# EXTENDED TO FEBRUARY 15, 2024 Return of Organization Exempt From Income Tax

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

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 Public Inspection

Α	רטו נוופ	2022 Calendar year, or tax year beginning APK 1, 2022 and	ending M	IAR 31, 2023					
В	Check if applicable	AMERICAN CIVIL LIBERIIES UNION OF OHIO	0	D Employer identific	cation number				
Ļ	Addres								
L	Name change	•		**-***7105					
	Initial return Final return/	4506 CHESTER AVENUE	Room/suite	E Telephone numbe (614) 58					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,443,887.				
	Ameno return	ded CLEVELAND, OH 44103		H(a) Is this a group re	eturn				
	Applic tion	F Name and address of principal officer: J • BENNETT GUESS		for subordinates					
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in					
$\overline{\Gamma}$	Tax-exe	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1) of the status is $(3.5)$	or 527	1	list. See instructions				
	Websit			H(c) Group exemptio					
		organization: X Corporation Trust Association Other	I Year		N State of legal domicile: OH				
	art I	Summary		- 1	, cuito or rogar dominono,				
		Briefly describe the organization's mission or most significant activities: ADVA	NCE SC	CIAL, RACIA	L. ECONOMIC				
Activities & Governance	'	AND GENDER EQUITY BY PROTECTING AND EXPA	NDING	INDIVIDUAL	RIGHTS.				
naı		Check this box if the organization discontinued its operations or dispose							
Ve	1			3	19				
ဇ္		Number of independent voting members of the governing body (Fart VI, line 1b)			19				
∞ ∽		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			38				
ij					4049				
Ę		2,			0.				
¥		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	B	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	Current Year				
		Contributions and grants (Dort \/III line 1h)		5,623,299.	2,125,071.				
ine		Contributions and grants (Part VIII, line 1h)		211,993.	0.				
Revenue		Program service revenue (Part VIII, line 2g)		1,248,939.	262,389.				
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		34,560.	308,248.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,118,791.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			2,695,708.				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		500,000.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,643,987.	1,671,066.				
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  318,8		0.	0.				
×	b			1 055 500	885 568				
ш	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,255,528.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,399,515.	2,446,633.				
	19	Revenue less expenses. Subtract line 18 from line 12		3,719,276.	249,075.				
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year				
sset	20	Total assets (Part X, line 16)		15,208,138.	15,004,202.				
A A	21	Total liabilities (Part X, line 26)		724,066.	766,960.				
		Net assets or fund balances. Subtract line 21 from line 20		14,484,072.	14,237,242.				
	art II	Signature Block							
		lties of perjury, I declare that I have examined this return, including accompanying schedule		•	y knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer						
		an fourth			06/23				
Sig		Signature of officer		Date					
He	re	ANN ROWLETT, DEPUTY DIRECTOR							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Pai	d	SUSAN D. KRANTZ SUSAN D. KRANTZ	1	.2/06/23 self-employ					
Pre	parer	Firm's name ZINNER & CO. LLP		Firm's EIN *	*-***3731				
Use	Only	Firm's address 3201 ENTERPRISE PARKWAY, SUITE 4	10						
		CLEVELAND, OH 44122-7329		Phone no.21	6-831-0733				
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No				

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ACLU OF OHIO FOUNDATION LEVERAGES ADVOCACY, LITIGATION, AND PUBLIC
	EDUCATION TO CHAMPION FAIRNESS, FREEDOM AND JUSTICE FOR ALL AS
	GUARANTEED UNDER THE CONSTITUTION AND THE LAWS OF THE U.S.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	prior Form 990 or 990-EZ? Yes \(\tilde{\X}\) No  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 520,434 • including grants of \$) (Revenue \$)
	THROUGH DIRECT LEGAL REPRESENTATION AND AMICUS BRIEFS, THE ACLU OF OHIO
	FOUNDATION'S LITIGATION PROGRAM HAS ADVOCATED FOR OHIOANS IN THE
	FOLLOWING AREAS, AMONG OTHERS: VOTING RIGHTS; REPRODUCTIVE RIGHTS; FREE
	SPEECH; CRIMINAL JUSTICE; LGBTQ RIGHTS.
4b	(Code: ) (Expenses \$ 1,092,354 • including grants of \$ ) (Revenue \$
	THE ACLU OF OHIO FOUNDATION EMPLOYS A VARIETY OF ADVOCACY AND
	EDUCATIONAL TOOLS TO PROMOTE CIVIL LIBERTIES AND RACIAL JUSTICE,
	INCLUDING COALITION-BUILDING AND COMMUNITY PARTNER COLLABORATION;
	SOCIAL AND TRADITIONAL MEDIA; COMMUNITY FORUMS; AN EXPANSIVE WEBSITE; A
	SPEAKER'S BUREAU; PRINT PUBLICATIONS; TABLING AND EXHIBITS. WE ALSO
	RESPOND TO HUNDREDS OF INFORMATION REQUESTS ANNUALLY. RECENT OUTREACH
	EFFORTS HAVE FOCUSED ON THE TOPICS OF POLITICAL PARTICIPATION AND
	VOTING RIGHTS; REPRODUCTIVE JUSTICE; MASS INCARCERATION AND BAIL
	REFORM; NONDISCRIMINATION FOR LGBTQ CITIZENS; AND JUVENILE JUSTICE, AMONG OTHERS.
	AMONG CITERS.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
	/ (LApprison y Lapprison y Lap
<u></u>	Other program continue (Deceribe on Cabadula O.)
<del>4</del> 0	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 1,612,788.

