|  |                 |                              | EXTENDED TO FEBRUARY 18, 20<br>Return of Organization Exempt Fron  | 125             | νο Τον                 | OMB No. 1545-0047            |  |  |  |
|--|-----------------|------------------------------|--|-----------------|------------------------|------------------------------|--|--|--|
| -  | 0               | ON                           |  |                 |                        | 0000                         |  |  |  |
| Form <b>990</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) |                 |                              |  |                 |                        |                              |  |  |  |
|  |                 | of the Treasury              | Do not enter social security numbers on this form as it may<br>Go to www.irs.gov/Form990 for instructions and the late |                 |                        | Open to Public<br>Inspection |  |  |  |
|  |                 | nue Service<br>e 2023 calend | ar year, or tax year beginning APR 1, 2023 and ending  | -               |                        | Inspection                   |  |  |  |
| _  | heck if         |                              | Forganization  |                 | bloyer identific       | ation number                 |  |  |  |
| a  | pplicab         | la.                          | ICAN CIVIL LIBERTIES UNION FUND  |                 | loyer identifie        |                              |  |  |  |
|  | Addre           |                              | ICHIGAN  |                 |                        |                              |  |  |  |
| Image     OF     Methodski       Change     Doing business as     23-7243421                                       |                 |                              |  |                 |                        |                              |  |  |  |
|  | Initial         |                              | and street (or P.O. box if mail is not delivered to street address) Room/s   |                 | phone number           |                              |  |  |  |
|  | Final<br>return | , 2966                       | WOODWARD AVENUE  |                 |                        | 8-6800                       |  |  |  |
|  | termir<br>ated  | City or t                    | own, state or province, country, and ZIP or foreign postal code  | G Gross         | receipts \$            | 5,680,797.                   |  |  |  |
|  | Amen            |                              | OIT, MI 48201-3035   | <b>H(a)</b> is  | this a group ret       | urn                          |  |  |  |
|  | Applic<br>tion  |                              | nd address of principal officer: LOREN KHOGALI   | foi             | r subordinates?        | ' Yes X No                   |  |  |  |
|  | pendi           | SAME                         | AS C ABOVE   |                 | e all subordinates inc | luded? Yes No                |  |  |  |
| <u> </u> ]   | ax-ex           | empt status:                 |  |                 |                        | ist. See instructions        |  |  |  |
|  | Vebsi           |                              | ACLUMICH.ORG   |                 | oup exemption          |                              |  |  |  |
|  |                 |                              | X Corporation Trust Association Other L  | Year of formati | on: 1971 M             | State of legal domicile: MI  |  |  |  |
| Fa   | art I           | Summary                      |  | זת הזזתי        |                        |                              |  |  |  |
| e  | 1               |                              | e the organization's mission or most significant activities: <u>TO PRESE</u><br>ANCE CIVIL LIBERTIES AND CIVIL RIGHTS  | KVE, PI         | KOIECI,                | DEFEND,                      |  |  |  |
| ano  | 2               | Check this bo                |  | noro than 250   |                        |                              |  |  |  |
| Governance   | 3               |                              |  |                 |                        | 18                           |  |  |  |
| ĝ  | 4               |                              | Ing members of the governing body (Part VI, line 1a)   |                 |                        | 18                           |  |  |  |
| کە<br>م  | 5               |                              | 31   |                 |                        |                              |  |  |  |
| Activities &   | 6               |                              | of individuals employed in calendar year 2023 (Part V, line 2a)  |                 |                        | 97                           |  |  |  |
| ctiv   | 7 a             | Total unrelate               |  | 0.              |                        |                              |  |  |  |
|  | b               | 7b                           | 0.   |                 |                        |                              |  |  |  |
|  |                 |                              |  |                 | r Year                 | Current Year                 |  |  |  |
| ē  | 8               | Contributions                | and grants (Part VIII, line 1h)  |                 | 79,224.                | 3,613,958.                   |  |  |  |
| enu  | 9               | •                            | ce revenue (Part VIII, line 2g)  |                 | 75,448.                | 781,251.                     |  |  |  |
| Revenue  |                 |                              | come (Part VIII, column (A), lines 3, 4, and 7d)   | 1               | 07,387.                | 268,587.                     |  |  |  |
| _  |                 |                              | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 8,927.          | 8,918.                 |                              |  |  |  |
|  |                 |                              | - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 4,0             | 70,986.                | 4,672,714.                   |  |  |  |
|  |                 |                              | nilar amounts paid (Part IX, column (A), lines 1-3)  |                 | 0.                     | 0.                           |  |  |  |
|  | 14              |                              | to or for members (Part IX, column (A), line 4)<br>r compensation, employee benefits (Part IX, column (A), lines 5-10) | 2.9             | 93,485.                | 3,225,633.                   |  |  |  |
| Expenses   | 15<br>16a       |                              | undraising fees (Part IX, column (A), line 11e)  | 2,5             | 0.                     | 0.                           |  |  |  |
| oen  | h               |                              | ng expenses (Part IX, column (D), line 25) 504, 589.   |                 |                        |                              |  |  |  |
| Ĕ  | 17              |                              | es (Part IX, column (A), lines 11a-11d, 11f-24e)   | 1,2             | 09,800.                | 1,068,618.                   |  |  |  |
|  | 18              |                              | s. Add lines 13-17 (must equal Part IX, column (A), line 25)   |                 | 03,285.                | 4,294,251.                   |  |  |  |
|  | 19              |                              | expenses. Subtract line 18 from line 12  |                 | 32,299.                | 378,463.                     |  |  |  |
| or   |                 |                              |  | Beginning of    | f Current Year         | End of Year                  |  |  |  |
| t Assets or<br>d Balances  | 20              | Total assets (F              | Part X, line 16)   |                 | 69,445.                | 11,286,647.                  |  |  |  |
| t As:<br>d Bź  | 21              | Total liabilities            | (Part X, line 26)  |                 | 33,516.                | 1,677,723.                   |  |  |  |
| Fund   | 22              |                              | fund balances. Subtract line 21 from line 20   | 9,5             | 35,929.                | 9,608,924.                   |  |  |  |
|  | nrt II          |                              |  |                 |                        |                              |  |  |  |
|  |                 |                              | I declare that I have examined this return, including accompanying schedules and sta                                   |                 | -                      | knowledge and belief, it is  |  |  |  |
| true,  | corre           | ct, and complete             | Declaration of preparer (other than officer) is based on all information of which prep                                 | barer has any k | nowledge.              |                              |  |  |  |
|  |                 |                              |  |                 |                        |                              |  |  |  |

| Sign Signature of officer Date  |  |                |  |                       |  |  |  |  |  |  |  |
|---|--|----------------|--|-----------------------|--|--|--|--|--|--|--|
| Here  | LOREN KHOGALI, EXECUTIVE DIRECTOR  |                |  |                       |  |  |  |  |  |  |  |
|   | Type or print name and title   |                |  |                       |  |  |  |  |  |  |  |
|   | Print/Type preparer's name Preparer's signature Date Check PTIN  |                |  |                       |  |  |  |  |  |  |  |
| Paid  | id MICHAEL R. NICHOLAS   |                |  |                       |  |  |  |  |  |  |  |
| Preparer  | Firm's name GJC CPA'S & ADVIS  | ORS            |  | Firm's EIN 38-2029668 |  |  |  |  |  |  |  |
| Use Only  | Firm's address 1001 WOODWARD AVE   | NUE, SUITE 850 |  |                       |  |  |  |  |  |  |  |
|   | DETROIT, MI 48226-1904 Phone no. (313) 965-2655  |                |  |                       |  |  |  |  |  |  |  |
| May the IRS discuss this return with the preparer shown above? See instructions |  |                |  |                       |  |  |  |  |  |  |  |
| LHA For   | LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023) |                |  |                       |  |  |  |  |  |  |  |

