Total program service expenses ► 3, 113, 578. | Earm 000 (2010) |

Form 990 (2018) ACLU Foundation of Texas Inc.

 Part IV
 Checklist of Required Schedules

| | | | Yes | No |
|------|--|-----------|-----|--------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i> . | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 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? <i>If 'Yes,' complete Schedule D, Part I</i> . | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. | 8 | | Х |
| 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? <i>If 'Yes,' complete Schedule D, Part IV</i> | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D</i> , <i>Part VI</i> | 11 a | х | |
| b | Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i> | 11 b | | Х |
| C | Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | | Х |
| 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? <i>If 'Yes,' complete Schedule D, Part IX</i> | 11 d | х | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i> | 11 f | | Х |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Х |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i> . | 14b | | х |
| 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 | | х |
| 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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i> | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i> | 18 | | х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' | | | |
| 20a | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 19 20a | | X X |
| | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | Did the organization report more than \$5.000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | Х | (0010) |
| BAA | TEEA0103L 08/03/18 | ⊢orm | 990 | (2018) |

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Form 990 (2018)ACLU Foundation of Texas Inc.Part IVChecklist of Required Schedules (continued)

| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | Yes | No X |
|-----|--|-----------|-----|---------|
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete | 23 | Х | |
| 24 | Schedule J. a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a | 23 24a | Λ | Х |
| | 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 year to defease any tax-exempt bonds? | 24c | | |
| | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | Х |
| I | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> . | 25b | | Х |
| 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? <i>If 'Yes,' complete Schedule L, Part II.</i> | 26 | | х |
| 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% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| i | a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| l | b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> | 28b | | Х |
| | c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i> | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| 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 | | Х |
| | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part L</i> | 33 | | Х |
| | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1. | 34 | Х | V |
| | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | - | Х |
| I | 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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i> | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | · No |
| 1 | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 37 | | 162 | |
| | b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1 c | Х | |
| BAA | TEEA0104L 08/03/18 | Form | 990 | (2018) |

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|------|---|---------------------------------------|----------|--------|
| Par | art V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2- | 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- | | | |
| 20 | ments, filed for the calendar year ending with or within the year covered by this return | 53 | | |
| Ł | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?. | | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3 a | 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | Х |
| Ł | b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i> | 3b | | |
| 4 a | 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, financial account in a foreign country (such as a bank account, securities account, or other financial account | а | | |
| | | t)? 4a | | Х |
| Ł | b If 'Yes,' enter the name of the foreign country: ► | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR | | | |
| | 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | Х |
| | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | Х |
| C | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6 a | 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | nization | | |
| | solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were | | | |
| _ | not tax deductible? | 6b | <u> </u> | |
| / | 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| а | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | and | | v |
| | services provided to the payor? | | | Х |
| | b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | | |
| C | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to fi Form 8282? | ne 7 c | | Х |
| c | d If 'Yes,' indicate the number of Forms 8282 filed during the year | | | |
| | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contrac | t? 7e | | Х |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | Х |
| | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 | | | |
| - | as required? | 5 | | |
| ŀ | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi | | | |
| 0 | Form 1098-C?. 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsorin | 7 h | | |
| 0 | organization have excess business holdings at any time during the year? | - | | |
| 0 | | · · · · · · · · · · · · · · · · · · O | | |
| | 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? | | | |
| | b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | |
| | b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person: | ····· 9 0 | 1 | |
| | a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | 1 Section 501(c)(12) organizations. Enter: | | | |
| | a Gross income from members or shareholders | | | |
| | b Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.). 11b | | | |
| 12 a | 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | 3 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | a Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | 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 | | | |
| | c Enter the amount of reserves on hand | | | |
| | 4a Did the organization receive any payments for indoor tanning services during the tax year? | | | Х |
| Ł | b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i> | 14b | 1 | |
| 15 | 5 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration | | | v |
| | excess parachute payment(s) during the year? | | | Х |
| _ | If 'Yes,' see instructions and file Form 4720, Schedule N. | | | v |
| 16 | 6 Is the organization an educational institution subject to the section 4968 excise tax on net investment incom | ne? 16 | | Х |
| | If 'Yes,' complete Form 4720, Schedule O. | | | |

 Part VI
 Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to 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.
 Image: Contains a response or note to any line in this Part VI.

| Sec | tion A. Governing Body and Management | | | | | |
|----------|--|-------------------|------------------------------|------------|----------|--------|
| | | | | | Yes | No |
| 1 a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 23 | | | |
| | 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 | | 23 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee, or key employee? | | | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the of officers, directors, or trustees, or key employees to a management company or other personal data and the other personal dat | ne direct | supervision | 3 | | х |
| 4 | Did the organization make any significant changes to its governing documents | 5011: | | 3 | | Λ |
| | since the prior Form 990 was filed? | | | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization bave members or stockholders? | | | 5 6 | | X X |
| 6 7 a | Did the organization have members, stockholders, or other persons who had the power to elect or a | | | 0 | | Λ |
| | members of the governing body? | | | 7 a | | Х |
| ł | Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body? | embers, | | 7 b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken | | | - | | |
| - | the following: | - | | | | |
| | The governing body? | | | 8 a | Х | |
| | Each committee with authority to act on behalf of the governing body? | | | 8 b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i> | not be re | eached at the | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not rec | uired i | by the Internal Re | eveni | ie Co | ode.) |
| | | | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | | | 10 a | | Х |
| ł | If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes? | | | 10 b | | |
| 11 a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the | | | 11 a | Х | |
| ł | Describe in Schedule O the process, if any, used by the organization to review this Form 99 | ^{0.} Se | e Schedule O | | | |
| | Did the organization have a written conflict of interest policy? If 'No,' go to line 13 | | | 12 a | Х | |
| ł | Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts? | | | 12b | Х | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If " Schedule O how this was done See. Schedule . Q | Yes,' des | cribe in | 12 c | Х | |
| | Did the organization have a written whistleblower policy? | | | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | 21 | Х |
| | Did the process for determining compensation of the following persons include a review and approv | al by ind | | 14 | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and de | | | 15 - | v | |
| | The organization's CEO, Executive Director, or top management officialSee.Schedule | | | 15a 15b | X X | |
| Ľ | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). | | | 150 | <u> </u> | |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar | | | | | |
| | taxable entity during the year? | | | 16 a | | Х |
| ł | If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evalua participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements? | to safeq | uard the | 16 b | | |
| Sec | tion C. Disclosure | | | 100 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NY WA | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable) available for public inspection. Indicate how you made these available. Check all that apply. |), 990, a | nd 990-T (Section 50 | 1(c)(3 |)s on | ly) |
| | | ner <i>(expla</i> | ain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p the public during the tax year. See Schedule O | olicy, and | financial statements availal | ole to | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's bo | ooks and | records ► | | | |
| | Terri Burke 5225 Katy Frwy, Suite 350 Houston TX 77007 7 | | | | | |

Х

| Form 990 (2018) ACLU Foundation of Texas Inc. | 76-0343171 | Page 7 |
|--|------------------------------|--------|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C Independent Contractors | | · |
| Check if Schedule O contains a response or note to any line in this Part VII | | Х |
| Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensate | d Employees | |
| 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with organization's tax year. | | |
| List all of the organization's current officers, directors, trustees (whether individuals or organization) | ns), regardless of amount of | 1 |

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.

| | | | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | | |
|--|--|-----------------------------------|--|---------|-----------------------------------|---------------------|--------|---------------------------------------|--|--|
| (A) Name and Title | (B) Average hours | is | | | an officer and a ctor/trustee) | | | (D) Reportable ompensation from | (E) Reportable compensation from | (F) Estimated amount of other |
| See Schedule O | per week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated | Former | the organization (W-2/1099-MISC) | relatéd organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Ranjana Natarajan (as of 7/18) | 5 | | | | | | | - | - | |
| President | 5 | Х | | Х | | | | 0. | 0. | 0. |
| (2) Lee Henderson (thru 7/18) Pres/EVP/VP Fin | $\frac{1}{1}$ | Х | | Х | | | | 0. | 0. | 0. |
| (3) James Aldrete VP Programs | $\frac{1}{1}$ | х | | Х | | | | 0. | 0. | 0. |
| (4) Susan Young Secretary, VPDev | $\frac{1}{1}$ | X | | X | | | | 0. | 0. | 0. |
| (5) Stephen Amberg Treasurer | $-\frac{1}{1}$ | Х | | х | | | | 0. | 0. | 0. |
| (6) Ricardo de Anda Board Member | $\frac{1}{1}$ | X | | Δ | | | | 0. | 0. | 0. |
| 7) Paul_Asofsky Board Member | $\frac{1}{1}$ | Х | | | | | | 0. | 0. | 0. |
| (8) Gary Bledsoe Board Member | $\frac{1}{1}$ | Х | | | | | | 0. | 0. | 0. |
| <u>(9) Susie Byrd</u> Board Member | <u>1</u> | Х | | | | | | 0. | 0. | 0. |
| (10) Lydia Camarillo Board Member | $-\frac{1}{1}$ | х | | | | | | 0. | 0. | 0. |
| (11) Madan Goyal Board Member | $-\frac{1}{1}$ | Х | | | | | | 0. | 0. | 0. |
| (12) Georgine Guillory Board Member | $-\frac{1}{1}$ | Х | | | | | | 0. | 0. | 0. |
| (13) MaryScott Hagle Board Member | $-\frac{1}{1}$ | х | | | | | | 0. | 0. | 0. |
| (14) Gilberto Hinojosa Board Member | <u>1</u> | Х | | | | | | 0. | 0. | 0. |
| BAA | TEEA0 | · · · · · | 08/03/ | /18 | | | | 0. | 0. | Form 990 (2018) |