Form **990** (2022)

\*\*-\*\*\*7105

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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? If "Yes," complete Schedule C, Part 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 Rev. Proc. 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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b	Х	
С	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	11c		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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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
14a	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? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

\*\*-\*\*\*7105

Form 990 (2022) FOUNDATION, INC.

Part IV | Checklist of Required Schedules (continued)

ı u	Officerist of nequired Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	
24.5	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	21	
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		х
h	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If	28b		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ĺ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7.7
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	L 22	
u				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 15		163	140
b	The state that the state of the			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 36	3							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
	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?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-							
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders	-							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
40-	amounts due or received from them.)	40-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a							
		_							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a							
а	Note: See the instructions for additional information the organization must report on Schedule O.	ISa							
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
D	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payments; if the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.15	1						
.0	excess parachute payment(s) during the year?	15		х					
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

232005 12-13-22

Form 990 (2022)

\*\*-\*\*\*7105

Page 6

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

_	Check if Schedule O contains a response or note to any line in this Part VI				X				
Sec	tion A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	.9						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b 3	.9						
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?		. 2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person? $\dots$		. 3		X				
4	$\label{eq:decomposition} \mbox{ Did the organization make any significant changes to its governing documents since the prior Form}$	990 was filed?	. 4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	. 5		X				
6	Did the organization have members or stockholders?		. 6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or							
	more members of the governing body?		. 7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or							
	persons other than the governing body?		. 7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:							
а	The governing body?		. 8a	X					
b	Each committee with authority to act on behalf of the governing body?		. 8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)							
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{\cdot}$		. 10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form?	11a	X					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?	. 12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	Yes," describe							
	on Schedule O how this was done		120						
13	Did the organization have a written whistleblower policy?		. 13	X					
14	Did the organization have a written document retention and destruction policy?		. 14	X					
15	Did the process for determining compensation of the following persons include a review and approve	al by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?							
	The organization's CEO, Executive Director, or top management official		15a	_	<u> </u>				
b	Other officers or key employees of the organization		. 15b	X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a							
	taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	·							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's							
	exempt status with respect to such arrangements?		. 16b						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed OH								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (section 501(c	(3)s on	y) avai	lable				
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website X Another's website X Upon request Upon request	n on Schedule O)							
19	$ \label{eq:constraint} Describe on Schedule O whether (and if so, how) the organization made its governing documents, constraints of the const$	onflict of interest policy,	and fina	ancial					
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records							
	ANN ROWLETT - 614-586-1959								
	4506 CHESTER AVENUE, CLEVELAND, OH 44103								

#### Form 990 (2022)

FOUNDATION, INC.

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	aniza	ation	COI	npe	nsa	ted any current officer, o	director, or trustee.	
(A)	(B)			((	<b>C)</b>			(D)	(E)	(F)
Name and title	Average		Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson irecto	is bot or/trus	h an tee)	compensation	compensation	amount of
	week	_					, 	from	from related	other compensation
	(list any hours for	director				_		the organization	organizations (W-2/1099-MISC/	from the
	related	e or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,	and related
	below	/idual	tution	-e	Key employee	est co loyee	Je.			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) ASHLEY LOGAN	1.00	ļ								
DIRECTOR	1.00	Х						0.	0.	0.
(2) CHERYL LINDSAY	1.00	l								
DIRECTOR		Х						0.	0.	0.
(3) CURTIS MAPLES	1.00								_	0
EQUITY OFFICER		Х						0.	0.	0.
(4) DANIEL CHAND	1.00	,,								0
DIRECTOR		Х						0.	0.	0.
(5) DESHAUNA LEE	1.00	<b>.</b> ,						0.	_	0
DIRECTOR	1.00	Х						0.	0.	0.
(6) JACK GUTTENBERG		x						0.	0.	0.
DIRECTOR	1.00	^					_	0.	0.	0.
(7) JUTHIKA PAL DIRECTOR		x						0.	0.	0.
(8) LACHELLE SIMMONS	1.00	Δ			_		_	0.	0.	<u> </u>
DIRECTOR		Х						0.	0.	0.
(9) LARRY HAYMAN	1.00	25							0.	<u> </u>
DIRECTOR		x						0.	0.	0.
(10) LAURA GOLD	1.00									
DIRECTOR		x						0.	0.	0.
(11) LINDSEY DANZIGER	1.00							-		
DIRECTOR	1.00	Х						0.	0.	0.
(12) LLOYD SNYDER	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(13) MATT SOMOGYE	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(14) NICHOLE OOCUMMA	1.00									
DIRECTOR	1.00							0.	0.	0.
(15) PAUL MOKE	1.00									
DIRECTOR	1.00							0.	0.	0.
(16) TERRI ENNS	1.00									
DIRECTOR	1.00							0.	0.	0.
(16) ADARSH KRISHEN	1.00								_	_
TREASURER	1.00	Х		Х				0.	0.	0.