|    | AMERICAN CIVIL LIBERTIES UNION FUND 990 (2023) OF MICHIGAN 23-7243421 Page 2 t 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:<br>TO PRESERVE, PROTECT, DEFEND, AND ADVANCE CIVIL LIBERTIES AND CIVIL<br>RIGHTS  |
|    |  |
| 2  | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?   |
| 3  | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.  |
| 4  | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.<br>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 \$1,579,980. including grants of \$) (Revenue \$790,169.)<br>THE ORGANIZATION UNDERTOOK LITIGATION WHEN DOING SO WAS THE MOST  |
|    | EFFECTIVE WAY TO ADVANCE A CIVIL LIBERTIES CONCERN. LAWSUITS FILED SET<br>LEGAL PRECEDENTS AND AFFECTED THE POLICIES AND ACTIONS OF PUBLIC   |
|    | OFFICIALS. THE ORGANIZATION PROVIDED DIRECT LEGAL REPRESENTATION, AND  |
|    | FILED BRIEFS ADDRESSING CIVIL LIBERTIES ISSUES IN CASES INITIATED BY<br>OTHERS, ALL ON A PRO BONO BASIS. DURING THE 2023-2024 FISCAL YEAR,   |
|    | ATTORNEY FEES WERE VALUED AT \$92 TO \$1,705 PER HOUR. THE AVERAGE   |
|    | HOURLY RATE WAS APPROXIMATELY \$656. VOLUNTEER ATTORNEYS WORKED ON   |
|    | AMERICAN CIVIL LIBERTIES UNION MATTERS AND PROVIDED 5,400 HOURS OF<br>SERVICE AT A VALUE OF \$3,570,072.   |
|    |  |
|    | 1 200 015  |
| 4b | (code:) (Expenses \$ 1,368,615. including grants of \$) (Revenue \$)<br>THE ORGANIZATION'S COMMUNICATIONS AND OUTREACH INITIATIVES PROVIDED  |
|    | PUBLICATIONS, FLYERS, VARIOUS ELECTRONIC COMMUNICATIONS, AND   |
|    | KNOW-YOUR-RIGHTS MATERIALS ON SUCH ISSUES AS VOTING RIGHTS, WOMEN'S  |
|    | RIGHTS, LGBT RIGHTS, JUVENILE LIFE WITHOUT PAROLE, AND IMMIGRANTS'   |
|    | RIGHTS, AS WELL AS A NEWSLETTER THAT IS TYPICALLY ISSUED TWO TO THREE  |
|    | TIMES A YEAR. THE ORGANIZATION ALSO SPONSORED A SOCIAL MEDIA PRESENCE<br>AND A BLOG WITH UP-TO-THE-MINUTE NEWSFEED.  |
|    |  |
|    |  |
|    |  |
|    |  |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$)  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
| 4d | Other program services (Describe on Schedule O.)   |
|    | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e | Total program service expenses 2,948,595.  |
|    |  |

|  | 23- | 7243421 | Page 3 |
|--|-----|---------|--------|
|--|-----|---------|--------|

|         | 990 (2023) OF MICHIGAN 23-7243  | 421 | P   | age <b>3</b> |
|---------|---|-----|-----|--------------|
| Pa      | t IV Checklist of Required Schedules  |     |     |              |
|         |   |     | Yes | No           |
| 1       | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |     |     |              |
|         | If "Yes," complete Schedule A   | 1   | Х   |              |
| 2       | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions   | 2   | Х   |              |
| 3       | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |     |     |              |
|         | public office? If "Yes," complete Schedule C, Part I  | 3   |     | X            |
| 4       | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |     |     |              |
|         | during the tax year? If "Yes," complete Schedule C, Part II   | 4   | 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   |     | x            |
| 6       | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |     |     |              |
|         | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6   |     | x            |
| 7       | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |     |     |              |
|         | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |     | x            |
| 8       | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |     |     |              |
| -       | Schedule D, Part III  | 8   |     | x            |
| 9       | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for   |     |     |              |
| Ŭ       | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?   |     |     |              |
|         | If "Yes," complete Schedule D, Part IV  | 9   |     | x            |
| 10      | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  |     |     |              |
| 10      | 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, VII, IX, or X,  |     |     |              |
| ••      | as applicable.  |     |     |              |
| -       | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |     |     |              |
| a       |   | 11a | х   |              |
| h       | Part VI<br>Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   |     |     |              |
| U       |   | 11b | х   |              |
| ~       | assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i><br>Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total |     |     |              |
| C       |   | 110 |     | x            |
| لم      | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c |     |              |
| a       | 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   | 444 |     | x            |
|         | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d | Х   |              |
|         | Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>   | 11e | Λ   |              |
| T       | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   | 446 | х   |              |
| 40-     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>  | 11f | ~   |              |
| 12a     | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   | 10- | х   |              |
|         | Schedule D, Parts XI and XII  | 12a | ~   | <u> </u>     |
| b       | Was the organization included in consolidated, independent audited financial statements for the tax year?   | 40. | v   |              |
| 40      | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b | X   | v            |
| 13      | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | X            |
| 14a     | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | X            |
| b       | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   |     |     |              |
|         | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  |     |     | <b>v</b>     |
| <i></i> | 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   |     |     | - v          |
|         | 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  |     | X            |
| 18      | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  |     |     |              |
|         | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |     | X            |
| 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  |     | X            |
| 20a     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     | x            |
| 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   | 1   |     |              |
|         | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  |     | X            |

|     | 990 (2023) OF MICHIGAN 23-72  | 43421 | Р   | age <b>4</b> |  |  |  |  |
|-----|---|-------|-----|--------------|--|--|--|--|
| Pa  | rt IV Checklist of Required Schedules (continued)   |       |     |              |  |  |  |  |
|     |   |       | Yes | No           |  |  |  |  |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on               |       |     |              |  |  |  |  |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22    |     | 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              |       |     |              |  |  |  |  |
|     | Schedule J  | 23    | Х   |              |  |  |  |  |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the     |       |     |              |  |  |  |  |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete          |       |     |              |  |  |  |  |
|     | Schedule K. If "No," go to line 25a   | . 24a |     | X            |  |  |  |  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                           |       |     |              |  |  |  |  |
| с   | 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   |     |              |  |  |  |  |
| 25a | 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   |     | X            |  |  |  |  |
| 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   |     | X            |  |  |  |  |
| 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                          |       |     | 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    |       |     |              |  |  |  |  |
| 28  |   |       |     |              |  |  |  |  |
|     | 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            |       |     |              |  |  |  |  |
|     | "Yes," complete Schedule L, Part IV   | 28a   |     | X            |  |  |  |  |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                             |       |     | X            |  |  |  |  |
|     | <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>    |       |     |              |  |  |  |  |
|     | "Yes," complete Schedule L, Part IV   |       |     |              |  |  |  |  |
| 29  | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M                     |       | Х   |              |  |  |  |  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation |       |     |              |  |  |  |  |
|     | contributions? If "Yes," complete Schedule M  | 30    |     | x            |  |  |  |  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I          |       |     | X            |  |  |  |  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete            |       |     |              |  |  |  |  |
|     | Schedule N, Part II   | 32    |     | x            |  |  |  |  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under 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   |              |  |  |  |  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                     |       | Х   |              |  |  |  |  |
|     | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   |       |     |              |  |  |  |  |
|     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                     | 35b   |     | x            |  |  |  |  |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |       |     |              |  |  |  |  |
|     | If "Yes," complete Schedule R, Part V, line 2   |       |     | x            |  |  |  |  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization            |       |     |              |  |  |  |  |
| ••• | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                |       |     |              |  |  |  |  |
| 38  |   |       |     |              |  |  |  |  |
|     |   |       |     |              |  |  |  |  |
| Pa  |   |       | X   | L            |  |  |  |  |
|     | 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  | 22    | 103 |              |  |  |  |  |
| b   | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b  | 0     |     |              |  |  |  |  |
|     | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming          | -     |     |              |  |  |  |  |
| v   | (gambling) winnings to prize winners?   |       | x   |              |  |  |  |  |

(gambling) winnings to prize winners?

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|-------------------|
|-------------------|