76-0343171

Page 8

| Far | t vil Section A. Officers, Directors, Tru | | ney | EIII | _ | - | :5, 0 | and | I HIGHEST CON | ipensaleu Empl | oyee | 5 (conu | nuea) |
|----------|---|---|---------------|------------------------------|----------------|---------------------------|---------------|--------------|---|--|------------------------|--|----------------|
| | | (B) | | | (C | | | | | | | | |
| | (A) Name and title | Average hours per week (list any hours for related organiza - tions below | box | not ch , unles cer and | s pei 1 a d | more rson i lirecto | s both | n an tee) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | amo cor or ai | (F) Estimated ount of ot npensatio from the ganization d related ganization | her on ก |
| | | dotted line) | lee | stee | | | nsated | | | | | | |
| (15) | Craig Jackson | 1 | · | | | | | | 0 | 0 | | | 0 |
| (10) | Board Member | 1 | Х | | | | | | 0. | 0. | | | 0. |
| (16) | Sameena Karmally Board Member | $\frac{1}{1}$ | х | | | | | | 0. | 0. | | | 0. |
| (17) | Maria Ramos | 1 | | | | | | | | | | | |
| <u> </u> | Board Member | 1 | Х | | | | | | 0. | 0. | | | 0. |
| (18) | Alec Rhodes | 1 | | | | | | | | | | | |
| | Board Member | 1 | Х | | | | | | 0. | 0. | | | 0. |
| (19) | Dian Ruud | 1 | | | | | | | | | | | |
| | Board Member | 1 | Х | | | | | | 0. | 0. | | | 0. |
| (20) | Graciela Sanchez | 1 | | | | | | | | | | | |
| | Board Member | 1 | Х | | | | | | 0. | 0. | | | 0. |
| (21) | Kurt Schwarz | 1 | | | | | | | | | | | |
| <u> </u> | Board Member | 1 | Х | | | | | | 0. | 0. | | | 0. |
| (22) | Nicola Fuentes Toubia | 1 | | | | | | | | | | | •• |
| <u> </u> | Board Member | 1 | Х | | | | | | 0. | 0. | | | 0. |
| (23) | Frances Valdez | 1 | | | | | | | | •• | | | <u>.</u> |
| | Board Member | 1 | Х | | | | | | 0. | 0. | | | 0. |
| (24) | Terri Burke | 28 | | | | | | | | | | | |
| <u> </u> | Executive Dir. | 12 | • | | Х | | | | 117,012. | 50,148. | | 40,2 | .94. |
| (25) | Cheryl Newcomb | 28 | | | | | | | | 0072101 | | | |
| <u> </u> | Deputy Director | 12 | | | Х | | | | 82,821. | 35,494. | | 23,5 | 555. |
| 1 b | Sub-total | | | | | | | • | 199,833. | 85,642. | | 63,8 | |
| с | Total from continuation sheets to Part VII, Section | on A | | | | | | • | 236,752. | 0. | | 41,3 | |
| | Total (add lines 1b and 1c) | | | | | | | • | 436,585. | 85,642. | | L05,1 | |
| | Total number of individuals (including but not limited | | | | | | eceiv | ved | | | | | |
| | from the organization > 3 | | | | , | | | | | | | | |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, direct | tor, or tru | stee, | key | em | ploy | ee, o | or h | ighest compensat | ted employee | | | |
| | on line 1a? If 'Yes,' complete Schedule J for such | h individu | ial | | | | | | | | 3 | | X |
| 4 | For any individual listed on line 1a, is the sum of | reportab | le co | mper | nsat | tion | and | oth | er compensation | from | | | |
| | the organization and related organizations greate such individual | r than \$1 | 50,00 | 00? <i>I</i> | f 'Y | 'es,' | сот | ple | te Schedule J for | | 4 | Х | |
| 5 | Did any person listed on line 1a receive or accrue | | | | | | | | | individual | | | |
| | for services rendered to the organization? If 'Yes | ,' comple | te Sc | chedu | ile . | J for | ' SUC | h p | erson | | 5 | | Х |
| | tion B. Independent Contractors | | | | | | | | | | | | |
| 1 | Complete this table for your five highest compen- compensation from the organization. Report compen- | sated ind sation for | epen the c | dent alend | con ar v | ntrac /ear | tors endir | tha ng w | t received more the with or within the or | nan \$100,000 of ganization's tax vear | | | |
| | | | | | . , | | | 5 | (B) | | | C) | |
| | (A) Name and business addr | ress | | | | | | | Description of | of services | Comp | ensatio | n |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Total number of independent contractors (including h | ut not lim | it o d t | | a li | م ام م | ahai | . (| | then | | | |

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

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2018

Employler Identification number

Department of the Treasury Internal Revenue Service

Name of the Organization

| ACLU Foundation of Texas In | с. | | | | | | | | 76-0343171 | | |
|---|--|------------------------------|--|----|--|--------------|--------|--|---|--|--|
| Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | | | | |
| (A) | (B) | | | (0 | | | | (D) | (E) | (F) | |
| Name and Title | Average hours per week (list any hours for related organiza- tions below dotted line) | Individual tr or director | | | | hat employee | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations | |
| Andre Segura | 40 | | | | | | | | | | |
| Legal Director | 0 | t | | | | Х | | 124,303. | 0. | 28,301. | |
| Thomas Hargis | 40 | | | | | | | | | | |
| Development Dir. | 0 | + | | | | Х | | 112,449. | 0. | 13,005. | |
| | | + | | | | | | | | | |
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| | | ł | | | | | | | | | |

Form 990 (2018) ACLU Foundation of Texas Inc. Part VIII Statement of Revenue

76-0343171

Page 9

| | | | (A) Total revenue | (B) | (C) | (D) |
|------|---|------------------------|-----------------------------|---|----------------------------------|--|
| | | | lotal revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from under section 512-514 |
| 1 a | a Federated campaigns 1 a | | | | | |
| ł | b Membership dues 1 b | | | | | |
| 0 | c Fundraising events 1 c | | | | | |
| 0 | d Related organizations 1 d | | | | | |
| e | e Government grants (contributions) 1 e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f: \$ | 4,918,079. | | | | |
| ł | h Total. Add lines 1a-1f | | 4,918,079. | | | |
| | | Business Code | 1,010,010 | | | |
| 28 | a | | | | | |
| ŀ | b | | | | | |
| • | c | | | | | |
| 0 | d | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | • | | | | |
| 3 | Investment income (including dividends, in | | | | | |
| 3 | other similar amounts) | | 26,454. | | | 26,4 |
| 4 | Income from investment of tax-exempt bo | nd proceeds 🖻 | | | | - |
| 5 | Royalties | ▶ | | | | |
| | (i) Real | (ii) Personal | | | | |
| | a Gross rents | | | | | |
| | b Less: rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | (ii) Other | | | | |
| 78 | a Gross amount from sales of assets other than inventory 22,456. | (., | | | | |
| | | | | | | |
| | b Less: cost or other basis and sales expenses 907. | | | | | |
| | c Gain or (loss) 21,549. | | | | | |
| | d Net gain or (loss) | ► | 21,549. | | | 21,54 |
| 8 8 | a Gross income from fundraising events | | | | | |
| | (not including 💲 | | | | | |
| | of contributions reported on line 1c). | | | | | |
| Ι. | See Part IV, line 18 a | | | | | |
| | b Less: direct expenses b c Net income or (loss) from fundraising eve | ntc 🕨 | | | | |
| | | | | | | |
| 98 | a Gross income from gaming activities. See Part IV, line 19a | | | | | |
| | b Less: direct expenses b | | | | | |
| • | c Net income or (loss) from gaming activitie | ≥S► | | | | |
| 10 a | a Gross sales of inventory, less returns | | | | | |
| | and allowances a | | | | | |
| | b Less: cost of goods sold b | | | | | |
| _ | c Net income or (loss) from sales of invento Miscellaneous Revenue | ory ► Business Code | | | | |
| 11 a | | Dusiness coue | | | | |
| | å | | | | | |
| | ~ c | | | | | |
| | · | | | | | 1 |
| | d All other revenue | | | | | |

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. (D) (A) (B) (C) Do not include amounts reported on lines Total expenses Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... 63,780. 63,780. Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Δ Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 48,917. 231,550 133,339. 49,294. Compensation not included above, to 6 disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. 7 Other salaries and wages 677,953 399,255 153,970 1. 1. 124,728. Pension plan accruals and contributions 8 (include section 401(k) and 403(b) employer contributions)..... 100,794 60,433 31,436 8,925. 9 Other employee benefits 243,293 190,630 36,553 16,110. Payroll taxes 10 167,677 16,541. 132,856 18,280 11 Fees for services (non-employees): a Management <u>5,6</u>13 11,243 5,630 c Accounting..... 8,253 2,541 5,647 65. d Lobbying. 191,983 191,983 e Professional fundraising services. See Part IV, line 17... f Investment management fees 522 522. Other. (If line 11g amount exceeds 10% of line 25, column q 26,966. 92,683 61,279. 4,438. (A) amount, list line 11g expenses on Schedule 0.).... Advertising and promotion. 12 25,602. 24,481. 682. 439. 13 Office expenses 179,978. 147,119 19,290. 13,569. Information technology..... 5,107. 14 26,249. 14,844 6,298. 15 Royalties.... Occupancy..... 305,432. 245,856. 34,036. 16 25,540 17 Travel 382,907. 299,873. 52,871 30,163. Payments of travel or entertainment 18 expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 2,223. 19 55,418 17,031 36,164 20 Interest 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization.... 62,681. 47,951 7,164. 7,566. 23 Insurance 21,028 16,301 3,831 896. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.). a <u>Dues and subscriptions</u> 64,891 55,321 8,955 615. b Professional development 49,935 3,092 46,843 С d e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . 3,963,852 3,113,578 534,368 315,906 26

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).....