232007 12-13-22

Form **990** (2022)

Part VII Section A. Officers, Directors, To	rustees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	ompensated Employe	es (continued)	
(A)	(B)	(D)	(E)	(F)						
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than	th an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(17) EBONY SPEAKES-HALL	1.00									
PRESIDENT	1.00	Х		Х				0.	0.	0.
(18) DARLENE ENGLISH	1.00									
NATIONAL BOARD REPRESENTAT	1.00	Х		Х				0.	0.	0.
(20) ERIK MEINHARDT	1.00									
VICE PRESIDENT/SECRETARY	1.00	Х		Х				0.	0.	0.
(21) MATTHEW BESSER	1.00									
GENERAL COUNSEL	1.00	Х		Х				0.	0.	0.
(22) LAURIE BRIGGS	1.00									
ASSOCIATE GENERAL COUNSEL	1.00	Х		Х				0.	0.	0.
(23) SUSAN BECKER	1.00									
ASSOCIATE GENERAL COUNSEL	1.00	Х		Х				0.	0.	0.
(24) FREDA LEVENSON	36.00									
LEGAL DIRECTOR	4.00					X		140,126.	0.	6,663.
(25) ANN ROWLETT	27.20									
DEPUTY DIRECTOR	4.80			Х				137,066.	0.	19,796.
(26) J. BENNETT GUESS	16.00									
EXECUTIVE DIRECTOR	24.00			Х				168,391.	0.	7,669.
1b Subtotal								445,583.	0.	34,128.
c Total from continuation sheets to Part	t VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								445,583.	0.	34,128.

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

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

The organization response and results calculate your ortaining that or that in organization or tax your									
(A) Name and business address	(B) Description of services	(C) Compensation							
WEILER-BOWEN, LTD									
P.O. BOX 6030, HILLIARD, OH 43026	RENT	109,290.							
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than								

Form **990** (2022)

\$100,000 of compensation from the organization

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè éxcluded Unrelated Total revenue Related or exempt from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b c Fundraising events 1c 2,077 d Related organizations ..... 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 2,122,994 1f g Noncash contributions included in lines 1a-1f 1g |\$ 2,125,071 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 284,278. other similar amounts) 284,278 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 61,920 6 a Gross rents **b** Less: rental expenses ... 6b 61,920. c Rental income or (loss) 61,920 61,920 d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 1,726,290 assets other than inventory **b** Less: cost or other basis Other Revenue 1,748,179 7b and sales expenses c Gain or (loss) -21,889. -21,889 -21,889. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a REVENUE SHARING WITH NATIONAL 900099 246,328 246,328 b d All other revenue 246,328 e Total. Add lines 11a-11d ...

262,389.

2,695,708

Total revenue. See instructions

308,248

#### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to anv line in	this Part IX		
Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	367,960.	257,572.	55,194.	55,194
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	894,091.	625,864.	134,113.	134,114
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	34,668.	24,268.	5,200.	5,200
9	Other employee benefits	278,522.	194,965.	41,779.	5,200 41,778
10	Payroll taxes	95,825.	67,078.	14,373.	14,374
11	Fees for services (nonemployees):	-	-	-	-
	Management	8,380.			8,380
b	Legal	2,882.	2,882.		
	Accounting		•		
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	20,657.		20,657.	
g	Other. (If line 11g amount exceeds 10% of line 25,	•		,	
9	column (A), amount, list line 11g expenses on Sch 0.)	175,842.	159,085.		16,757
12	Advertising and promotion	.,	,		. , .
13	Office expenses	81,559.	48,935.	29,362.	3,262
14	Information technology	39,620.	27,734.	5,943.	5,943
15	Royalties	00,000		7,7,200	0 / 0 20
16		94,834.	66,384.	14,225.	14,225
17	Occupancy	35,714.	30,357.	4,643.	714
18	Travel Payments of travel or entertainment expenses	3377220	3073370	2,0100	,
10					
10	for any federal, state, or local public officials	20,989.	12,593.	2,099.	6,297
19 20	Conferences, conventions, and meetings	20,000.	12,000	2,000.	0,201
	Payments to affiliates			+	
21	Depreciation, depletion, and amortization	34,677.	24,274.	5,202.	5,201
22		16,005.	11,204.	2,400.	2,401
23 24	Other expenses. Itemize expenses not covered	10,000.	11,2V1•	2,400	2,401
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	ENDOWMENT FUND LOSS ALL	164,974.		164,974.	
b	PRINTING AND PUBLICATIO	49,534.	34,178.	14,860.	496
С	DUES AND SUBSCRIPTIONS	29,900.	25,415.	0.	4,485
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,446,633.	1,612,788.	515,024.	318,821
	Joint costs. Complete this line only if the organization				
26					
26	reported in column (B) joint costs from a combined	I	1		
26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,768,399.	2	1,346,404
	3	Pledges and grants receivable, net			1,484,697.	3	1,858,535
	4	Accounts receivable, net				4	0
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqu	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			76,332.	9	49,844
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	1,656,343.			
	b	Less: accumulated depreciation	10b	824,607.	866,412.	10c	831,736
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			11,012,298.	12	10,397,423
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	520,260
	16	Total assets. Add lines 1 through 15 (must ed			15,208,138.	16	15,004,202
	17	Accounts payable and accrued expenses		342,139.	17	236,471	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
S	22	Loans and other payables to any current or fo	rmer offic	er, director,			
Ĭ		trustee, key employee, creator or founder, suk	ostantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese perso	ons		22	
_	23	Secured mortgages and notes payable to unr	elated thir	d parties		23	
	24	Unsecured notes and loans payable to unrela	ted third p	oarties		24	
	25	Other liabilities (including federal income tax, )	oayables t	to related third			
		parties, and other liabilities not included on lin	es 17-24).	. Complete Part X			
		of Schedule D	381,927.	25	530,489		
	26	Total liabilities. Add lines 17 through 25			724,066.	26	766,960
ιo.		Organizations that follow FASB ASC 958, c	heck here	e X			
Ö		and complete lines 27, 28, 32, and 33.					
ııaı	27	Net assets without donor restrictions			8,163,082.	27	8,242,322
ŏ	28	Net assets with donor restrictions		<u></u>	6,320,990.	28	5,994,920
		Organizations that do not follow FASB ASC	958, che	ck here			
Ī		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fund	ds			29	
SSE	30	Paid-in or capital surplus, or land, building, or	equipmen	it fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	income, c	or other funds		31	
Š	32	Total net assets or fund balances			14,484,072.	32	14,237,242
	33	Total liabilities and net assets/fund balances			15,208,138.	33	15,004,202