| <u>Form</u> | 990 (2023) OF MICHIGAN 23-7243  | <u>42</u> 1 | P   | age <b>5</b> |  |  |  |  |  |
|-------------|---|-------------|-----|--------------|--|--|--|--|--|
| Pa          | t 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 31   |             |     |              |  |  |  |  |  |
| b           | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  |             |     |              |  |  |  |  |  |
| 3a          | Did the organization have unrelated business gross income of \$1,000 or more during the year?   |             |     |              |  |  |  |  |  |
| b           | 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)?  | 4a          |     | X            |  |  |  |  |  |
| b           | 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            |  |  |  |  |  |
|             | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b          |     | Х            |  |  |  |  |  |
|             | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | <u>5c</u>   |     |              |  |  |  |  |  |
| 6a          | 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?   | <u>6a</u>   |     | X            |  |  |  |  |  |
| 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).   |             |     |              |  |  |  |  |  |
|             | 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          |     | X            |  |  |  |  |  |
|             | 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?  | 7c          |     | X            |  |  |  |  |  |
|             | If "Yes," indicate the number of Forms 8282 filed during the year 7d  | _           |     | 37           |  |  |  |  |  |
|             | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e<br>7f    |     | X<br>X       |  |  |  |  |  |
| t           |   |             |     |              |  |  |  |  |  |
| -           | <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |             |     |              |  |  |  |  |  |
| -           | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h          | N/  | <u>~</u>     |  |  |  |  |  |
| 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 organization have excess business holdings at any time during the year? <u>N/A</u><br>Sponsoring organizations maintaining donor advised funds.                              |             |     |              |  |  |  |  |  |
|             | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a          |     |              |  |  |  |  |  |
|             | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A   | 9b          |     |              |  |  |  |  |  |
| 10          | Section 501(c)(7) organizations. Enter:   |             |     |              |  |  |  |  |  |
|             | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a  |             |     |              |  |  |  |  |  |
|             | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |             |     |              |  |  |  |  |  |
| 11          | Section 501(c)(12) organizations. Enter:  | 1           |     |              |  |  |  |  |  |
| а           | Gross income from members or shareholders N/A 11a   |             |     |              |  |  |  |  |  |
| b           | Gross income from other sources. (Do not net amounts due or paid to other sources against   |             |     |              |  |  |  |  |  |
|             | amounts due or received from them.)   |             |     |              |  |  |  |  |  |
| 12a         | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a         |     |              |  |  |  |  |  |
| b           | If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b  |             |     |              |  |  |  |  |  |
| 13          | Section 501(c)(29) qualified nonprofit health insurance issuers.  |             |     |              |  |  |  |  |  |
| а           | Is the organization licensed to issue qualified health plans in more than one state? $N/A$  | 13a         |     |              |  |  |  |  |  |
|             | Note: See the instructions for additional information the organization must report on Schedule O.   |             |     |              |  |  |  |  |  |
| b           | Enter the amount of reserves the organization is required to maintain by the states in which the  |             |     |              |  |  |  |  |  |
|             | organization is licensed to issue qualified health plans 13b  | -           |     |              |  |  |  |  |  |
|             | Enter the amount of reserves on hand  |             |     |              |  |  |  |  |  |
|             | Did the organization receive any payments for indoor tanning services during the tax year?  | <u>14a</u>  |     | X            |  |  |  |  |  |
|             | 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 payment(s) of more than \$1,000,000 in remuneration or   |             |     | 77           |  |  |  |  |  |
|             | excess parachute payment(s) during the year?  | 15          |     | X            |  |  |  |  |  |
|             | If "Yes," see the instructions and file Form 4720, Schedule N.  |             |     | 37           |  |  |  |  |  |
| 16          | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16          |     | X            |  |  |  |  |  |
|             | 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? N/A  | 17          |     |              |  |  |  |  |  |
|             | If "Yes," complete Form 6069.   |             |     |              |  |  |  |  |  |

OF MICHIGAN

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

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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. 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        | 18                      |          |         |     |  |  |
|     | 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 O.                |           |                         |          |         |     |  |  |
| b   | Enter the number of voting members included on line 1a, above, who are independent                                   | 1b        | 18                      |          |         |     |  |  |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationshi             | p with a  | any other               |          |         |     |  |  |
|     | officer, director, trustee, or key employee?   |           |                         | 2        |         | X   |  |  |
| 3   | Did the organization delegate control over management duties customarily performed by or under th                    | e direc   | t supervision           |          |         |     |  |  |
|     | of officers, directors, trustees, or key employees to a management company or other person?                          |           |                         | 3        |         | X   |  |  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form                    | 990 wa    | s filed?                | 4        |         | Х   |  |  |
| 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        |         | Х   |  |  |
| 7a  | 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or    |           |                         |          |         |     |  |  |
|     | more members of the governing body?  |           |                         |          |         |     |  |  |
| b   | 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       |         | Х   |  |  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the ye        | ar by the | e following:            |          |         |     |  |  |
| а   | The governing body?  |           |                         | 8a       | Х       |     |  |  |
| b   | Each committee with authority to act on behalf of the governing body?  |           |                         | 8b       | Х       |     |  |  |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea            | ached a   | t the                   |          |         |     |  |  |
|     | organization's mailing address? If "Yes." provide the names and addresses on Schedule O                              |           |                         | 9        |         | Х   |  |  |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re                 | evenue    | 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 cl              | hapters   | , affiliates,           |          |         |     |  |  |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?                      |           |                         | 10b      |         |     |  |  |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing boc                   | ly befor  | e filing the form?      | 11a      | Х       |     |  |  |
| b   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                        |           |                         |          | х       |     |  |  |
| 12a | 2a Did the organization have a written conflict of interest policy? If "No," go to line 13                           |           |                         |          |         |     |  |  |
| b   |  |           |                         |          |         |     |  |  |
| с   |  |           |                         |          |         |     |  |  |
|     | on Schedule O how this was done  |           |                         | 12c      | Х       |     |  |  |
| 13  | Did the organization have a written whistleblower policy?  |           |                         | 13       | Х       |     |  |  |
| 14  | Did the organization have a written document retention and destruction policy?                                       |           |                         | 14       | Х       |     |  |  |
| 15  | Did the process for determining compensation of the following persons include a review and approve                   | al by in  | dependent               |          |         |     |  |  |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                    |           |                         |          |         |     |  |  |
| а   | The organization's CEO, Executive Director, or top management official   |           |                         | 15a      | Х       |     |  |  |
| b   | Other officers or key employees of the organization  |           |                         | 15b      | Х       |     |  |  |
|     | 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 w    | ith 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 organ                | nizatior  | '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 <u>MI</u>                                 |           |                         |          |         |     |  |  |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a                 | ind 990   | -T (section 501(c)(3)   | s only)  | availat | ole |  |  |
|     | for public inspection. Indicate how you made these available. Check all that apply.                                  |           |                         |          |         |     |  |  |
|     | X Own website X Another's website X Upon request Other (explai   |           | ,                       |          |         |     |  |  |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co                    | onflict o | of interest policy, and | d financ | cial    |     |  |  |
|     | 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 bo                      | oks and   | d records               |          |         |     |  |  |
|     | WILLIAM GREENE - (313) 578-6800  |           |                         |          |         |     |  |  |
|     | 2966 WOODWARD AVENUE, DETROIT, MI 48201-3035   |           |                         |          |         |     |  |  |

Form 990 (2023)

| AMERICAN | CIVIL | LIBERTIES | UNION | FUND |
|----------|-------|-----------|-------|------|
| OF MICHI | GAN   |           |       |      |

Form 990 (2023)

| Part VII | Compensation | of Officers, | Directors, | , Trustees, | Key Employees, | Highest Compensated |
|----------|--------------|--------------|------------|-------------|----------------|---------------------|
| -        | Employees an | d Independe  | ent Contra | ctors       |                |                     |

#### 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-NEC) 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 organization compensated any current officer, director, or trustee.