Form 990 (2018) ACLU Foundation of Texas Inc.

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X.

| | | | | | (A) | | (B) |
|-------------------------------|----------|---|--------------|---------------------------------------|-------------------|----------|---------------------------|
| | | | | | Beginning of year | | (B) End of year |
| | 1 | Cash – non-interest-bearing | | | 154,037. | 1 | 109,647 |
| | 2 | Savings and temporary cash investments | | | 1,006,409. | 2 | 1,175,377 |
| | 3 | Pledges and grants receivable, net | | | 275,000. | 3 | 1,107,114 |
| | 4 | Accounts receivable, net | | | 43,442. | 4 | · · · |
| | 5 | Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L | | 5 | | | |
| | 6 | Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete | | 6 | | | |
| 2 | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | L | | 8 | |
| Č. | 9 | Prepaid expenses and deferred charges | | L | 51,432. | 9 | 30,325 |
| | | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | L I | | 51,452. | <u> </u> | 50,323 |
| | Ь | Less: accumulated depreciation. | 10a 10b | 229,132. 101,124. | 152 200 | 10 c | 120 000 |
| | | Investments – publicly traded securities | | | 153,209. | 100 | 128,008 |
| | | Investments – publicly traded securities | | | | 12 | 142,244 |
| | | Investments – program-related. See Part IV, line 11. | | | | 12 | |
| | 13 14 | Intangible assets. | | | | 13 | |
| | | Other assets. See Part IV, line 11 | 170 050 | | 144 520 | | |
| | 15 | | | | 179,250. | 15 | 144,538 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line Accounts payable and accrued expenses | | | 1,862,779. | 16 | 2,837,253 |
| | 17 18 | Grants payable | | | 428,931. | 17 18 | 540,645 |
| | 10 | Deferred revenue | | | 13,309. | 10 | |
| | 20 | Tax-exempt bond liabilities | | _ | 15,509. | 20 | |
| 0 | 20 | Escrow or custodial account liability. Complete Part I | | | | 20 | |
| | 22 | Loans and other payables to current and former office | ers. directo | rs. trustees. | | 21 | |
| | | key employees, highest compensated employees, and Complete Part II of Schedule L | | · · · · · · · · · · · · · · · · · · · | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrelated the | ird parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third | parties | | | 24 | |
| | | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com | | | 334,532. | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 776,772. | 26 | 540,645 |
| 0 | | Organizations that follow SFAS 117 (ASC 958), check he | re► X | and complete | | | |
| 3 | | lines 27 through 29, and lines 33 and 34. | | | | | |
| ē | 27 | Unrestricted net assets | | | 410,473. | 27 | 1,019,075 |
| 3 | 28 | Temporarily restricted net assets. | | | 550,534. | 28 | 1,152,533 |
| | 29 | Permanently restricted net assets | | | 125,000. | 29 | 125,000 |
| | | Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34. | ieck here ► | | | | |
| 5 | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| 3 | 31 | Paid-in or capital surplus, or land, building, or equipm | nent fund | · · · · · · · · · · · · · · · · · · · | | 31 | |
| ĉ | 32 | Retained earnings, endowment, accumulated income, | | | | 32 | |
| Net Assets of Fully Datalices | 33 | Total net assets or fund balances | | | 1,086,007. | 33 | 2,296,608 |
| Z | 34 | Total liabilities and net assets/fund balances | | | 1,862,779. | 34 | 2,837,253 |

| Forn | 1990 (2018) ACLU Foundation of Texas Inc. 76-0 | 343171 | | Pa | age 12 |
|------|--|--------|------|-------------|---------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI. | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,9 | 66,0 | 082. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,9 | 63,8 | 352. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,0 | 02,2 | 230. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). | 4 | 1,0 | 86,0 | 007. |
| 5 | Net unrealized gains (losses) on investments. | 5 | -3 | 23,5 | 548. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | 2 | 31,9 | 919. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | | 10 | 2,2 | 96,6 | <u>508.</u> |
| Pa | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | |
| 2 a | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | | Х |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | l on a | | | |
| I | Were the organization's financial statements audited by an independent accountant? | | 2 b | Х | |
| | 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: Separate basis X Consolidated basis Both consolidated and separate basis | e | | | |
| (| If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2 c | Х | |
| _ | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | | |
| | a 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 | | Х |
| I | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3 b | | |
| BAA | TEEA0112L 08/03/18 | | Form | 99 0 | (2018) |

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-F7 2018

OMB No. 1545-0047

| Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Open to P | | | | | | Open to Publ Inspection | ic | | | | |
|---|--|--|---|---|---|--|--|--|--|--------------|--|
| Name of the | e organization | | | | | | | Employer identific | ation number | | |
| | | n of Texas | | | | | | 76-034317 | | | |
| Part I | | | | organizations must | | | |) See instruc | tions. | | |
| The orga 1 2 3 4 | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | |
| 5 | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | |
| 6 7 V | | - | - | ental unit described in s | | | | | | | |
| / X | An organization in section 170 | n that normally i)(b)(1)(A)(vi). (| receives a substantial Complete Part II.) | part of its support from a | governm | iental un | it or froi | m the general pu | blic described | | |
| 8 | A community | trust described | in section 170(b)(1) | (A)(vi). (Complete Part | II.) | | | | | | |
| 9 | | a non-land-gra | nt college of agricultu | ection 170(b)(1)(A)(ix) oper re (see instructions). Ente | r the nan | | | | | | |
| 10 | from activities investment in June 30, 1975 | s related to its e come and unre 5. See section | exempt functions—su lated business taxat 509(a)(2). (Complete | | ons, and 511 tax) | l (2) no) from b | more th usiness | an 33-1/3% of ses acquired by | its support from ar | oss Ifter | |
| 11 | - | - | | vely to test for public saf | - | | | ••• | | | |
| 12 a b | or more public lines 12a thro Type I. A supporganization(s) complete Par | cly supported o ugh 12d that do orting organizati the power to re t IV, Sections A | rganizations describ escribes the type of on operated, supervis gularly appoint or elec A and B. | vely for the benefit of, to ed in section 509(a)(1) of supporting organization ed, or controlled by its sup ct a majority of the director controlled in connection | or sectio and con pported o ors or trus | on 509(a nplete li organizat stees of |)(2). Se nes 12e tion(s), f the supp | ee section 509(a e, 12f, and 12g. typically by giving porting organizat | a)(3). Check the bo of the supported on. You must | x in | |
| | management o | f the supporting te Part IV, Sect | organization vested in | n the same persons that c | control or | manage | the sup | oported organiza | tion(s). You | | |
| c | Type III function organization(s | nally integrated s) (see instruction | . A supporting organizations). You must con | ation operated in connection plete Part IV, Sections | on with, a A, D, an | nd functi d E. | onally ir | tegrated with, its | supported | | |
| d | functionally in | itegrated. The c | organization general | ganization operated in co ly must satisfy a distribu ns A and D, and Part V. | ition req | with its uiremer | supportent and a | ed organization(s in attentiveness |) that is not requirement (see | | |
| e | integrated, or | Type III non-fu | inctionally integrated | tten determination from I supporting organization | า. | | 51 | | e III functionally | | |
| | | | | | | | | | | | |
| | ame of supported of | - | n about the supporte | (iii) Type of organization (described on lines 1-10 above (see instructions)) | organiza | Is the tion listed | | mount of monetary rt (see instructions) | (vi) Amount of oth support (see instruct | | |
| | | | | above (see instructions)) | | poverning ment? | | | | | |
| | | | | | Tes | NO | | | | | |
| (A) | | | | | | | | | | | |
| (B) | | | | | | | | | | | |
| (C) | | | | | | | | | | | |
| (D) | | | | | | | | | | | |
| (E) | | | | | | | | | | | |
| | | | | | | | | | 1 | | |

Total

| Schedule A (Form 990 or 990-EZ) 2018 | ACLU | Foundation | of | Texas | Inc. | |
|--------------------------------------|------|------------|----|-------|------|--|
| | | | | | | |