Form **990** (2022)

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	2,69		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,44		
3	Revenue less expenses. Subtract line 2 from line 1	3			75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,48		
5	Net unrealized gains (losses) on investments	5	-49	5,9	<u>05.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	14,23	<u>7,2</u>	<u>42.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				LX.
				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 on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open
Ins

OMB No. 1545-0047

Open to Public Inspection

AMERICAN CIVIL LIBERTIES UNION OF OHIO Name of the organization Employer identification number \*\*-\*\*\*7105 FOUNDATION, INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

\*\*-\*\*\*7105 Page 2

### 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.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1,337,104.	1,742,551.	3,365,942.	5,623,299.	2,125,071.	14,193,967.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	1,337,104.	1,742,551.	3,365,942.	5,623,299.	2,125,071.	14,193,967.		
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)						4,092,872.		
_6	Public support. Subtract line 5 from line 4.						10,101,095.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	1,337,104.	1,742,551.	3,365,942.	5,623,299.	2,125,071.	14,193,967.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	916,289.	218,908.	216,017.	241,179.	284,278.	1,876,671.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital	245 564	000 040	E01 E22		046 200			
	assets (Explain in Part VI.)	345,764.	279,247.	791,533.		246,328.			
11	<b>Total support.</b> Add lines 7 through 10						17,733,510.		
12	Gross receipts from related activities,	•	,			12	432,537.		
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)			
800	organization, check this box and storection C. Computation of Publ						<u></u>		
				l (f)		44	56.96 %		
	Public support percentage for 2022 (					15	<u> </u>		
	Public support percentage from 2021 33 1/3% support test - 2022. If the o								
104	stop here. The organization qualifies								
h	33 1/3% support test - 2021. If the o								
~	and <b>stop here.</b> The organization qual								
<b>17</b> a	10% -facts-and-circumstances tes								
., .	and if the organization meets the fact								
	meets the facts-and-circumstances to				-	viriow the organiza			
b	10% -facts-and-circumstances tes	•			•				
~	more, and if the organization meets the								
	organization meets the facts-and-circ				-				
18	Private foundation. If the organization								

Schedule A (Form 990) 2022

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	qualify under the tests listed better the tests listed better the tests listed better the tests listed between the tests	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(a) 2020	(4) 2021	(a) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2016	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	inace under coetion E10						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	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 on 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.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here		<u></u>				
	tion C. Computation of Publ					11	
	Public support percentage for 2022 (					15	<u>%</u>
	Public support percentage from 2021 etion D. Computation of Investigation					16	<u>%</u>
	•					17	0/
	Investment income percentage for 20					<del>                                      </del>	%
	Investment income percentage from 3 3 1/3% support tests - 2022. If the					18	% 17 is not
เฮส							
<b>L</b>	more than 33 1/3%, check this box a 33 1/3% support tests - 2021. If the						
D	<b>33 1/3% support tests - 2021.</b> If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	atc roundation. If the organization	II GIG HOL OHEUN A	. 201 UII UI 14, 18	a, or rob, oricon t	וווט טטא מווע סכב ווו	J. 404010	

232023 12-09-22

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 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.)

		3.5	
1		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	TU		
	4c		
	5a		
	Ju		
	5b		
	5c		
	6		
	J		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	40		
	10a		
	10b		
ule	A (Forn	n 990	2022

Da	rt IV Supporting Organizations (continued)		- 10	190 <b>0</b>
Ра	rt IV Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	4.4		
	11c below, the governing body of a supported organization?	11a	$\vdash \vdash \vdash$	<u> </u>
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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).	2		
3	By reason of the relationship described on line 2, above, 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		
Sec	tion 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 yea(see instructions)	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	1	Yes	No
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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Lu		
5	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
IJ	sia and organization exercise a easetantial aegive of allection ever the policies, programs, and activities of each			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990) 2022

instructions).