| (A)                             | (B)                    |   |                       |  | C)           |                                 |            | (D)             | (E)             | (F)                          |
|---------------------------------|------------------------|---|-----------------------|--|--------------|---------------------------------|------------|-----------------|-----------------|------------------------------|
| Name and title                  | Average                | Position<br>(do not check more than one |                       |  | l<br>than c  | ne                              | Reportable | Reportable      | Estimated       |                              |
|                                 | hours per box, unles   |   |                       | nless person is both an<br>r and a director/trustee) |              |                                 | n an       | compensation    | compensation    | amount of                    |
|                                 | week                   |   | cer an                | dad  | irecto       | r/trust                         | tee)       | from            | from related    | other                        |
|                                 | (list any              | ector                                   |                       |  |              |                                 |            | the             | organizations   | compensation                 |
|                                 | hours for              | or di                                   | ee                    |  |              | ated                            |            | organization    | (W-2/1099-MISC/ | from the                     |
|                                 | related                | ustee                                   | truste                |  | e            | bens                            |            | (W-2/1099-MISC/ | 1099-NEC)       | organization                 |
|                                 | organizations<br>below | ual tr                                  | ional                 |  | ploy6        | t com<br>ree                    |            | 1099-NEC)       |                 | and related<br>organizations |
|                                 | line)                  | Individual trustee or director          | Institutional trustee | Officer  | Key employee | Highest compensated<br>employee | Former     |                 |                 | organizations                |
| (1) LOREN KHOGALI               | 30.00                  |   | _                     |  | <u> </u>     |                                 |            |                 |                 |                              |
| EXECUTIVE DIRECTOR              | 10.00                  |   |                       | х  |              |                                 |            | 200,449.        | 0.              | 464.                         |
| (2) WILLIAM GREENE              | 38.00                  |   |                       |  |              |                                 |            |                 |                 |                              |
| CHIEF OPERATING OFFICER         | 2.00                   |   |                       |  |              | X                               |            | 144,395.        | 0.              | 8,297.                       |
| (3) DANIEL KOROBKIN             | 38.00                  |   |                       |  |              |                                 |            |                 |                 |                              |
| LEGAL DIRECTOR                  | 2.00                   |   |                       |  |              | X                               |            | 142,786.        | 0.              | 5,273.                       |
| (4) ANN MULLEN                  | 30.00                  |   |                       |  |              |                                 |            |                 |                 |                              |
| COMMUNICATIONS DIRECTOR         | 10.00                  |   |                       |  |              | X                               |            | 118,618.        | 0.              | 9,018.                       |
| (5) MIRIAM AUKERMAN             | 38.00                  |   |                       |  |              |                                 |            |                 |                 |                              |
| WEST MI REGIONAL STAFF ATTORNEY | 2.00                   |   |                       |  |              | X                               |            | 115,557.        | 0.              | 464.                         |
| (6) MARY BEJIAN                 | 38.00                  |   |                       |  |              |                                 |            |                 |                 |                              |
| DIRECTOR OF PHILANTHROPY        | 2.00                   |   |                       |  |              | X                               |            | 112,761.        | 0.              | 464.                         |
| (7) NATHAN TRIPLETT             | 0.50                   |   |                       |  |              |                                 |            |                 |                 |                              |
| PRESIDENT                       | 0.50                   | Х                                       |                       | Х  |              |                                 |            | 0.              | 0.              | 0.                           |
| (8) KATHERINE HUMPHREY          | 0.50                   |   |                       |  |              |                                 |            |                 |                 |                              |
| VICE-PRESIDENT                  | 0.50                   | Х                                       |                       | Х  |              |                                 |            | 0.              | 0.              | 0.                           |
| (9) JOE MALCOUN                 | 0.50                   |   |                       |  |              |                                 |            |                 |                 |                              |
| VICE-PRESIDENT                  | 0.50                   | Х                                       |                       | Х  |              |                                 |            | 0.              | 0.              | 0.                           |
| (10) MELISSA CRAGG              | 0.50                   |   |                       |  |              |                                 |            |                 |                 |                              |
| TREASURER                       | 0.50                   | Х                                       |                       | Х  |              |                                 |            | 0.              | 0.              | 0.                           |
| (11) JOEL MAROGIL               | 0.50                   |   |                       |  |              |                                 |            |                 |                 |                              |
| SECRETARY                       | 0.50                   | Х                                       |                       | Х  |              |                                 |            | 0.              | 0.              | 0.                           |
| (12) DERRELL SLAUGHTER          | 0.50                   |   |                       |  |              |                                 |            |                 |                 |                              |
| NATIONAL BOARD REPRESENTATIVE   | 0.50                   | Х                                       |                       | Х  |              |                                 |            | 0.              | 0.              | 0.                           |
| (13) PONSELLA HARDAWAY          | 0.30                   |   |                       |  |              |                                 |            |                 |                 |                              |
| EQUITY OFFICER                  | 0.30                   | Х                                       |                       | Х  |              |                                 |            | 0.              | 0.              | 0.                           |
| (14) JOHNELL ALLEN-BEY          | 0.30                   |   |                       |  |              |                                 |            |                 |                 |                              |
| DIRECTOR                        | 0.30                   | Х                                       |                       |  |              |                                 |            | 0.              | 0.              | 0.                           |
| (15) MICHAEL CARTER             | 0.30                   |   |                       |  |              |                                 |            |                 |                 |                              |
| DIRECTOR                        | 0.30                   | Х                                       |                       |  |              |                                 |            | 0.              | 0.              | 0.                           |
| (16) LAURA J. CHAMPAGNE         | 0.30                   |   |                       |  |              |                                 |            |                 | _               |                              |
| DIRECTOR                        | 0.30                   | Х                                       |                       |  |              |                                 |            | 0.              | 0.              | 0.                           |
| (17) CARMEN GARCIA              | 0.30                   |   |                       |  |              |                                 |            | _               |                 |                              |
| DIRECTOR                        | 0.30                   | Х                                       |                       |  |              |                                 |            | 0.              | 0.              | 0.                           |

OF MICHIGAN

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| Form 990 (2023) OF MICHIC  | JAN                  |                                |                       |             |              |                                 |        |                              | 23-7243            | 3421     | L P                  | age <b>8</b> |
|--|----------------------|--------------------------------|-----------------------|-------------|--------------|---------------------------------|--------|------------------------------|--------------------|----------|----------------------|--------------|
| Part VII Section A. Officers, Directors, Trus  | tees, Key Em         | oloy                           | ees,                  | and         | l Hig        | ghes                            | t C    | ompensated Employee          | s (continued)      | _        |                      |              |
| (A)  | (B)                  |                                |                       |             | C)           |                                 |        | (D)                          | (E)                |          | (F)                  |              |
| Name and title   | Average              | (do                            |                       | Pos<br>heck |              |                                 | no     | Reportable                   | Reportable         | 6        | Estimate             | ed           |
|  | hours per            | box                            | , unle                | ss per      | rson i       | s both                          | an     | compensation                 | compensation       | 6        | amount               | of           |
|  | week                 | -                              | cer ar<br>I           | nd a di     | irecto       | r/trus                          | ee)    | from                         | from related       |          | other                |              |
|  | (list any            | rector                         |                       |             |              |                                 |        | the                          | organizations      |          | mpensa               |              |
|  | hours for<br>related | or di                          | ee                    |             |              | ated                            |        | organization                 | (W-2/1099-MISC/    |          | from th              |              |
|  | organizations        | ustee                          | trust                 |             | 98           | upens                           |        | (W-2/1099-MISC/<br>1099-NEC) | 1099-NEC)          |          | rganizat<br>nd relat |              |
|  | below                | lual tr                        | tional                |             | voldu        | st con                          | _      | 1035-NEO)                    |                    |          | ganizati             |              |
|  | line)                | Individual trustee or director | Institutional trustee | Officer     | key employee | Highest compensated<br>employee | Former |                              |                    |          | gainzati             | ono          |
| (18) PETER HAMMER  | 0.30                 | _                              | -                     |             |              |                                 |        |                              |                    | 1        |                      |              |
| DIRECTOR   | 0.30                 | х                              |                       |             |              |                                 |        | 0.                           | 0.                 |          |                      | Ο.           |
| (19) MICHAEL NAUGHTON  | 0.30                 |                                |                       |             |              |                                 |        |                              |                    |          |                      |              |
| DIRECTOR   | 0.30                 | Х                              |                       |             |              |                                 |        | 0.                           | 0.                 |          |                      | 0.           |
| (20) MEGAN NORRIS  | 0.30                 |                                |                       |             |              |                                 |        |                              |                    |          |                      |              |
| DIRECTOR   | 0.30                 | Х                              |                       |             |              |                                 |        | 0.                           | 0.                 | •        |                      | 0.           |
| (21) SHELLEY PADNOS  | 0.30                 |                                |                       |             |              |                                 |        |                              |                    |          |                      |              |
| DIRECTOR   | 0.30                 | Х                              |                       |             |              |                                 |        | 0.                           | 0.                 |          |                      | 0.           |
| (22) NOEL J. SALEH   | 0.30                 |                                |                       |             |              |                                 |        |                              |                    |          |                      |              |
| DIRECTOR   | 0.30                 | Х                              |                       |             |              |                                 |        | 0.                           | 0.                 | •        |                      | 0.           |
| (23) FREDA SAMPSON   | 0.30                 |                                |                       |             |              |                                 |        |                              |                    |          |                      |              |
| DIRECTOR   | 0.30                 | Х                              |                       |             |              |                                 |        | 0.                           | 0.                 | •        |                      | 0.           |
| (24) KATE WOLTERS  | 0.30                 |                                |                       |             |              |                                 |        |                              |                    |          |                      | •            |
| DIRECTOR   | 0.30                 | Х                              |                       |             |              |                                 |        | 0.                           | 0.                 | •        |                      | 0.           |
|  |                      |                                |                       |             |              |                                 |        |                              |                    |          |                      |              |
|  |                      |                                |                       |             |              |                                 |        |                              |                    | _        |                      |              |
|  |                      |                                |                       |             |              |                                 |        |                              |                    |          |                      |              |
|  |                      |                                |                       |             |              |                                 |        | 834,566.                     | 0.                 | <u> </u> | 23,9                 | 00           |
| 1b Subtotal  |                      |                                |                       |             |              |                                 |        | 0.                           | 0.                 |          | 43,9                 | 0.           |
| c Total from continuation sheets to Part VI  |                      |                                |                       |             |              |                                 |        | 834,566.                     | 0.                 |          | 23,9                 |              |
| d Total (add lines 1b and 1c)  |                      |                                |                       |             |              |                                 |        |                              |                    | • 4      | 43,9                 | 80.          |
| 2 Total number of individuals (including but n   | ot limited to th     | ose                            | liste                 | ed ab       | ove          | ) wh                            | o re   | eceived more than \$100,     | 000 of reportable  |          |                      | 8            |
| compensation from the organization   |                      |                                |                       |             |              |                                 |        |                              |                    |          | Yes                  | No           |
| 3 Did the organization list any former officer.  | director truct       | I                              |                       |             |              | ~ ~ ~                           | hia    | hast componented own         |                    |          | 103                  |              |
|  |                      |                                |                       | •           |              |                                 |        |                              | •                  |          |                      | x            |
| <ul><li>line 1a? If "Yes," complete Schedule J for set</li><li>For any individual listed on line 1a, is the su</li></ul> |                      |                                |                       |             |              |                                 |        |                              |                    | 3        |                      |              |
|  |                      |                                |                       |             |              |                                 |        |                              |                    | 4        | X                    |              |
| <ul><li>and related organizations greater than \$150</li><li>5 Did any person listed on line 1a receive or a</li></ul>   |                      |                                |                       |             |              |                                 |        |                              |                    | 4        |                      |              |
| rendered to the organization? If "Yes." com  |                      |                                |                       |             |              |                                 |        |                              |                    | 5        |                      | x            |
| Section B. Independent Contractors   |                      | - 0 1                          | 01 50                 |             | JEIS         | 011 .                           |        |                              |                    |          |                      |              |
| 1 Complete this table for your five highest con  | mpensated inc        | lepe                           | nde                   | nt co       | ontra        | actor                           | s th   | nat received more than \$    | 100.000 of compens | ation    | from                 |              |
| the organization. Report compensation for t  |                      |                                |                       |             |              |                                 |        |                              |                    |          |                      |              |
| (A)  | ···· ···· ,          |                                |                       | <u> </u>    |              |                                 |        | (B)                          |                    |          | (C)                  |              |
| Name and business  | address              | N                              | ONE                   | Ξ           |              |                                 |        | Description of s             | ervices            | Comp     | ensatio              | n            |
|  |                      |                                |                       |             |              |                                 |        |                              |                    |          |                      |              |
|  |                      |                                |                       |             |              |                                 |        |                              |                    |          |                      |              |
|  |                      |                                |                       |             |              |                                 |        |                              |                    |          |                      |              |
|  |                      |                                |                       |             |              |                                 |        |                              |                    |          |                      |              |
|  |                      |                                |                       |             |              |                                 |        |                              |                    |          |                      |              |
|  |                      |                                |                       |             |              |                                 |        |                              |                    |          |                      |              |
|  |                      |                                |                       |             |              |                                 |        |                              |                    |          |                      |              |
|  |                      |                                |                       |             |              |                                 |        |                              |                    |          |                      |              |
|  |                      |                                |                       |             |              |                                 |        |                              |                    |          |                      |              |
| • Total number of index on destaurate of "   |                      | ot ''                          |                       | 4 4 4 1     |              |                                 |        | abova) when we are the of    | are then           |          |                      |              |
| 2 Total number of independent contractors (ir  | icationa otr n       | u ur                           | uneo                  | 1101        | 1105         | <u>е пs</u>                     | ed     | acover who received m        | 21E 1020           |          |                      |              |