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

Section A. Public Support

| | ndar year (or fiscal year nning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|-----|---|--|--|---|--|---|--------------------------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.) | 3,098,854. | 1,891,284. | 2,523,666. | 3,642,370. | 4,918,079. | 16,074,253. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 | Total. Add lines 1 through 3 | 3,098,854. | 1,891,284. | 2,523,666. | 3,642,370. | 4,918,079. | 16,074,253. |
| 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) | | | | | | 1,320,405. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 14,753,848. |
| Sec | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year nning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 | Amounts from line 4 | 3,098,854. | 1,891,284. | 2,523,666. | 3,642,370. | 4,918,079. | 16,074,253. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 4,822. | 804. | 2,943. | 4,000. | 26,454. | 39,023. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI | | 5,436. | 10,839. | 7,851. | | 24,126. |
| | Total support. Add lines 7 through 10 | | | | | | 16,137,402. |
| 12 | Gross receipts from related activ | vities, etc. (see ins | structions) | | | 12 | 0. |
| 13 | First five years. If the Form 990 is organization, check this box and | for the organization | n's first, second, th | ird, fourth, or fifth t | tax year as a sectio | on 501(c)(3) | ► 🗌 |
| Sec | tion C. Computation of Pu | blic Support P | ercentage | | | | |
| | Public support percentage for 20 | | | | | | 91.43% |
| 15 | Public support percentage from | 2017 Schedule A, | Part II, line 14 | | | 15 | 78.86% |
| 16a | 33-1/3% support test-2018. If t and stop here. The organization | he organization di qualifies as a pul | id not check the b plicly supported o | oox on line 13, and rganization | d line 14 is 33-1/3 | 3% or more, checl | < this box |
| b | 33-1/3% support test-2017. If the and stop here. The organization | ne organization die n qualifies as a pu | d not check a box blicly supported c | on line 13 or 16a | a, and line 15 is 3 | 3-1/3% or more, o | check this box ·····► |
| 17a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts | meets the 'facts-a | and-circumstance | s' test. check this | box and stop her | re. Explain in Par | tVI how |
| | 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an | meets the 'facts-a d-circumstances' | and-circumstance test. The organiza | s' test, check this ation qualifies as | box and stop he a publicly support | re. Explain in Part ed organization. | t VI how the |
| 18 | Private foundation. If the organi | zation did not che | ck a box on line | 13, 16a, 16b, 17a | , or 1/b, check th | is box and see in: | structions P |
| BAA | | | | | Sc | hedule A (Form 9 | 90 or 990-EZ) 2018 |

Schedule A (Form 990 or 990-EZ) 2018

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Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Dall

| Sec | tion A. Public Support | | | | | | |
|--------|--|--------------------|--------------------------|----------------------|---------------------|--------------------|----------------|
| Calend | lar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, | | | | | | |
| | and membership fees received. (Do not include | | | | | | |
| • | any 'unusual grants.') | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services | | | | | | |
| | performed, or facilities | | | | | | |
| | furnished in any activity that is | | | | | | |
| | related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities | | | | | | |
| 5 | that are not an unrelated trade | | | | | | |
| | or business under section 513. | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to or expended on | | | | | | |
| | its behalf | | | | | | |
| 5 | The value of services or | | | | | | |
| | facilities furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, | | | | | | |
| | 2, and 3 received from disgualified persons. | | | | | | |
| Ь | Amounts included on lines 2 | | | | | | |
| U | 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. | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line | | | | | | |
| | 7c from line 6.) | | | | | | |
| Sec | tion B. Total Support | - | 1 | 1 | 1 | | |
| Calend | dar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| - | Amounts from line 6 | | | | | | |
| 10a | 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 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | Other income. Do not include | | | | | | |
| | gain or loss from the sale of capital assets (Explain in | | | | | | |
| | Part VI.). | | | | | | |
| 13 | Total support. (Add lines 9, | | | | | | |
| | 10c, 11, and 12.) | | | | COL 1 | L 501()(2 | ~ |
| 14 | First five years. If the Form 990 organization, check this box and | | | | | | |
| Sec | tion C. Computation of Pu | | | | | | |
| - | Public support percentage for 20 | | - | ne 13. column (f) |) | 15 | 010 |
| | Public support percentage from | | | | | | 010 |
| | tion D. Computation of Inv | | | | | | |
| | Investment income percentage f | | | | umn (f)) | | 00 |
| | Investment income percentage f | - | | - | | | |
| | 33-1/3% support tests—2018. If | | | | | | |
| 130 | is not more than 33-1/3%, check | this box and sto | p here. The ordan | nization qualifies a | as a publicly supp | orted organization | i line 17 ► |
| b | 33-1/3% support tests-2017. If t | the organization c | lid not check a bo | x on line 14 or lir | ne 19a, and line 1 | 6 is more than 33- | 1/3%, and 🔤 |
| | line 18 is not more than 33-1/3% | 6, check this box | and stop here. Th | e organization qu | alifies as a public | ly supported organ | nization 🕨 |
| 20 | Private foundation. If the organi | zation did not che | eck a box on line | 14, 19a, or 19b, c | | | |
| | | | | | | | |

Part IV Supporting Organizations

BAA

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

Section A. All Supporting Organizations

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

| | | Yes | No |
|-------|--------------|--------|----|
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| | | Yes | No |
|--|-----|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| b A family member of a person described in (a) above? | 11b | | I |
| c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. | 11c | | |

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in

- or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Vere a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the | | | |
| | supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |

Section D. All Type III Supporting Organizations

| | | | Yes | No |
|---|---|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played | | | |
| | in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* 'Yes,' *explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

3h

Yes

1

2

No



Schedule A (Form 990 or 990-EZ) 2018ACLU Foundation of Texas Inc.Part VType III Non-Functionally Integrated 509(a)(3) Supporting Organizations

76-0343171

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| ection A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|----|----------------|--------------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| ection B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | rt | | |
| 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 | | |
| ection C – Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency | 6 | | |
| temporary reduction (see instructions). | 0 | | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2018

| Part V Type III Non-Functionally Integrated 509(a)(3) Su | pporting Organiza | tions (continued) | <u> </u> |
|---|--------------------------------|--|---|
| Section D – Distributions | | | Current Year |
| 1 Amounts paid to supported organizations to accomplish exempt put | | | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity | of supported organization | IS, | |
| 3 Administrative expenses paid to accomplish exempt purposes of su | pported organizations | | |
| 4 Amounts paid to acquire exempt-use assets | | | |
| 5 Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 Other distributions (describe in Part VI). See instructions. | | | |
| 7 Total annual distributions. Add lines 1 through 6. | | | |
| 8 Distributions to attentive supported organizations to which the organization in Part VI). See instructions. | on is responsive (provide | e details | |
| 9 Distributable amount for 2018 from Section C, line 6 | | | |
| 10 Line 8 amount divided by line 9 amount | | | |
| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013 | | | |
| b From 2014 | | | |
| c From 2015 | | | |
| d From 2016 | | | |
| e From 2017 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2018 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2014 | | | |
| b Excess from 2015 | | | |
| c Excess from 2016 | | | |
| d Excess from 2017 | | | |
| e Excess from 2018 | | | |
| | | | |

BAA

Schedule A (Form 990 or 990-EZ) 2018

A (Form 990 or 990-EZ) 2018ACLU Foundation of Texas Inc.76-0343171Page 8Supplemental Information.Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV,
Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1;
Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.) Part VI

Part II, Line 10 - Other Income

| Nature and Source | 2018 | | 2017 | | 2016 | | 2015 | 2014 | |
|--|------|----------|------------------|----------|--------------------|----------|------------------|----------|----|
| Miscellaneous income Total <u>§</u> | 0. | \$ \$ | 7,851. 7,851. | \$ \$ | 10,839. 10,839. | \$ \$ | 5,436. 5,436. | \$ | 0. |

PUBLIC DISCLOSURE COPY

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

ACLU Foundation of Texas Inc

| ACLU Foundation of Texas Inc. | | 76-0343171 |
|--------------------------------|---|--------------------|
| Organization type (check one): | | |
| 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 p | private foundation |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a priva | te foundation |
| | 501(c)(3) taxable private foundation | |
| | | |

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

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | 1 | 2 | Page 2 |
|---|-------------------------------|---|---------------|
| Name of organization | Employer identification numbe | r | |
| ACLU Foundation of Texas Inc. | 76-0343171 | | |
| | | | |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional sp | pace is needed. | |
|---------------|--|-------------------------------|--|
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>1_</u> _ | | \$150,000. | Person X Payroll |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$1,000,000. | Person X Payroll |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>3_</u> _ | | \$255,000. | Person X Payroll |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>4</u> | | \$275,034. | Person X Payroll Image: Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$250,000. | Person X Payroll |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>6</u> | | \$100,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | 2 | 2 | Page 2 |
|---|--------------------------------|----|---------------|
| Name of organization | Employer identification number | er | |
| ACLU Foundation of Texas Inc. | 76-0343171 | | |
| | | | |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional sp | pace is needed. | |
|---------------|--|-------------------------------|--|
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$ <u>100,000</u> . | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$250,000. | Person X Payroll |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$1,777,939. | Person X Payroll |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>10</u> _ | | \$750,000. | Person X Payroll |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | 1 | 1 | Page 3 |
|---|---------------|----------------|---------------|
| Name of organization | Employer ider | ntification nu | umber |
| ACLU Foundation of Texas Inc. | 76-0343 | 8171 | |

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

| artii | ART II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | |
|---------------------------|---|---|----------------------|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | N/A | | | | | |
| | | | | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | | | | | |
| | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | | | | | |
| | | s | | | | |
| | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | | | | | |
| | | \$\$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | | | | | |
| | | | | | | |
| (a) No. from | (b) | (c) | (d) | | | |
| from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | | | | | |
| | L | \$ | | | | |
| AA | | Schedule B (Form 990, 990-E | | | | |

| | 3 (Form 990, 990-EZ, or 990-PF) (2018) | | 1 1 Page 4 | | |
|---------------------------|--|---|---|--|--|
| Name of organ | nization Dundation of Texas Inc. | | Employer identification number 76-0343171 | | |
| | <i>Exclusively</i> religious, charitable, et or (10) that total more than \$1,000 for the the following line entry. For organizations co | he year from any one contributo ompleting Part III, enter the total of (Enter this information once. See in | ations described in section 501(c)(7), (8), or. Complete columns (a) through (e) and | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | N/A | | | | |
| | | | + | | |
| | Transferee's name, addres | (e) Transfer of gift s, and ZIP + 4 | Relationship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | Relationship of transferor to transferee | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | Transferee's name, addres | (e) Transfer of gift s, and ZIP + 4 | Relationship of transferor to transferee | | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | | + | | |
| | | (e) Transfer of gift s, and ZIP + 4 | Relationship of transferor to transferee | | |
| BAA | | | Schedule B (Form 990, 990-EZ, or 990-PF) (2018) | | |

| SCHE | EDL | JLI | Ξ | С | |
|-------|------------|-----|----|--------------|-----|
| (Form | 990 | or | 99 | 9 0 - | EZ) |