Sch	edule A (Form 990) 2022 FOUNDATION, I				/105 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	1)	
Sec	tion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity		2	2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s 3	3	
4	Amounts paid to acquire exempt-use assets	4	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	5	5		
6	Other distributions (describe in Part VI). See instructions.		6	6	
7	Total annual distributions. Add lines 1 through 6.		7	7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.	8	3		
9	Distributable amount for 2022 from Section C, line 6	9	9		
10	Line 8 amount divided by line 9 amount	10	o 🗌		
		(i)	(ii)		(iii)

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
C	Excess from 2020			
d	Excess from 2021			
<u> </u>	Excess from 2022			

Schedule A (Form 990) 2022

#### AMERICAN CIVIL LIBERTIES UNION OF OHIO FOUNDATION, INC.

Schedule A (Form 990) 2022 Part VI Supplemental 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.)

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Name of the organization

Organization type (check one):

AMERICAN CIVIL LIBERTIES UNION OF OHIO FOUNDATION, INC.

Employer identification number

\*\*-\*\*\*7105

Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
, ,	ation is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
-	ization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or many one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509 contributor, o	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), 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.						
contributor, or ec	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 <b>General Rule</b> 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), 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).							

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2022)

#### SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

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

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

Nam	FOUNDAT	N CIVIL LIBERTI			mployer identification number **-***7105
Pa	rt I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527	7 organization.
2 3	Provide a description of the organize Political campaign activity expenditively Volunteer hours for political campa	tures ign activities			
	rt I-B Complete if the org	<u> </u>		•	
2 3 4a	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made?	incurred by organization mana on 4955 tax, did it file Form 472	gers under section 4955 0 for this year?		Yes No
Pa	rt I-C Complete if the org	ganization is exempt un	der section 501(c),	except section 50	01(c)(3).
2	Enter the amount directly expende Enter the amount of the filing organ exempt function activities	nization's funds contributed to c	other organizations for se	ection 527	
	Total exempt function expenditures line 17b  Did the filing organization file <b>Form</b> Enter the names, addresses and en	1120-POL for this year?			Yes No
-	made payments. For each organization contributions received that were propolitical action committee (PAC). If	ation listed, enter the amount par comptly and directly delivered to	aid from the filing organiz o a separate political orga	zation's funds. Also ente anization, such as a sep	er the amount of political
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid froi filing organization's funds. If none, enter	contributions received and

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

**_	* *	* * 7	10	5	Page 2
-----	-----	-------	----	---	--------

Scriedule C (Form 990) 2022	FOUND.	ATTON,	111C •	n E04/a\/0\ arr -l 4:1		/105 Page 2
Part II-A Complete if the org	janizatio	on is exer	npt under sectio	n sun(c)(s) and til	ea rorm 5/68 (ei	ection under
section 501(h)).	اما مرمئات		liakad awayna (awad 11-4 in	Doub IV a a a b a 66111 - 41		a adduses FINI
				Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha		, ,	• ′	violene enstr		
B Check if the filing organiza	ition cneck	ed box A ar	nd "limited control" pro	ovisions apply.	(a) Filip a	(la) Affiliate al avec va
		oying Exper leans amou	nditures ints paid or incurred.	)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to infl	uence pub	lic opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to infl	uence a le	gislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add I				ī	0.	
<b>d</b> Other exempt purpose expenditur				Ī		
e Total exempt purpose expenditure					0.	
f Lobbying nontaxable amount. Ent					0.	
If the amount on line 1e, column (a) of			bying nontaxable am			
Not over \$500,000	., -		the amount on line 1e.			
Over \$500,000 but not over \$1,00	0.000		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exc	· · · · · · · · · · · · · · · · · · ·		
Over \$1,500,000 but not over \$17			0 plus 5% of the exce	——————————————————————————————————————		
Over \$17,000,000	,000,000	\$1,000,000.				
3101 \$11,000,000		Ψ1,000,0	555.			
g Grassroots nontaxable amount (er	nter 25% o	f line 1f)			0.	
h Subtract line 1g from line 1a. If zer		, ,		ï		
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than ze						
reporting section 4911 tax for this	_		· ·			Yes No
reperting economics in teacher time	•		raging Period Under			
(Some organizations t	hat made	a section 5		have to complete all	of the five columns b	elow.
	Lobk	ying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) :	2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
6 Ousselve ste labby in a sympositity was	l					

Schedule C (Form 990) 2022

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	5047.)/	·=\		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(	5), or se		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 50			- 4.5	
ı uı	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures).	cal			
_	expenses for which the section 527(f) tax was paid).		20		
	Current year				
	Carryover from last year		_		
	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		—		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par			5		
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	list); Part II-	A, lines 1 a	and 2 (See	

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

AMERICAN CIVIL LIBERTIES UNION OF OHIO FOUNDATION, INC.