|   |        |     |  | MICH     | IGAN       |                    |                      |                   | 23-7243          | 421 Page 9                        |
|---|--------|-----|--|----------|------------|--------------------|----------------------|-------------------|------------------|-----------------------------------|
| Pa  | rt V   | 111 | Statement of Re  | venue    |            |                    |                      |                   |                  |                                   |
|   |        |     | Check if Schedule O  | contains | a response | or note to any lir |                      | (B)               | (C)              |                                   |
|   |        |     |  |          |            |                    | (A)<br>Total revenue | Related or exempt | Unrelated        | (D)<br>Revenue excluded           |
|   |        |     |  |          |            |                    |                      | function revenue  | business revenue | from tax under sections 512 - 514 |
| (0, (0  | 4      | _   | Foderated compairing                                       |          | 10         |                    |                      |                   |                  | 360110113 3 12 - 3 14             |
| s, Grants<br>Amounts                          |        |     | Federated campaigns<br>Membership dues                     |          |            |                    | -                    |                   |                  |                                   |
| D<br>D<br>D                                   |        |     | Fundraising events   |          | ·          |                    | -                    |                   |                  |                                   |
| Contributions, Gifts,<br>and Other Similar Ar |        |     |  |          |            | 129,500.           | 1                    |                   |                  |                                   |
| , Gi<br>nila                                  |        |     | Government grants (contr                                   |          |            | ,                  | 1                    |                   |                  |                                   |
| ons<br>Sir                                    |        |     | All other contributions, gifts,                            |          |            |                    | 1                    |                   |                  |                                   |
| ber   |        | -   | similar amounts not included                               |          |            | 484,458.           |                      |                   |                  |                                   |
| d Of  |        | g   | Noncash contributions included in                          |          | 1g \$      | 180,252.           |                      |                   |                  |                                   |
| Cor   |        | h   | Total. Add lines 1a-1f                                     |          |            |                    | 3,613,958.           |                   |                  |                                   |
|   |        |     |  |          |            | Business Code      |                      |                   |                  |                                   |
| ė   | 2      | а   | ATTORNEY FEE   | AWAR     | DS         | 541100             | 781,251.             | 781,251.          |                  |                                   |
| e<br>e  |        | b   |  |          |            |                    |                      |                   |                  |                                   |
| i Se  |        | С   |  |          |            |                    |                      |                   |                  |                                   |
| ran<br>Sevi                                   |        | d   |  |          |            |                    |                      |                   |                  |                                   |
| Program Service<br>Revenue                    |        | е   |  |          |            |                    |                      |                   |                  |                                   |
| ٩   |        |     | All other program service                                  |          |            |                    |                      |                   |                  |                                   |
|   |        | g   | Total. Add lines 2a-2f                                     |          |            |                    | 781,251.             |                   |                  |                                   |
|   | 3      |     | Investment income (includ                                  |          |            |                    | 286,378.             |                   |                  | 286,378.                          |
|   |        |     |  |          |            |                    | 200,370.             |                   |                  | 200,570.                          |
|   | 4<br>5 |     | Income from investment of                                  |          | -          |                    |                      |                   |                  |                                   |
|   | 5      |     | Royalties  |          | (i) Real   | (ii) Personal      |                      |                   |                  |                                   |
|   | 6      | 2   | Gross rents  | 6a       | 1,200.     |                    | -                    |                   |                  |                                   |
|   |        |     | Less: rental expenses                                      | 6b       | 0.         |                    | -                    |                   |                  |                                   |
|   |        |     | Rental income or (loss)                                    |          | 1,200.     |                    | -                    |                   |                  |                                   |
|   |        |     | Net rental income or (loss)                                |          |            |                    | 1,200.               | 1,200.            |                  |                                   |
|   |        |     | Gross amount from sales of                                 |          | Securities | (ii) Other         |                      |                   |                  |                                   |
|   |        |     | assets other than inventory                                | 7a 99    | 0,292.     |                    | 1                    |                   |                  |                                   |
|   |        | b   | Less: cost or other basis                                  |          |            |                    |                      |                   |                  |                                   |
| ne  |        |     | and sales expenses   |          | 08083.     |                    |                      |                   |                  |                                   |
| venue   |        | с   | Gain or (loss)   | 7c – 1   | 7,791.     |                    |                      |                   |                  |                                   |
|   |        | d   | Net gain or (loss)   |          |            |                    | -17,791.             |                   |                  | -17,791.                          |
| Other Re                                      | 8      | а   | Gross income from fundraisi                                | •        | ·          |                    |                      |                   |                  |                                   |
| ð   |        |     | including \$   |          |            |                    |                      |                   |                  |                                   |
|   |        |     | contributions reported on                                  | -        |            |                    |                      |                   |                  |                                   |
|   |        | _   | Part IV, line 18   |          |            |                    | 4                    |                   |                  |                                   |
|   |        |     | Less: direct expenses                                      |          |            |                    |                      |                   |                  |                                   |
|   |        |     | Net income or (loss) from                                  |          |            |                    |                      |                   |                  |                                   |
|   | 9      | а   | Gross income from gamin<br>Part IV, line 19                | -        |            |                    |                      |                   |                  |                                   |
|   |        | h   | Less: direct expenses                                      |          |            |                    | -                    |                   |                  |                                   |
|   |        |     | Net income or (loss) from                                  |          |            |                    |                      |                   |                  |                                   |
|   |        |     | Gross sales of inventory, I                                |          |            |                    |                      |                   |                  |                                   |
|   |        | -   | and allowances   |          |            | a                  |                      |                   |                  |                                   |
|   |        | b   | Less: cost of goods sold                                   |          |            |                    | 1                    |                   |                  |                                   |
| _   |        |     | Net income or (loss) from                                  |          |            |                    |                      |                   |                  |                                   |
| "   |        |     |  |          |            | Business Code      |                      |                   |                  |                                   |
| a source                                      | 11     | а   |  |          |            |                    |                      |                   |                  |                                   |
| Miscellaneous<br>Revenue                      |        | b   |  |          |            |                    |                      |                   |                  |                                   |
| cell<br>Seve                                  |        | с   |  |          |            |                    |                      |                   | ļ                |                                   |
| Mis   |        |     | All other revenue  |          |            |                    | 7,718.               | 7,718.            |                  |                                   |
|   |        | e   | Total. Add lines 11a-11d<br>Total revenue. See instruction |          |            |                    | 7,718.               | 700 100           |                  | 268,587.                          |
|   | 12     |     | Iotal revenue. See instruction                             | ons      |            |                    | HE, O / Z, / 14.     | 790,169.          | I U•             | 400,30/.                          |