Political Campaign and Lobbying Activities

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

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

| • ; • ; | Section 501(c)(3) organization | on Form 990, Part IV, line 3, or Form 990-EZ, las: Complete Parts I-A and B. Do not comp stion 501(c)(3)) organizations: Complete Part molete Part I-A only. | lete Part I-C. | | |
|-----------------|--|--|---|--|---|
| | - | on Form 990, Part IV, line 4, or Form 990-EZ, | Part VI. line 47 (Lobbvi | na Activities). then | |
| | | that have filed Form 5768 (election under sect | | | e Part II-B. |
| • 5 | | is that have NOT filed Form 5768 (election | | | |
| lf the (Pro: | e organization answered 'Yes xy Tax) (see separate instruc | ;,' on Form 990, Part IV, line 5 (Proxy Tax) tions), then organizations: Complete Part III. | (see separate instruc | tions) or Form 990-EZ, | Part V, line 35c |
| _ | | - · · | | Employer identifica | ation number |
| | ACLU FOU | Indation of Texas Inc. | | 76-034317 | 1 |
| | | rganization is exempt under section | | | zation. |
| 1 | | organization's direct and indirect political on of 'political campaign activities') | campaign activities in | Part IV. | |
| 2 | Political campaign activity e | xpenditures (see instructions) | | ▶\$ | |
| 3 | Volunteer hours for political | campaign activities (see instructions) | | | |
| Par | t I-B Complete if the o | rganization is exempt under section | on 501(c)(3). | | |
| 1 | Enter the amount of any exc | sise tax incurred by the organization under | section 4955 | ▶\$ | 0. |
| 2 | Enter the amount of any exc | cise tax incurred by organization managers | under section 4955. | ▶\$ | 0. |
| 3 | If the organization incurred a | a section 4955 tax, did it file Form 4720 for | this year? | | Yes No |
| 4 a | Was a correction made? | | | | TYes No |
| | If 'Yes,' describe in Part IV. | | | | |
| Par | t I-C Complete if the o | rganization is exempt under section | on 501(c) . excep | t section 501(c)(3). | |
| 1 | | pended by the filing organization for section | | | |
| 2 | Enter the amount of the filin | g organization's funds contributed to other | organizations for sec | tion ► \$ | |
| 2 | · | | | ······ | |
| 3 | | ditures. Add lines 1 and 2. Enter here and | | ►\$ | |
| 4 | Did the filing organization fil | e Form 1120-POL for this year? | | | Yes No |
| 5 | Enter the names, addresses organization made payments amount of political contribution | and employer identification number (EIN) s. For each organization listed, enter the a hs received that were promptly and directly de al action committee (PAC). If additional spa | of all section 527 pol mount paid from the flivered to a separate po | itical organizations to w filing organization's fund plitical organization, such | hich the filing ds. Also enter the as a separate |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter-0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| BAA | For Paperwork Reduction Act | Notice, see the Instructions for Form 990 or | 99 0-EZ . | Schedule C (Fo | rm 990 or 990-EZ) 2018 |

| Schedule C (Form 990 or 990-EZ) 2018 $ m ACLL$ | Foundation | of | Texas | Inc. |
|---|------------|----|-------|------|
|---|------------|----|-------|------|

| Schedule C (Form 990 or 990-EZ) 2018 ACLU Found | lation of Texas Inc. | 76-03431 | .71 Page 2 |
|---|---|-------------------------------------|-----------------------------|
| | on is exempt under section 501(c)(3) and | filed Form 5768 (ele | ction under |
| address, EIN, expenses, a | ongs to an affiliated group (and list in Part IV each affiliat and share of excess lobbying expenditures). | ed group member's name, | |
| | necked box A and 'limited control' provisions apply. | | |
| Limits on Lob (The term 'expenditures' m | bying Expenditures eans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expenditures to influence | public opinion (grass roots lobbying) | 31,136. | |
| b Total lobbying expenditures to influence | a legislative body (direct lobbying) | 160,847. | |
| c Total lobbying expenditures (add lines 1a | and 1b) | 191,983. | 0. |
| d Other exempt purpose expenditures | | 3,771,347. | |
| e Total exempt purpose expenditures (add | lines 1c and 1d) | 3,963,330. | 0. |
| f Lobbying nontaxable amount. Enter the a both columns. | amount from the following table in | 348,167. | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | |
| Over \$17,000,000 | \$1,000,000. | | |
| g Grassroots nontaxable amount (enter 25 | % of line 1f) | 87,042. | 0. |
| h Subtract line 1g from line 1a. If zero or le | ess, enter -0 | 0. | 0. |
| i Subtract line 1f from line 1c. If zero or le | ss, enter -0 | 0. | 0. |
| | er line 1h or line 1i, did the organization file Form 4720 r | | |

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

| | Lobbying Expenditures During 4-Year Averaging Period | | | | | | | |
|--|--|-----------------|-----------------|-----------------|------------------|--|--|--|
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total | | | |
| 2 a Lobbying nontaxable amount | | 244,470. | 342,864. | 348,167. | 935,501. | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 1,403,252. | | | |
| c Total lobbying expenditures | | 33,648. | | 191,983. | 225,631. | | | |
| d Grassroots nontaxable amount | | 61,118. | 85,716. | 87,042. | 233,876. | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 350,814. | | | |
| f Grassroots lobbying expenditures | | 33,648. | | 31,136. | 64,784. | | | |

BAA

Schedule C (Form 990 or 990-EZ) 2018

| Schedule C (Form 990 or 990-EZ) 2018 ACLU | Foundation | of | Texas | Inc. | |
|---|------------|----|-------|------|--|
|---|------------|----|-------|------|--|

76-0343171 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| Ear apph Ward reaponed on lines to through the below, provide in Part W/a detailed description | | a) | (b |) | |
|--|------------------|--------------------|------------------------|------|----|
| For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | Yes | No | Amo | ount | |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | | |
| a Volunteers? | | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| c Media advertisements? | | | | | |
| d Mailings to members, legislators, or the public?e Publications, or published or broadcast statements? | | | | | |
| f Grants to other organizations for lobbying purposes? | | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i Other activities?i Total. Add lines 1c through 1i | | | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | - | | | |
| b If 'Yes,' enter the amount of any tax incurred under section 4912 | | | | | |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | | _ | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6). | (c)(5) | , or | | | |
| | | | | Yes | No |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the | orior y | ear? | 3 | | |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.' | (c)(5) Part I | , or so II-A, I | ection 50 ine 3, is | 1(c) | |

| 1 | Dues, assessments and similar amounts from members. | 1 | |
|----|--|-----|--|
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| | a Current year | 2 a | |
| | b Carryover from last year | 2 b | |
| | c Total | 2 c | |
| 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 | |
| Pa | rt IV Supplemental Information | | |

Supplemental information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

| SCHEDULE D Suppler | | | plemental Financial Statements | | L | OMB No. | 1545-0047 |
|--|---------------------------------------|---|--|-------------------------|------------------------|---------------------------|-------------|
| (Form 990) ► Complete | | | e if the organization answered 'Yes' on Form 990, 5, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b, | | | 20 | 18 |
| Department of the Treasury Internal Revenue Service Go to www.irs. | | | Attach to Form 990. .gov/Form990 for instructions and the latest information. | | | Open t Inspec | o Public |
| | of the organization | | | Em | nployer id | entification n | |
| | ACLU Four | ndation of Texas I | n c | | | | |
| Pa | | | or Advised Funds or Other Similar Funds or | | 5-034: Ints | 3171 | |
| r ai | Complete | if the organization ans | wered 'Yes' on Form 990, Part IV, line 6. | Accou | | | |
| | | | (a) Donor advised funds | (b) Funds | ds and c | other acco | unts |
| 1 | | end of year | | | | | |
| 2 | | ntributions to (during year). | | | | | |
| 3 4 | | ants from (during year) | | | | | |
| 5 | Did the organizati | ion inform all donors and do | nor advisors in writing that the assets held in donor ad organization's exclusive legal control? | | | Yes | No |
| 6 | Did the organizat | ion inform all grantees, dong | ors, and donor advisors in writing that grant funds can t of the donor or donor advisor, or for any other purpos | be used o | onlv | | |
| | | | | | | Yes | No |
| Pai | | ition Easements. | wered 'Yes' on Form 990, Part IV, line 7. | | | | |
| 1 | | | y the organization (check all that apply). | | | | |
| | | of land for public use (e.g., r | | orically in | mportar | nt land are | ea |
| | Protection of | natural habitat | Preservation of a cer | ified histo | oric stru | ucture | |
| | | of open space | _ | | | | |
| 2 | Complete lines 2a last day of the tax | | held a qualified conservation contribution in the form of a c | onservatio | on easer | ment on th | e |
| | | | | Held | l at the | End of the | e Tax Year |
| | | | 2 | | | | |
| | | | ments | - | | | |
| | | | fied historic structure included in (a) 2 | c | | | |
| (| Number of consein structure listed in | rvation easements included i the National Register | n (c) acquired after 7/25/06, and not on a historic | d | | | |
| 3 | Number of conserv tax year ► | vation easements modified, tran | nsferred, released, extinguished, or terminated by the organ | nization du | uring the | e | |
| 4 | Number of states w | where property subject to conse | ervation easement is located ► | | | | |
| 5 | | | egarding the periodic monitoring, inspection, handling o | of violation | ns, | Yes | □ No |
| 6 | | of the conservation easement r hours devoted to monitoring, | inspecting, handling of violations, and enforcing conservations | on easem | nents du | | |
| 7 | Amount of expense ►\$ | es incurred in monitoring, inspe | ecting, handling of violations, and enforcing conservation e | asements | during t | the year | |
| 8 | · | rvation easement reported or | n line 2(d) above satisfy the requirements of section 1 | ⁷ 0(h)(4)(E | B)(i) | Yes | No |
| 9 | In Part XIII. descril | be how the organization reports able, the text of the footnote | s conservation easements in its revenue and expense state to the organization's financial statements that describe | ement, and | d balanc | 」 ce sheet. ai | nd |
| Pai | t III Organizat Complete | tions Maintaining Colle if the organization ans | ections of Art, Historical Treasures, or Othe wered 'Yes' on Form 990, Part IV, line 8. | [,] Simila | ar Asso | ets. | |
| 1; | art, historical treas | sures, or other similar assets he | r SFAS 116 (ASC 958), not to report in its revenue sta eld for public exhibition, education, or research in furtheran ncial statements that describes these items. | tement ar ce of publ | ind bala lic servio | ince sheet ce, provide | works of |
| I | following amounts | s relating to these items: | r SFAS 116 (ASC 958), to report in its revenue statem or public exhibition, education, or research in furtherance or | | | sheet wor provide the | rks of art, |
| | | | line 1 | | | | |
| 2 | • • | | | | - | | |
| | amounts required | I to be reported under SFAS | nistorical treasures, or other similar assets for financial gai 116 (ASC 958) relating to these items: | | | owing | |
| | | | | | | | |