**Employer identification number** \*\*-\*\*\*7105

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Officialities, in	(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			. ,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advise	d funds
	are the organization's property, subject to the organization's	~		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose c	onferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply	) <u>.</u>	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		□ Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contri	oution in the form o	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	•		
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		ction, handling of	
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcina consonyati	on agraments during the year
•	Amount of expenses incurred in monitoring, inspecting, hard	aling of violations, and e	morchig conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footi	note to the organization	s financial stateme	nts that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	· ·	easures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul	·	•	•
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furthe	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			gain, provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

232051 09-01-22

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

Schedule D (Form 990) 2022

	rt III   Organizations Maintaining C	ollections of Ar	t Historical Tr	easures or (	)ther	Simila		ts/contin		age ∠
3	Using the organization's acquisition, accession								iueu)	
3		on, and other record	s, check any or the	Tollowing that the	ake sigi	IIICant	use of its			
а	collection items (check all that apply):  Public exhibition	d	Loan or ove	hange program						
b	Scholarly research	e e	Other	nange program						
	Preservation for future generations	e								
C 4		Mostions and synlair	how thou further t	ho organization's	ovomn	t nurna	oo in Dor	· VIII		
4 5	Provide a description of the organization's co						ise III Fai	ı AIII.		
3	During the year, did the organization solicit or		•	•				Yes		No
Pa	to be sold to raise funds rather than to be mart IV Escrow and Custodial Arrange									<u> </u>
ı u	reported an amount on Form 990, Par		te ii the organizatio	irranswered res	OIIF	000	, rait iv,	iii le 9, oi		
12	Is the organization an agent, trustee, custodi		iany for contribution	e or other accets	not in	cludod				
Id								Yes		No
<b>L</b>	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII a							_ res		] NO
D	ii res, explain the arrangement in Part Alli a	and complete the for	llowing table.					Amoun	<u> </u>	
_	Deginning helenes					10		Amoun		
	Beginning balance					1c				
	Additions during the year					1d				
_	Distributions during the year					1e 1f				
f 20	Ending balance					-		Yes		No
	If "Yes," explain the arrangement in Part XIII.				-					ן ועט ן
	rt V Endowment Funds. Complete if									
		(a) Current year	(b) Prior year	(c) Two years ba			ears back	(e) Four	vears	hack
10	Beginning of year balance	5,224,168.	5,217,428.	<u> </u>			48,824.		,216,	
	T	0.	1,896.			=,=	10,021.	-	, 210,	040.
	Contributions	-459,075.	4,844.			-5	18,339.	9 -6		016.
	Net investment earnings, gains, and losses	435,073.	4,044.	1,300,0	-		10,337.		- 00,	010.
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
· ·	Administrative expenses	4,765,093.	5,224,168.	5,217,4	2.8	3 6	30,485.	1	,148,	824
9	End of year balance				20.	3,0	30,403.	4	,140,	024.
2	Provide the estimated percentage of the curr	ent year end balanc		a)) neid as:						
a	Board designated or quasi-endowment  Permanent endowment 100.0000	0/	_%							
		<u></u> %								
C		%								
20	The percentages on lines 2a, 2b, and 2c show	•	ation that are hold a	nd administared	for the					
Sa	Are there endowment funds not in the posse	SSION OF THE ORGANIZA	alion mai are neio a	ina administered	ioi tile			ſ	Yes	No
	organization by:							20(1)	X	
	(i) Unrelated organizations							3a(i)		Х
h	(ii) Related organizations							3a(ii)		
4	Describe in Part XIII the intended uses of the							3b		
_	rt VI Land, Buildings, and Equipm		willetti turius.							
ı u	Complete if the organization answered		Dart IV line 11a	See Form 990 Pr	nt Y lin	a 10				
		1	<u> </u>	1			<u> </u>	/d\ Doo	c volu	
	Description of property	(a) Cost or of basis (investment)	, ,	(other)		umulate ciation	۵	( <b>d</b> ) Boo	k value	3
	Lond	,		5,400.	uepie	CIALIUIT		20	5,4	00
	Land			6,377.	5.0	0,71	18		5, <del>4</del> 5,6	
	Buildings			0,831.		$\frac{10,71}{52,34}$			8,4	
	Leasehold improvements			3,735.		1,54		3 3	$\frac{3,4}{2,1}$	<del>gn</del>
	Equipment			3,733.		±, J.	<del>- 7 •   -</del>		, T	<del></del>
	Other  L Add lines 1a through 1e (Column (d) must e		V column (P) line 1	100.)				৪২	1,7	36

Schedule D (Form 990) 2022

AMERICAN CI	VIL LIBERTIES	UNION OF OHIO	
Schedule D (Form 990) 2022 FOUNDATION,	INC.	* *	-***7105 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) ENDOWMENT - BOARD			
(B) DESIGNATED	320,426.	END-OF-YEAR MARKET	' VALUE
(C) ENDOWMENT FUND ALLOCATION			
(D) FROM NATIONAL ACLU	4,765,094.	END-OF-YEAR MARKET	VALUE
(E) MONEYMARKET ACCOUNT	508,370.	END-OF-YEAR MARKET	
IDA DINAMATAI ADDUTADA	971,605.	END-OF-YEAR MARKET	
TIDG BINANGIAL GERITGEG	343,704.	END-OF-YEAR MARKET	
	864,907.	END-OF-YEAR MARKET	
	10,397,423.	END-OF-TEAK MARKET	VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	10,337,443.		
Part VIII Investments - Program Related.	F 000 D+ N/ K	14 - O - Faver 000 Bart V Ba - 10	
Complete if the organization answered "Yes"			-1
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
Part X Other Liabilities.	<i>5 10.)</i>		
Complete if the organization answered "Yes"	on Form 990 Part IV line:	110 or 11f Soo Form 990 Part V line 2	<u> </u>
. (a) Description of liability	OITT OITH 990, FAILTV, IIIIe	The of Thi. See Form 990, Fart A, line 25	(b) Book value
1, (, , ,			(b) DOOK Value
(1) Federal income taxes			0 500
(2) A/P NATIONAL			8,529.
(3) LEASE LIABILITY			521,960.
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2022