#### AMERICAN CIVIL LIBERTIES UNION FUND Form 990 (2023) OF MICHIGAN Part IX Statement of Functional Expenses

| Secti    | on 501(c)(3) and 501(c)(4) organizations must comp   |                              |  | nplete column (A).                 |                                |
|----------|--|------------------------------|--|------------------------------------|--------------------------------|
|          | Check if Schedule O contains a respon  |                              | this Part IX<br>(B)                        | (C)                                | (D)                            |
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | <b>(A)</b><br>Total expenses | ( <b>P)</b><br>Program service<br>expenses | Management and<br>general expenses | رط)<br>Fundraising<br>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  | 150,356.                     | 30,071.                                    | 50,119.                            | 70,166.                        |
| 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   | 2,476,824.                   | 1,812,941.                                 | 401,516.                           | 262,367.                       |
| 8        | Pension plan accruals and contributions (include   |                              |  | 00.00-                             |                                |
|          | section 401(k) and 403(b) employer contributions)  | 117,652.                     | 82,535.                                    | 20,225.                            | 14,892.                        |
| 9        | Other employee benefits  | 274,249.                     | 192,390.                                   | 47,146.                            | 34,713.                        |
| 10       | Payroll taxes  | 206,552.                     | 144,900.                                   | 35,508.                            | 26,144.                        |
| 11       | Fees for services (nonemployees):  |                              |  |                                    |                                |
|          | Management   |                              |  |                                    |                                |
|          | Legal  |                              |  |                                    |                                |
|          | Accounting   |                              |  |                                    |                                |
|          | Lobbying   |                              |  |                                    |                                |
|          | Professional fundraising services. See Part IV, line 17  |                              |  |                                    |                                |
| f        | Investment management fees   |                              |  |                                    |                                |
| g        | Other. (If line 11g amount exceeds 10% of line 25,   | 405,470.                     | 178,794.                                   | 191,512.                           | 35,164.                        |
| 40       | column (A), amount, list line 11g expenses on Sch 0.)  | 405,470.                     | 170,754.                                   | 171,512.                           | 55,104.                        |
| 12<br>13 | Advertising and promotion<br>Office expenses   | 251,868.                     | 179,346.                                   | 48,106.                            | 24,416.                        |
| 13       | Information technology   | 251,000.                     | 175,540.                                   | 40,100.                            | 21,110.                        |
| 15       | Royalties  |                              |  |                                    |                                |
| 16       | Occupancy  | 93,862.                      | 71,984.                                    | 12,128.                            | 9,750.                         |
| 17       | Travel   | 20,001                       | ,  | ,                                  |                                |
| 18       | Payments of travel or entertainment expenses   |                              |  |                                    |                                |
|          | for any federal, state, or local public officials  |                              |  |                                    |                                |
| 19       | Conferences, conventions, and meetings   | 154,016.                     | 118,116.                                   | 19,900.                            | 16,000.                        |
| 20       | Interest   | •                            |  |                                    | •                              |
| 21       | Payments to affiliates   |                              |  |                                    |                                |
| 22       | Depreciation, depletion, and amortization  | 68,024.                      | 52,169.                                    | 8,789.                             | 7,066.                         |
| 23       | Insurance  |                              |  |                                    |                                |
| 24       | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>amount, list line 24e expenses on Schedule 0.) |                              |  |                                    |                                |
| а        | PROGRAM ACTIVITIES   | 68,340.                      | 60,104.                                    | 6,118.                             | 2,118.                         |
| b        | PUBLICATIONS   | 26,905.                      | 25,245.                                    |                                    | 1,660.                         |
| с        |  |                              |  |                                    |                                |
| d        |  |                              |  |                                    |                                |
| е        | All other expenses   | 133.                         |  |                                    | 133.                           |
| 25       | Total functional expenses. Add lines 1 through 24e   | 4,294,251.                   | 2,948,595.                                 | 841,067.                           | 504,589.                       |
| 26       | Joint costs. Complete this line only if the organization   |                              |  |                                    |                                |
|          | reported in column (B) joint costs from a combined   |                              |  |                                    |                                |
|          | educational campaign and fundraising solicitation.   |                              |  |                                    |                                |

Check here

if following SOP 98-2 (ASC 958-720)

# AMERICAN CIVIL LIBERTIES UNION FUND OF MICHIGAN

Form 990 (2023)
Part X Balance Sheet

| rai                         | τx       | Balance Sheet  |                                       |                                 |          |                           |
|-----------------------------|----------|--|---------------------------------------|---------------------------------|----------|---------------------------|
|                             |          | Check if Schedule O contains a response or note to any line ir   | this Part X                           |                                 |          |                           |
|                             |          |  |                                       | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year |
|                             | 1        | Cash - non-interest-bearing  |                                       | 22,000.                         | 1        | 548,832                   |
|                             | 2        | Savings and temporary cash investments   |                                       | 5,198,543.                      | 2        | 5,475,188                 |
|                             | 3        | Pledges and grants receivable, net   |                                       | 1,054,857.                      | 3        | 1,119,506                 |
|                             | 4        | Accounts receivable, net   |                                       |                                 | 4        |                           |
|                             | 5        | Loans and other receivables from any current or former officer   |                                       |                                 |          |                           |
|                             |          | trustee, key employee, creator or founder, substantial contribu  | itor, or 35%                          |                                 |          |                           |
|                             |          | controlled entity or family member of any of these persons   |                                       |                                 | 5        |                           |
|                             | 6        | Loans and other receivables from other disqualified persons (a   | s defined                             |                                 |          |                           |
|                             |          | under section 4958(f)(1)), and persons described in section 49   |                                       | 6                               |          |                           |
| 2                           | 7        | Notes and loans receivable, net  |                                       | 7                               |          |                           |
| Assets                      | 8        | Inventories for sale or use  |                                       |                                 | 8        |                           |
| Ä                           | 9        | Prepaid expenses and deferred charges  |                                       | 72,698.                         | 9        | 45,239                    |
|                             | 10a      | Land, buildings, and equipment: cost or other  |                                       |                                 |          |                           |
|                             |          | Land, buildings, and equipment: cost or other       basis. Complete Part VI of Schedule D       Less: accumulated depreciation       10b | .,919,450.                            |                                 |          |                           |
|                             | b        | Less: accumulated depreciation 10b   | 930,305.                              | 1,072,221.                      | 10c      | 989,145                   |
|                             | 11       | Investments - publicly traded securities   | 3,614,993.                            | 11                              |          |                           |
|                             | 12       | Investments - other securities. See Part IV, line 11   |                                       |                                 | 12       | 3,100,394                 |
|                             | 13       | Investments - program-related. See Part IV, line 11  |                                       |                                 | 13       |                           |
|                             | 14       | Intangible assets  |                                       | 14                              |          |                           |
|                             | 15       | Other assets. See Part IV, line 11   |                                       | 34,133.                         | 15       | 8,343                     |
|                             | 16       | Total assets. Add lines 1 through 15 (must equal line 33)  |                                       | 11,069,445.                     | 16       | 11,286,64                 |
|                             | 17       | Accounts payable and accrued expenses  | ·····                                 | 1,157,496.                      | 17       | 1,060,071                 |
|                             | 18       | Grants payable   |                                       |                                 | 18       |                           |
|                             | 19       | Deferred revenue   |                                       | 19                              |          |                           |
|                             | 20       | Tax-exempt bond liabilities  |                                       | 20                              |          |                           |
|                             | 21       | Escrow or custodial account liability. Complete Part IV of Sche  |                                       |                                 | 21       |                           |
| 20                          | 22       | Loans and other payables to any current or former officer, dire  |                                       |                                 |          |                           |
|                             |          | trustee, key employee, creator or founder, substantial contribu  | itor, or 35%                          |                                 |          |                           |
| LIAUIIUES                   |          |  | ····· -                               |                                 | 22       |                           |
| -                           | 23       | Secured mortgages and notes payable to unrelated third parti   | F                                     |                                 | 23       |                           |
|                             | 24       | Unsecured notes and loans payable to unrelated third parties   |                                       |                                 | 24       |                           |
|                             | 25       | Other liabilities (including federal income tax, payables to relat   |                                       |                                 |          |                           |
|                             |          | parties, and other liabilities not included on lines 17-24). Comp  | lete Part X                           | 276 020                         |          | 617 654                   |
|                             |          | of Schedule D  | F                                     | 376,020.                        | 25       | 617,652                   |
|                             | 26       | Total liabilities. Add lines 17 through 25   |                                       | 1,533,516.                      | 26       | 1,677,723                 |
| 0                           |          | <b>v</b>   | X                                     |                                 |          |                           |
| 2                           | 07       | and complete lines 27, 28, 32, and 33.   |                                       | 7,841,515.                      | 07       | 7 352 /05                 |
| ala                         | 27       | Net assets without donor restrictions  | E E E E E E E E E E E E E E E E E E E | 1,694,414.                      | 27       | 7,352,407                 |
| ם ס                         | 28       | Net assets with donor restrictions   |                                       | 1,094,414.                      | 28       | 2,230,31                  |
|                             |          | Organizations that do not follow FASB ASC 958, check her   | e 🗋                                   |                                 |          |                           |
| 5                           | 00       | and complete lines 29 through 33.  |                                       |                                 | 00       |                           |
| 20                          | 29<br>20 | Capital stock or trust principal, or current funds   |                                       |                                 | 29       |                           |
| 200                         | 30<br>21 | Paid-in or capital surplus, or land, building, or equipment fund   |                                       |                                 | 30       |                           |
| Net Assets of Fund Balances | 31       | Retained earnings, endowment, accumulated income, or othe  | E E E E E E E E E E E E E E E E E E E | 9,535,929.                      | 31       | 9,608,924                 |
| -                           | 32       | Total net assets or fund balances  | ······                                | 11,069,445.                     | 32<br>33 | 11,286,647                |