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

Schedule D (Form 990) 2018

TEEA3301L 10/10/18

| Schedule D (Form 990) 2018 ACLU | | | | 76-0343 | | Page 2 |
|---|-----------------------------------|--|-------------------------------|------------------------------|--------------------|--------------|
| Part III Organizations Mainta | ining Collections | of Art, Historica | I Treasures, or O | ther Similar Asse | ets (continu | ed) |
| 3 Using the organization's acquisition items (check all that apply): | , accession, and other | records, check any of | the following that are a | a significant use of its c | ollection | |
| a Public exhibition | | d Loan or exc | change programs | | | |
| b Scholarly research | | e Other | | | | |
| c Preservation for future gener | ations | | | | | |
| 4 Provide a description of the organiz Part XIII. | | | - | | | |
| 5 During the year, did the organiza to be sold to raise funds rather the | | | | | Yes | No |
| Part IV Escrow and Custodia line 9, or reported an | I Arrangements. amount on Form | Complete if the o 990, Part X, line | rganization answ 21. | ered 'Yes' on For | m 990, Par | t IV, |
| 1 a Is the organization an agent, trus on Form 990, Part X? | stee, custodian or oth | er intermediary for co | ontributions or other | assets not included | Yes | No |
| b If 'Yes,' explain the arrangement | | | | | | |
| | | | | ļ A | Amount | |
| c Beginning balance | | | | 1 c | | |
| d Additions during the year | | | | 1 d | | |
| e Distributions during the year | | | | 1 e | | |
| f Ending balance | | | | 1 f | | |
| 2 a Did the organization include an a | mount on Form 990, | Part X, line 21, for es | scrow or custodial ac | count liability? | Yes | No |
| b If 'Yes,' explain the arrangement | in Part XIII. Check h | ere if the explanation | has been provided of | on Part XIII | | 1 |
| | | | | | | |
| Part V Endowment Funds. C | omplete if the org | ganization answe | red 'Yes' on Forn | n 990, Part IV, lin | e 10. | |
| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years | s back |
| 1 a Beginning of year balance | 140,080. | 133,982. | 0. | 0. | | 0. |
| b Contributions | | | 125,000. | | | |
| c Net investment earnings, gains, and losses | 2,164. | 11,446. | 8,982. | | | |
| d Grants or scholarships | | | | | | |
| e Other expenditures for facilities and programs | | 5,348. | | 0. | | |
| f Administrative expenses | | | | | | |
| g End of year balance | 142,244. | 140,080. | 133,982. | 0. | | 0. |
| 2 Provide the estimated percentage | e of the current year | end balance (line 1g, | column (a)) held as | : | | |
| a Board designated or quasi-endowm | ent 🕨 | 010 | | | | |
| b Permanent endowment | 87.8 <mark>8 %</mark> | | | | | |
| c Temporarily restricted endowmer | nt ► 12.1 | 2 8 | | | | |
| The percentages on lines 2a, 2b, a | | <u>1%</u> . | | | | |
| 3 a Are there endowment funds not in t organization by: | he possession of the o | rganization that are he | ld and administered fo | r the | Yes | No |
| (i) unrelated organizations | | | | | 3a(i) | X |
| (ii) related organizations | | | | | 3a(ii) X | Λ |
| b If 'Yes' on line 3a(ii), are the rela | | | | | 3b | Х |
| 4 Describe in Part XIII the intended | - | • | | | 55 | Λ |
| Part VI Land, Buildings, and | | | nus. Dee rait | XIII | | |
| Complete if the organi | | 'Voc' on Form 99 | 0 Part IV line 1 | 12 Soo Form 990 | Dort V li | 20.10 |
| | | 1 | | | | |
| Description of property | (in | t or other basis (b vestment) |) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book va | alue |
| 1 a Land | | | | | | |
| b Buildings | | | | | | |
| c Leasehold improvements | | | 51,377. | 38,168. | | <u>,209.</u> |
| d Equipment | | | 173,525. | 62,956. | | ,569. |
| e Other | | | 4,230. | | | ,230. |
| Total. Add lines 1a through 1e. (Colum | n (d) must equal For | m 990, Part X, colum | n (B), line 10c.) | | | ,008. |
| BAA | | | | Schedu | le D (Form 990 |)) 2018 |

| Schedule [| O (Form 990) 2018 ACLU Foundation | of Texas Inc. | 76-034 | 4 3171 Page 3 |
|-------------|---|--|--|-----------------------------|
| Part VII | Investments – Other Securities. | | N/A | |
| | Complete if the organization answe | | | |
| | ription of security or category (including name of security) | | (c) Method of valuation: Cost or end-o | f-year market value |
| . , | ial derivatives | | | |
| • • • | y-held equity interests | | | |
| (3) Other | | | | |
| (A) (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| (I) | | | | |
| | nn (b) must equal Form 990, Part X, column (B) line 12.). | ► | | |
| Part VIII | Investments – Program Related. Complete if the organization answe | red 'Yes' on Form 99 | N/A 0 Part IV line 11c See Form 9 | 90 Part X line 13 |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | |
| (1) | () | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) (10) | | | | |
| | nn (b) must equal Form 990, Part X, column (B) line 13.) . | • | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answe | | 0, Part IV, line 11d. See Form 9 | |
| (1) Duo | (a) from ACLU of Texas Inc. | Description | | (b) Book value 110,368. |
| | curity deposits | | | 34,170. |
| (3) | | | | 01/1/01 |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| Total. (Co | lumn (b) must equal Form 990, Part X, colun | nn (B) line 15.) | ► | 144,538. |
| Part X | Other Liabilities. | E E CONTRACTOR De la IVI d'ana 1 | 1 | |
| | Complete if the organization answered 'Yes' (a) Description of liability | on Form 990, Part IV, line I (b) Book value | | |
| (1) Fede | ral income taxes | | | |
| (2) | · · · · · · · · · · · · · · · · · · · | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| (11) | | | | |
| | nn (b) must equal Form 990, Part X, column (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.

| Schedule D (Form 990) 2018 ACLU Foundation of Texas Inc. | 76-0343171 | Page 4 |
|--|-------------------|--------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue p | per Return. N/A | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| 1 Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments 2a | | |
| b Donated services and use of facilities | | |
| c Recoveries of prior year grants | | |
| d Other (Describe in Part XIII.) | | |
| e Add lines 2a through 2d | 2e | |
| 3 Subtract line 2e from line 1 | 3 | |
| 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.) | | |
| c Add lines 4a and 4b | 4c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses | s per Return. N/A | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | • | |
| 1 Total expenses and losses per audited financial statements | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a Donated services and use of facilities 2a | | |
| b Prior year adjustments | | |
| c Other losses. | | |
| d Other (Describe in Part XIII.) | | |
| e Add lines 2a through 2d | 2e | |
| 3 Subtract line 2e from line 1. | | |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b Other (Describe in Part XIII.) | | |
| c Add lines 4a and 4b. | 4c | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Part XIII Supplemental Information. | | |

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

Part V, Line 4 - Intended Uses Of Endowment Fund

The endowment of \$125,000 must be maintained in perpetuity with the remaining portion

of the fund to be classified as net assets with donor restrictions until the amounts

are appropriated for expenditure in a manner consistent with the Texas Uniform

Prudent Management of Institutional Funds Act.