530,489.

31

\*\*-\*\*\*71<u>05 Page 4</u>

Pai	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	S	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Pa	rt XII Reconciliation of Expenses per Audited Financia	I Statements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II	ne 18.)	5	
	rt XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		art 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 provi	de any additional information.		
-				
-				

\*\*-\*\*\*7105 Page **5** FOUNDATION, Schedule D (Form 990) INC. Part XIII Supplemental Information (continued) Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value UBS FINANCIAL SERVICES 117,461. FMV 2,505,856. UBS FINANCIAL SERVICES FMV

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

AMERICAN CIVIL LIBERTIES UNION OF OHIO FOUNDATION, INC.

Employer identification number \*\*-\*\*\*7105

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	Form 990 of other organizations  LA Approval by the board or compensation committee			
	Desire the control of the second listed on Form 2000 Destable A. For the with second to the filter			
4				
_		10		Х
a h		4a 4b		X
0		4c		X
·		1		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel   Housing allowance or residence for personal use   Travel for companions   Payments for business use of personal residence   Travel for companions   Payments for business use of personal residence   Travel for companions   Payments for business use of personal residence   Travel for companions   Payments for business use of personal residence   Travel for companions   Payments for business use of personal residence   Payments for business use of personal residence   Payments for business use of personal residence   Payments for business or initiation fees   Payments for business and chauffeur, cheft   Payments for provision of all of the expenses described above? If "No," complete Part III to explain   Payments for business and companion of all of the expenses described above? If "No," complete Part III to explain   Payments for payment or elimbursement or provision of all of the expenses described above? If "No," complete Part III to explain   Payments for payments or elimbursements and officers, including the cEc/Executive Director, regarding the items checked on line 1a?   Payments for payments and officers, including the organization or business and officers, including the organization to establish tompensation orbitate   Written employment contract   Written employment form a supplemental nonqualified retirement plan?   Participate in or receive payment from a supplemental nonqualified retirement plan?   Partici			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5				
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				7.7
		7		X
8				37
_		8		X
9				
	Regulations section 53.4958-6(c)?	9	ı	ĺ

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANN ROWLETT	(i)	106,492.	0.	30,574.	19,796.	0.		0.
DEPUTY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) J. BENNETT GUESS	(i)	137,817.	0.	30,574.	7,669.	0.	•	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

Schedule J (Form 990) 2022

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

AMERICAN CIVIL LIBERTIES UNION OF OHIO INC. FOUNDATION,

**Employer identification number** \*\*-\*\*\*7105

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE ORGANIZATION NO LONGER CONDUCTED THE FOLLOWING PROGRAM FOR THE 2022

FISCAL YEAR:

THE ACLU OF OHIO FOUNDATION PROVIDED GRANTS TO THE 12 MEMBER ORGANIZATIONS OF THE ACLU'S SOUTHERN COLLECTIVE. THE MISSION OF THE SOUTHERN COLLECTIVE IS TO EFFECTIVELY ADDRESS THE CHALLENGES IN THE REGION, ROOTED IN THE SOUTH'S UNIQUE HISTORY OF RACIAL OPPRESSION AND VIOLENCE AND EQUALLY REMARKABLE HISTORY OF CIVIL RIGHTS STRUGGLES AND VICTORIES. THEY WILL STRIVE TO STRENGTHEN VOTING RIGHTS AND DEMOCRACY, ENSURE REPRODUCTIVE JUSTICE IN BLACK AND BROWN COMMUNITIES, AND FIGHT FOR REPARATIONS. THE GRANTS WERE MADE WITH FUNDS GIVEN TO THE ACLU OF OHIO FOUNDATION FOR THIS PURPOSE.

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

THE 990 IS REVIEWED BY THE ORGANIZATION'S AUDIT COMMITTEE AND DISTRIBUTED TO THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS. THE FORM IS PREPARED BY THE DEPUTY DIRECTOR IN CONJUNCTION WITH THE ORGANIZATION'S ACCOUNTING FIRM.