Form **990** (2023)

| AMERICAN CIVIL LIB | ERTIES UNION | FUND |
|--------------------|--------------|------|
|--------------------|--------------|------|

| Form | 990 (2023) OF MICHIGAN   | 23-724    | 43421 | Pag      | <sub>ge</sub> 12 |
|------|--|-----------|-------|----------|------------------|
| Par  | t XI Reconciliation of Net Assets  |           |       |          |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XI  |           |       |          | X                |
|      |  |           |       |          |                  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1         | 4,672 |          |                  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2         | 4,294 |          |                  |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3         |       | <u> </u> | 63.              |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                          | 4         | 9,535 |          |                  |
| 5    | Net unrealized gains (losses) on investments   | 5         | 344   | 1,60     | 02.              |
| 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         | -650  | ), ('    | 70.              |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                 |           |       |          |                  |
|      | column (B))  | 10        | 9,608 | 3,92     | 24.              |
| Par  | t XII Financial Statements and Reporting   |           |       |          |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                       |           |       |          |                  |
|      |  |           |       | Yes      | No               |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other   |           |       |          |                  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule     | 0.        |       |          |                  |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |           | 2a    |          | Х                |
|      | 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    | Х        |                  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate   |           |       |          |                  |
|      | consolidated basis, or both:   | ,         |       |          |                  |
|      | Separate basis Consolidated basis X 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 | 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  |           |       |          |                  |
| 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                |
|      | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit |       |          |                  |
| h    |  |           |       |          |                  |

Form **990** (2023)

| SCHEDULE A<br>(Form 990) |           |  | Co                   |                          | OMB No. 1545-0047  |                        |                  |                  |               |                                   |
|--------------------------|-----------|--|----------------------|--------------------------|--|------------------------|------------------|------------------|---------------|-----------------------------------|
|                          |           | nue Service  |                      |                          | ttach to Form 990 or Fo<br>Form990 for instructior       |                        |                  | ormation.        |               | Inspection                        |
|                          |           | the organization   | on AMER<br>OF M      | ICAN CIVIL               | LIBERTIES UN   | NION E                 | FUND             |                  | 2             | identification number $3-7243421$ |
| Pa                       | nrt I     | Reason   | or Public (          | Charity Status.          | (All organizations must c                                | omplete th             | nis part.) S     | ee instruction   | S.            |                                   |
| The                      | organ     | ization is not a   | private found        | lation because it is: (F | For lines 1 through 12, cl                               | neck only              | one box.)        |                  |               |                                   |
| 1                        |           | A church, cor  | vention of ch        | urches, or associatio    | n of churches described                                  | in sectio              | n 170(b)(1       | I)(A)(i).        |               |                                   |
| 2                        |           | A school dese  | ribed in <b>sect</b> | ion 170(b)(1)(A)(ii). (  | Attach Schedule E (Form                                  | n 990).)               |                  |                  |               |                                   |
| 3                        |           | A hospital or  | a cooperative        | hospital service orga    | anization described in se                                | ection 170             | (b)(1)(A)(ii     | ii).             |               |                                   |
| 4                        |           | A medical res  | earch organiz        | ation operated in cor    | njunction with a hospital                                | described              | in sectio        | n 170(b)(1)(A    | )(iii). Enter | the hospital's name,              |
|                          |           | city, and state  |                      |                          |  |                        |                  |                  |               |                                   |
| 5                        |           | An organizati  | on operated fo       | or the benefit of a col  | lege or university owned                                 | or operat              | ed by a go       | overnmental u    | nit describe  | ed in                             |
|                          |           | section 170  | b)(1)(A)(iv).(       | Complete Part II.)       |  |                        |                  |                  |               |                                   |
| 6                        |           |  | -                    | -                        | nental unit described in                                 |                        |                  |                  |               |                                   |
| 7                        | X         |  |                      |                          | ntial part of its support fr                             | om a gove              | ernmental        | unit or from th  | ne general p  | public described in               |
|                          |           | -  |                      | omplete Part II.)        |  |                        |                  |                  |               |                                   |
| 8                        |           | -  |                      |                          | 1)(A)(vi). (Complete Parl                                |                        |                  |                  |               |                                   |
| 9                        |           | •  |                      |                          | in section 170(b)(1)(A)(i                                | • •                    |                  |                  | Ũ             | •                                 |
|                          |           |  | or a non-land-c      | grant college of agrici  | ulture (see instructions).                               | Enter the i            | name, city       | , and state of   | the college   | or                                |
| 40                       |           | university:  |                      |                          |  | a                      |                  |                  |               |                                   |
| 10                       |           |  |                      |                          | than 33 1/3% of its supp                                 |                        |                  |                  |               |                                   |
|                          |           |  |                      |                          | t to certain exceptions; a<br>(less section 511 tax) fro |                        |                  |                  |               | -                                 |
|                          |           |  |                      | mplete Part III.)        |  |                        | ses acqui        |                  | janization a  |                                   |
| 11                       |           |  |                      |                          | vely to test for public sat                              | oty See                | section 50       | <b>19(a)(</b> 4) |               |                                   |
| 12                       | $\square$ | -  | -                    | -                        | vely for the benefit of, to                              | •                      |                  |                  | rry out the   | nurposes of one or                |
|                          |           | -  | -                    | -                        | d in section 509(a)(1) o                                 | -                      |                  |                  | •             |                                   |
|                          |           |  |                      | -                        | f supporting organization                                |                        |                  |                  |               |                                   |
| a                        |           | -  | •                    | • •                      | upervised, or controlled                                 |                        |                  |                  | -             | giving                            |
|                          |           |  |                      |                          | gularly appoint or elect a                               | • • • •                | -                |                  |               |                                   |
|                          |           | organizatio  | n. You must o        | complete Part IV, Se     | ections A and B.   |                        |                  |                  |               |                                   |
| b                        |           | <b>Type II.</b> A s  | upporting org        | anization supervised     | or controlled in connect                                 | ion with its           | s supporte       | ed organizatio   | n(s), by hav  | ring                              |
|                          |           | control or n   | nanagement o         | of the supporting orga   | anization vested in the sa                               | ame perso              | ns that co       | ntrol or mana    | ge the supp   | orted                             |
|                          |           | organizatio  | n(s). <b>You mus</b> | t complete Part IV,      | Sections A and C.  |                        |                  |                  |               |                                   |
| c                        |           | _ Type III fun   | ctionally inte       | grated. A supporting     | g organization operated                                  | in connect             | tion with, a     | and functional   | ly integrate  | d with,                           |
|                          | _         | _ its supporte   | ed organizatio       | n(s) (see instructions)  | ). You must complete F                                   | Part IV, Se            | ctions A,        | D, and E.        |               |                                   |
| c                        |           |  |                      |                          | orting organization oper                                 |                        |                  |                  |               |                                   |
|                          |           |  | -                    |                          | ation generally must sati                                | •                      |                  |                  | an attentiv   | reness                            |
|                          |           | 7  |                      |                          | nplete Part IV, Sections                                 |                        |                  |                  |               |                                   |
| e                        |           |  | •                    |                          | written determination from                               |                        |                  | Туре I, Туре     | II, Type III  |                                   |
|                          | <b>-</b>  |  |                      |                          | nally integrated supportir                               |                        |                  |                  |               |                                   |
| t                        |           | er the number of the following the second seco |                      | n about the supporte     | d organization(c)  |                        |                  |                  |               |                                   |
|                          |           | i) Name of suppo   |                      | (ii) EIN                 | (iii) Type of organization                               |                        | anization listed | (v) Amount of    | fmonetary     | (vi) Amount of other              |
|                          | -         | organization   |                      |                          | (described on lines 1-10                                 | in your governi<br>Yes | ng document?     | support (see ir  | nstructions)  | support (see instructions)        |
|                          |           |  |                      |                          | above (see instructions))                                | 103                    |                  |                  |               |                                   |
|                          |           |  |                      |                          |  |                        |                  |                  |               |                                   |
|                          |           |  |                      |                          |  |                        |                  |                  |               |                                   |
|                          |           |  |                      |                          |  |                        |                  |                  |               |                                   |
|                          |           |  |                      |                          |  |                        |                  |                  |               |                                   |
|                          |           |  |                      |                          |  |                        |                  |                  |               |                                   |
|                          |           |  |                      |                          |  |                        |                  |                  |               |                                   |
|                          |           |  |                      |                          |  |                        |                  |                  |               |                                   |
| Tota                     | al        |  |                      |                          |  |                        |                  |                  |               |                                   |