| SCHEDULE I | Grants and Other Assistance to Organizations, | | | | | | | | | |
|---|---|-----------------------|------------------------------------|--|--------------------------------------|---|---------------------------------------|---------------------------------------|--|--|
| (Form 990) Governments, and Individuals in the United States Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. | | | | | | | - | 2018 | | |
| Department of the Treasury Internal Revenue Service | | | Open to Public Inspection | | | | | | | |
| Content of the industry Content of the industry Internal Revenue Service Content of the industry Name of the organization ACLU Foundation of Texas Inc. | | | | | | | Employer identifi | Employer identification number | | |
| ACLO FOUNDALION OI TEXAS INC. | | | | | | 76-03431 | 76-0343171 | | | |
| Part I General In | formation on G | rants and Assist | ance | | | | | | | |
| the selection crite | eria used to award th | he grants or assistan | ce? | r assistance, the grantees | | | | X Yes No | | |
| | | | | unds in the United States. | | | | | | |
| | | | | and Domestic Gov more than \$5,000. I | | | | | | |
| 1 (a) Name and address or government | ess of organization rnment | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | |
| (1) Transgender Edu | cation Ntwk TX | | | | | | | | | |
| PO_Box 41363 | | | | | | | | Transgender | | |
| Austin, TX 7870 | | 26-3243093 | 501(c)(3) | 12,750. | 0. | | | education | | |
| (2) Texas Impact Ed | ucation Fund | | | | | | | Delisione | | |
| 200 E30th_St Austin, TX 78705 | | 74-2989021 | 501(c)(3) | 15,000. | 0. | | | Religious policy analysis | | |
| (3) Annunciation Ho | | 74 2000021 | 501(0)(3) | 13,000. | 0. | | | porrey anarysis | | |
| 815 Myrtle Ave | | | | | | | | Immigrant/refug | | |
| El Paso, TX 799 | 01 | 74-1152529 | 501(c)(3) | 10,000. | 0. | | | ee support | | |
| <u>(4)</u> | | | | | | | | | | |
| | | | | | | | | | | |
| (5) | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| (6) | | | | | | | | | | |
| | | | | | | | | | | |
| (7) | | | | | | | | | | |
| <u> </u> | | | | | | | | | | |
| | | | | | | | | | | |
| (8) | | | | | | | | | | |
| | | | | | | | | | | |
| 2 Enter total number | r of contion 501(a) | (2) and government a | rappizations listed | in the line 1 table | | | | | | |
| | | | - | | | | | - 3 | | |
| BAA For Paperwork R | - | | | | TEEA3901L | | | le I (Form 990) (2018) | | |

Page 2

 Schedule I (Form 990) (2018)
 ACLU Foundation of Texas Inc.
 76-0343171

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.
 76-0343171

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------------|--------------------------|---------------------------|----------------------------------|---|---------------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| Part IV Supplemental Information. Pro | vide the informatio | ı n required in Part I | , line 2; Part III, co | Iumn (b); and any othe | er additional information. |

| SCHEDULE J | Compensation Information | С | OMB No. 1545-0047 | | | |
|---|---|-----------------------------|-------------------|----------------|--------|--|
| (Form 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated | Employees | 2018 | | | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 23. Attach to Form 990. | | | | Open to Public | | |
| Department of the Treasury Internal Revenue Service | epartment of the Treasury ternal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | |
| Name of the organization | ACLU Foundation of Texas Inc. | Employer identification n | umber | | | |
| | | 76-0343171 | | | | |
| Part I Question | s Regarding Compensation | | | | | |
| 1 a Check the approp VII, Section A, I | priate box(es) if the organization provided any of the following to or for a person listed on For ine 1a. Complete Part III to provide any relevant information regarding these items. | rm 990, Part | | Yes | No | |
| First-class o | r charter travel Housing allowance or residence for | personal use | | | | |
| Travel for companions | | | | | | |
| Tax indemn | ification and gross-up payments Health or social club dues or initiation | on fees | | | | |
| Discretionar | nauffeur, chef) | | | | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | | | | |
| reimbursement | or provision of all of the expenses described above? If 'No,' complete Part III to expla | in | 1 b | | | |
| | tion require substantiation prior to reimbursing or allowing expenses incurred by all d ficers, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | | |
| 3 Indicate which, if CEO/Executive | any, of the following the filing organization used to establish the compensation of the organi Director. Check all that apply. Do not check any boxes for methods used by a related | zation's organization to | | | | |
| | insation of the CEO/Executive Director, but explain in Part III. | | | | | |
| | on committee Written employment contract | | | | | |
| | t compensation consultant X Compensation survey or study | tion committee | | | | |
| | other organizations X Approval by the board or compensations | tion committee | | | | |
| 4 During the year, organization or | did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the fil a related organization: | ling | | | | |
| | ance payment or change-of-control payment? | | | | Х | |
| • | r receive payment from, a supplemental nonqualified retirement plan? r receive payment from, an equity-based compensation arrangement? | | _ | | X X | |
| • | f lines 4a-c, list the persons and provide the applicable amounts for each item in Part | | 40 | | X | |
| | | | | | | |
| Only section 50 | 1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | |
| 5 For persons lister contingent on th | d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens revenues of: | ation | | | | |
| 0 | זר | | | | Х | |
| | anization? | | 5 b | | Х | |
| 6 For persons lister | d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens e net earnings of: | ation | | | | |
| Ũ | n? | | 6 a | | Х | |
| | anization? | | | | X | |
| If 'Yes' on line 6a | or 6b, describe in Part III. | | | | | |
| 7 For persons liste payments not de | ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed escribed on lines 5 and 6? If 'Yes,' describe in Part III. | d | 7 | | Х | |
| 8 Were any amou | nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was su | ubject | | | | |
| to the initial con If 'Yes,' describe | tract exception described in Regulations section 53.4958-4(a)(3)? e in Part III | | 8 | | Х | |
| section 53.4958 | did the organization also follow the rebuttable presumption procedure described in Regulation 6(c)? | | 9 | | | |
| BAA For Paperwork | Reduction Act Notice, see the Instructions for Form 990. | Schedule | J (Forn | n 990) | 2018 | |

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

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

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

| (A) Name and Title | | (B) Breakdown | of W-2 and/or 1099-MIS | SC compensation | | | | (E) Componention |
|--------------------|-------------|--------------------------|-------------------------------------|---|---|----------------------------|--|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns(B)(i)-(D) | (F) Compensatior in column (B) reported as deferred on prior Form 990 |
| Terri Burke | (i) | 117,012. | 0. | 0. | 26,660. | 1,546. | 145,218. | 0. |
| 1 Executive Dir. | (ii) | 50,148. | 0. | 0. | 11,426. | 662. | 62,236. | 0. |
| Andre Segura | (i) | 108,028. | 16,275. | 0. | <u>6,837</u> . | 21,464. | <u> 152,604</u> . | 0. |
| 2 Legal Director | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | + | |
| 3 | (ii) | | | | | | | |
| | (i) | | | | | | + | |
| | (ii) | | | | | | | |
| 5 | (i) (ii) | | + | | | | + | |
| 5 | (i) | | | | | | | |
| 6 | (i) (ii) | | + | | | | + | |
| <u> </u> | (i) | | | | | | | |
| 7 | (ii) | | + | | | | + | |
| | (i) | | | | | | | |
| 8 | (ii) | | + | | | | + | |
| | (i) | | | | | | | |
| 9 | (ii) | | + | | | | + | |
| | (i) | | | | | | | |
| 10 | (ii) | | | | | | └ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ | |
| | (i) | | | | | | | |
| 11 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 13 | (ii) | | | | | | | |
| | (i) | | + | | | | + | |
| <u>14</u> | (ii) | | | | | | | |
| 15 | (i) | | + | | | | + | |
| 15 | (ii) | | | | | | | |
| 10 | (i) | | + | | | | + | |
| 16 BAA | (ii) | | TEEA4102L 10/29 | | | | | J (Form 990) 2018 |

76-0343171

Part III Supplemental Information

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

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

OMB No. 1545-0047

Open to Public Inspection

ACLU Foundation of Texas Inc.

Employer identification number 76-0343171

Form 990, Part III, Line 1 - Organization Mission

The ACLU Foundation of Texas Inc. (ACLU Foundation) advances its mission of affirming and advancing freedom, dignity and equality by defending principles and advancing reforms in systems and institutions that create substantive and transformational change for all people, particularly those who have been historically left out of the promise of America due to systemic oppression, disenfranchisement and discrimination.

Form 990, Part III, Line 4a - Program Service Accomplishments

Immigrant Rights - The ACLU Foundation identifies appropriate entities for litigation, including sexual assault, the mistreatment and denial of adequate medical care to immigrant detainees and prisoners, the unconstitutional treatment of refugees and asylum seekers, the separation of families and detention of parents and children, and the use of racial profiling. In addition, litigation is being investigated around other inappropriate and potentially unconstitutional law enforcement tactics such as violations of the 4th, 5th and 14th amendments by local jurisdictions in the border region. During this period we successfully reversed the federal government's policy of separating migrating families; we launched MigraCam, a smartphone app designed to help people living in immigrant communities notify their family members and friends if detained by law enforcement in a raid or traffic stop that has been downloaded 30,000 times; and successfully enjoined the federal government from gutting asylum protections for immigrants fleeing domestic violence and gang brutality (this case is ongoing).

Form 990, Part III, Line 4b - Program Service Accomplishments

Criminal Law Reform - This program works to end excessively harsh criminal justice policies that result in mass incarceration and stand in the way of a just and equal

| Schedule O (Form 990 or 990-EZ) (2018) | Page 2 |
|--|--------------------------------|
| Name of the organization | Employer identification number |
| ACLU Foundation of Texas Inc. | 76-0343171 |

Form 990, Part III, Line 4b - Program Service Accomplishments

eliminating racial disproportionality, ending the privatization of prisons and jails in Texas, and ending the use of the death penalty in Texas. The ACLU Foundation conducted a public education campaign in Dallas County to encourage voters to learn more about the role of the District Attorney, a campaign that resulted in a 17% increase in voter turnout for the District Attorney race in the targeted areas of the city. The ACLU Foundation also helped fund and support the launch of a speech training program at a historically black university, Texas Southern University, for formerly incarcerated people. The first eight graduates of this certificate program have traveled around the state speaking about their lived experiences with the criminal justice system and have received honoraria for their efforts.