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

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

THE ORGANIZATION PROVIDES A COPY OF THE CONFLICT OF INTEREST POLICY TO EACH BOARD MEMBER, VOLUNTEER BOARD COMMITTEE MEMBER AND EMPLOYEE AT THE BEGINNING OF SERVICE. ALL COVERED PERSONS ARE REMINDED OF THE POLICY DURING THE FIRST QUARTER OF EACH YEAR AND A COPY IS AGAIN PROVIDED. EACH RECIPIENT MUST ACKNOWLEDGE HAVING RECEIVED, READ AND UNDERSTOOD THE POLICY. IF A RECIPIENT HAS A MATTER REQUIRING DISCLOSURE UNDER THE POLICY AT THAT TIME,

232211 10-28-22

Schedule O (Form 990) 2022

THE RECIPIENT SHALL DO SO. IN ADDITION, EACH COVERED PERSON IS REQUIRED TO
DISCLOSE TO THE ORGANIZATION ANY PERSONAL INTEREST WITH RESPECT TO A
TRANSACTION OR ACTION AS SOON AS S/HE BECOMES AWARE OF THE CONFLICT,
PREFERABLY PRIOR TO THE CONSIDERATION OF THE TRANSACTION OR ACTION.

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

COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS REVIEWED PERIODICALLY BY THE ORGANIZATION'S EXECUTIVE COMMITTEE. THEY TAKE INTO CONSIDERATION THE LOCAL JOB MARKET AS WELL AS SALARY SURVEYS COMPILED BY THE NATIONAL ACLU OFFICE WHICH COMPARE COMPENSATION OF ALL ACLU AFFILIATE STAFF POSITIONS ACROSS THE COUNTRY, AND SURVEYS PREPARED BY OHIO NON-PROFIT ASSOCIATIONS. SALARY CHANGES FOR THESE EMPLOYEES ARE DOCUMENTED IN MEETING MINUTES AND/OR IN THE EMPLOYEE'S PERSONNEL FILE.

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

THE ORGANIZATION'S BY-LAWS, CONFLICT OF INTEREST POLICY AND ANNUAL AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE,

WWW.ACLUOHIO.ORG. PRINT COPIES ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A

THE LIST OF DIRECTORS INCLUDES ANY BOARD MEMBER WHO SERVED ANY PORTION
OF THE FISCAL YEAR.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE'S DUTIES INCLUDE REVIEW OF THE ORGANIZATION'S
YEAR-END FINANCIAL STATEMENTS WITH THE INDEPENDENT ACCOUNTANT, AND

REVIEW OF THE DRAFT 990 PRIOR TO THE FILING WITH THE IRS. SELECTION OF

Sched	ule O (Form 990) 2022										Page 2
	of the organization Al	Page 2 DF OHIO Employer identification number **-***7105  PONSIBILITY OF THE AUDIT									
THE	INDEPENDENT	ACCOUNTING	FIRM	IS	ALSO	A	RESPONSIBILITY	OF	THE	AUDIT	
СОМ	MITTEE.										

#### 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.

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

AMERICAN CIVIL LIBERTIES UNION OF OHIO FOUNDATION, INC.

Employer identification number \*\*-\*\*\*7105

Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes	" on Form 990, Part IV, line 3	3.						
(a) Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domicile (state o	(d)	(e)			(f)	7	
of disregarded entity	foreign country)		or rotal filed	Total income End-of-year asset			Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34,	because it had on	e or more	related tax-exe	empt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) et controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?	
				501(c)(3))			Yes	No	
AMERICAN CIVIL LIBERTIES UNION OF OHIO -									
34-0700606, 4506 CHESTER AVENUE, CLEVELAND, OH 44103	CIVIL LIBERTIES ADVOCACY	оніо	501(C)(4)					х	
	-								
	-								
	1								

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

## AMERICAN CIVIL LIBERTIES UNION OF OHIO

Schedule R (Form 990) 2022 FOUNDATION, INC.

\*\*-\*\*\*7105

Page 2

	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
ar t III	organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of Diagrams tionate		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or F managing partner?		Percentage ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(i contr ent	tion b)(13) rolled tity?
		country)		or tructy		455515		Yes	No
									<u> </u>
									<u></u>

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 listed in Parts II-IV? X a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) 1c X d Loans or loan guarantees to or for related organization(s) 1d X e Loans or loan guarantees by related organization(s) 1e X f Dividends from related organization(s) X g Sale of assets to related organization(s) X h Purchase of assets from related organization(s) 1h X i Exchange of assets with related organization(s) 1i X i Lease of facilities, equipment, or other assets to related organization(s) 1i Х k Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) 11 X m Performance of services or membership or fundraising solicitations by related organization(s) 1m n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n o Sharing of paid employees with related organization(s) 10 p Reimbursement paid to related organization(s) for expenses 1p q Reimbursement paid by related organization(s) for expenses 1a Х r Other transfer of cash or property to related organization(s) 1r s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a)
Name of related organization Transaction Amount involved Method of determining amount involved type (a-s) (1) ACLU OF OHIO, INC C 2,077.CASH TRANSFERS LESS EXPENSE REIMB (2) ACLU OF OHIO, INC 0 235,242. ALLOCATION BASED ON USAGE

1,087,519. ALLOCATION BASED ON USAGE (3) ACLU OF OHIO, INC 0 (4) (5)

Page 4

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)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(ŀ	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners se	Share of	Share of	Dispr	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managi	or Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partner	ownership
		Country)	Sections 5 (2-5 (4)	Yes No	income	assets	Yes	No	(F01111 1065)	Yes N	0
										$\vdash$	
										$\sqcup$	
	1						1				