Form 990, Part III, Line 4c - Program Service Accomplishments

Other Programs - LGBT Rights supports legal equality for Lesbian, Gay, Bisexual, and Transgender (LGBT) individuals so every person can openly parent, work, live, and love. LGBT Texans lack the most basic protections against discrimination because of their sexual orientation. Neither federal nor state law bars discrimination on the basis of sexual orientation or gender identity, and as a result, an LGBT Texan has no recourse if an employer, landlord, or shopkeeper discriminates. The goals are to ensure equality and dignity for all students in Texas schools and to repeal policies that force children raised by same-sex couples to be denied legally recognized relationships with both of their parents, leaving them vulnerable to the loss of the relationship with and support of a parent. We have supported with both financial and human resources the Transgender Education Network of Texas, a 501(c) (3) charity, and provided training for high school Gay Straight Alliances as well as pursued legal advocacy in a variety of school districts.

Voting Rights seeks to protect every Texan's legal right to vote in local, statewide,

Form 990, Part III, Line 4c - Program Service Accomplishments

and national elections conducted in the State of Texas. Voter suppression laws have existed for decades prior to the Voting Rights Act of 1964 and continue in the State of Texas to this day. The objectives are to (1) educate the general public about laws designed to suppress voter registration and voter turnout, and (2) if laws suppressing the vote are passed, the ACLU Foundation of Texas works to prevent implementation of the laws by fighting in the state/federal court systems on the basis of constitutionality.

Other programs have focused on conditions on death row, religious freedom and the Banned Book Project, one of the high-profile efforts throughout Texas. This 19-year-old project exposes censorship taking place in our schools, publishes an annual report citing all books challenged or banned by Texas' 1,260 independent school districts, as well as hosts public readings and events in partnership with bookstores and library groups dedicated to raising awareness about censorship in classrooms and school libraries.

Form 990, Part III, Line 4d - Other Program Services Description

Abortion Rights - This program seeks to protect women's rights and access to a safe, legal abortion. It includes protecting and expanding legal safeguards of women's reproductive autonomy through litigation and public policy. The team works to continue to ensure the protections citizens are guaranteed by the U.S. Supreme Court in its decision Whole Women's Health vs. Hellerstedt are not violated; and continue to develop state law theories for future litigation. Other goals include defending against the criminalization of pregnant women and defending against expansion of fetal rights. Finally, an additional goal is to promote policy reforms that enhance reproductive and parental autonomy generally, resituating abortion in that broader framework.

Form 990, Part VI, Line 11b - Form 990 Review Process

The Board President, Treasurer and Attorney Board Member initially review form 990 with the Executive Director and the Finance Manager. The returns are then shared with the entire board.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Board members sign a conflict of interest form each year disclosing potential conflicts. In addition they follow a policy of "disclose, disclose, disclose" when in doubt.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Executive Director's compensation is determined by the Board of Directors. The Personnel Committee makes a compensation recommendation to the Board based on an annual salary survey of 53 ACLU affiliates plus a survey of Executive Director salaries of similar organizations in similar locations. The Board then discusses the recommended compensation, deliberates and votes on approval.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees Compensation for all other employees is determined internally by the Executive Director and the Human Resources Director after a review of comparable Texas organizations and 53 ACLU affiliates nationwide.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The conflict of interest policy and financial statements are available for review upon request.

Form 990, Part VII - Compensation Explanation

Terri Burke

Terri Burke is employed and compensated by the ACLU Foundation of Texas. The ACLU of Texas Inc. pays a portion of her salary based on records of actual time devoted to each organization.

Cheryl Newcomb

Form 990, Part VII - Compensation Explanation (continued)

Cheryl Newcomb is employed and compensated by the ACLU Foundation of Texas. The ACLU of Texas Inc. pays a portion of her salary based on records of actual time devoted to each organization.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2018 Open to Public Inspection

Employer identification number

76-0343171

Department of the Treasury Internal Revenue Service

Name of the organization

ACLU Foundation of Texas Inc.

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

| (a) Name, address, and EIN (if applicable) of disregarded e | ntity | (b) Primary ac | (b) Primary activity | | (c) Legal domicile (state or foreign country) | | (d) Total income | | (e) End-of-year assets | | (f) Direct controlli entity | |
|---|-------------|------------------------------------|-------------------------|--|--|---------|--|---------|---------------------------------|-------|-----------------------------------|---------|
| <u>(1)</u> | | | | | | | | | | | | |
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| Part II Identification of Related Tax-Exempt Out had one or more related tax-exempt org | rganization | ons. Complete s during the ta | if the org x year. | ganization | answered | d 'Yes' | on Form 990 | 0, Part | : IV, line 34, | becau | se it | |
| (a) Name, address, and EIN of related organization | | | Legal dom or foreigr | c) iicile (state n country) | (d) Exempt Code section | | (e) Public charity status (if section 501(c)(3)) | | US Direct controlling entity | | g Sec 512(b) controlled er | |
| (1) ACLU of Texas Inc. PO Box 8306 Houston, TX 77288 76-0343140 | prese | t/promote/ rve civil perties | | ΓX | 501 (c) | (4) | | | N/A | | Yes | No X |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
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BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule **R** (Form 990) 2018 ACLU Foundation of Texas Inc.

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | excluded fro under sect | elated, inco m tax ions | of total | Sha end-c | g) re of of-year sets | Dispr tior | h) ropor- nate itions? | (i) Code V-UBI amount in bo 20 of Schedul K-1 (Form | | al or I ging | (k) Percentage ownership |
|---|--------------------------------|--|---|-------------------------------------|-------------------------------|---------------------|--------------|---------------------------------------|---------------|---------------------------------|---|-------------------------|-----------------|---------------------------------------|
| | | country) | | 512-514 |) | | | | Yes | No | 1065) | Yes | No | |
| <u>(1)</u> | | | | | | | | | | | | | | |
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| | of Related Organ | nizations | Tavahlo as | a Corporatio | n or Trust C | omplete | if the c | vraaniza | tion a | ncwa | red 'Yes' on | Form 99 | 0 Par | + 1\/ |
| Part IV Identification of line 34, because | se it had one or | more rela | ated organiz | zations treate | d as a corpora | ation or | trust du | uring the | tax y | ear. | | 1 0111 33 | 0, 1 01 | ιν, |
| (a) Name, address, and EIN | | | (b) | (c) | _(d) | _ (e | e) | (f) | | | (g) are of end-of- | (h) | | (i) i12(b)(13) |
| Name, address, and EIN | of related organizat | ion Prim | ary activity | Legal dómicile (state or foreign | Direct controlling | Type or (C corp, | , S corp, | Share total in | | | are of end-of- year assets | Percentage ownership | Sec 5 contro | o12(b)(13) lled entity? |
| | | | | country) | entity | or tr | rust) | | | | - | | Yes | No |
| (1) | | | | | | | | | | | | | | |
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Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | Yes | No | | | | |
|---|---------------------------|---------------------------|-----------------------|---------------------|----------|--|--|--|--|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations list | sted in Parts II-IV? | | | | | | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | 1 a | | Х | | | | |
| b Gift, grant, or capital contribution to related organization(s) | | | 1 b | | Х | | | | |
| c Gift, grant, or capital contribution from related organization(s) | | | 1 c | | Х | | | | |
| d Loans or loan guarantees to or for related organization(s) | | | 1 d | | Х | | | | |
| e Loans or loan guarantees by related organization(s) | | | 1 e | | Х | | | | |
| | | | | | | | | | |
| f Dividends from related organization(s) | | | 1 f | | Х | | | | |
| g Sale of assets to related organization(s) | | | 1 g | | Х | | | | |
| h Purchase of assets from related organization(s) | | | 1 h | | Х | | | | |
| i Exchange of assets with related organization(s) | | | 1i | | Х | | | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | 1j | | Х | | | | |
| | | | | | | | | | |
| k Lease of facilities, equipment, or other assets from related organization(s). | | | | | | | | | |
| I 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) | | | | | | | | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | | | |
| o Sharing of paid employees with related organization(s) | | | | | | | | | |
| | | | | | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | | | | | | | | |
| q Reimbursement paid by related organization(s) for expenses. | | | 1 q | Х | | | | | |
| | | | | | | | | | |
| r Other transfer of cash or property to related organization(s). | | | 1r | | Х | | | | |
| s Other transfer of cash or property from related organization(s) | | | 1s | | Х | | | | |
| 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cover | ed relationships and tran | saction thresholds. | | | , | | | | |
| (a) Name of related organization | (b) Transaction | (c) Amount involved Me | (c hod of c | 1) detern | nining | | | | |
| | type (a-s) | i | amount | involv | ed | | | | |
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| BAA TEEA5003L 06/07/18 | | Schedule | R (Forn | n 990) | 2018 | | | | |

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | income (related, unre- lated, excluded | icome sect ied, unre- 501(d . excluded organiza | | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership | |
|---|--------------------------------|---|--|---|----|--|---|--|----|--|---|----|---------------------------------------|--|
| | | | from tax under sections 512-514) | Yes | No | | | Yes | No | 、 , , | Yes | No | Ī | |
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Part VII Supplemental Information.

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