# AMERICAN CIVIL LIBERTIES UNION FUND OF MICHIGAN

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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  | ction A. Public Support  |                      |                      |                       |                     |                     | -         |
|------|--|----------------------|----------------------|-----------------------|---------------------|---------------------|-----------|
| Cale | ndar year (or fiscal year beginning in)                          | (a) 2019             | <b>(b)</b> 2020      | <b>(c)</b> 2021       | (d) 2022            | (e) 2023            | (f) Total |
| 1    | Gifts, grants, contributions, and                                |                      |                      |                       |                     |                     |           |
|      | membership fees received. (Do not include any "unusual grants.") | 4285543.             | 7985188.             | 4245317.              | 2779224.            | 3613958.            | 22909230. |
| 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                                     | 4285543.             | 7985188.             | 4245317.              | 2779224.            | 3613958.            | 22909230. |
| 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)   |                      |                      |                       |                     |                     | 3990774.  |
| 6    | Public support. Subtract line 5 from line 4.                     |                      |                      |                       |                     |                     | 18918456. |
| Sec  | tion B. Total Support  |                      |                      |                       |                     |                     | 1         |
|      | ndar year (or fiscal year beginning in)                          | (a) 2019             | (b) 2020             | (c) 2021              | (d) 2022            | (e) 2023            | (f) Total |
|      | Amounts from line 4  | 4285543.             | 7985188.             | 4245317.              | 2779224.            | 3613958.            | 22909230. |
| 8    | Gross income from interest,                                      |                      |                      |                       |                     |                     |           |
|      | dividends, payments received on                                  |                      |                      |                       |                     |                     |           |
|      | securities loans, rents, royalties,                              | 105 105              |                      |                       | 4 - 4 4             |                     |           |
|      | and income from similar sources $\dots$                          | 107,495.             | 62,024.              | 62,677.               | 179,772.            | 287,578.            | 699,546.  |
| 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                                 |                      |                      |                       |                     | 1 -                 |           |
|      | assets (Explain in Part VI.)                                     |                      |                      |                       |                     | 7,718.              |           |
|      | Total support. Add lines 7 through 10                            |                      |                      |                       |                     |                     | 23616494. |
|      | Gross receipts from related activities,                          |                      |                      |                       |                     |                     | ,959,404. |
| 13   | First 5 years. If the Form 990 is for the                        |                      | st, second, third, f | ourth, or fifth tax y | vear as a section 5 | 01(c)(3)            |           |
| 0.00 | organization, check this box and stop                            |                      |                      |                       |                     |                     |           |
|      | tion C. Computation of Publi                                     |                      | -                    |                       |                     |                     | 00 11     |
|      | Public support percentage for 2023 (I                            |                      |                      |                       |                     | 14                  | 80.11 %   |
|      | Public support percentage from 2022                              |                      |                      |                       |                     | 15                  | 82.69 %   |
| 16a  | 33 1/3% support test - 2023. If the c                            |                      |                      |                       | 14 is 33 1/3% or m  | ore, check this bo  |           |
|      | stop here. The organization qualifies                            |                      | -                    |                       |                     |                     |           |
| a    | 33 1/3% support test - 2022. If the c                            |                      |                      |                       |                     |                     |           |
| 47-  | and stop here. The organization qual                             |                      |                      |                       | 12 160 or 16b o     |                     |           |
| 17a  | 10% -facts-and-circumstances test                                |                      |                      |                       |                     |                     |           |
|      | and if the organization meets the fact                           |                      |                      | -                     |                     | -                   |           |
| 1-   | meets the facts-and-circumstances te                             | •                    | •                    |                       | •                   | Za and line 15 is   |           |
| a    | 10% -facts-and-circumstances test                                | •                    |                      |                       |                     |                     | 10% Or    |
|      | more, and if the organization meets the                          |                      |                      |                       |                     |                     |           |
| 40   | organization meets the facts-and-circu                           |                      |                      |                       |                     |                     |           |
| 18   | Private foundation. If the organization                          | in uld not check à l | oox on line 13, 16a  | a, 100, 17a, or 17b   | , check this box a  | iu see instructions | s         |

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Part II

|  | AMERICAN | CIVIL | LIBERTIES | UNION | FUND |
|--|----------|-------|-----------|-------|------|
|--|----------|-------|-----------|-------|------|

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# Schedule A (Form 990) 2023 OF MICHIGAN 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.) Section A. Public Support

| ocotion A. I upilo ouppoit   |                       |                  |                     |                     |                  |            |                  |
|--|-----------------------|------------------|---------------------|---------------------|------------------|------------|------------------|
| Calendar year (or fiscal year beginning in)  | (a) 2019              | <b>(b)</b> 2020  | (c) 2021            | (d) 2022            | (e) 20           | )23        | (f) Total        |
| <b>1</b> Gifts, grants, contributions, and   |                       |                  |                     |                     |                  |            |                  |
| membership fees received. (Do not  |                       |                  |                     |                     |                  |            |                  |
| include any "unusual grants.")   |                       |                  |                     |                     |                  |            |                  |
| 2 Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose                                 |                       |                  |                     |                     |                  |            |                  |
| <ul> <li>Gross receipts from activities that<br/>are not an unrelated trade or bus-<br/>iness under section 513</li> </ul>   |                       |                  |                     |                     |                  |            |                  |
| <ul> <li>4 Tax revenues levied for the organ-<br/>ization's benefit and either paid to<br/>or expended on its behalf</li> </ul>  |                       |                  |                     |                     |                  |            |                  |
| 5 The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge  |                       |                  |                     |                     |                  |            |                  |
| 6 Total. Add lines 1 through 5   |                       |                  |                     |                     |                  |            |                  |
| <b>7a</b> Amounts included on lines 1, 2, and  |                       |                  |                     |                     |                  |            |                  |
| 3 received from disqualified persons<br><b>b</b> Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year |                       |                  |                     |                     |                  |            |                  |
| <b>c</b> Add lines 7a and 7b   |                       |                  |                     |                     |                  |            |                  |
| 8 Public support. (Subtract line 7c from line 6.)  |                       |                  |                     |                     |                  |            |                  |
| Section B. Total Support   |                       |                  |                     |                     |                  |            |                  |
| Calendar year (or fiscal year beginning in)  | <b>(a)</b> 2019       | <b>(b)</b> 2020  | (c) 2021            | (d) 2022            | (e) 20           | 023        | <b>(f)</b> Total |
| <ul> <li>9 Amounts from line 6</li> <li>10a Gross income from interest,<br/>dividends, payments received on<br/>securities loans, rents, royalties,<br/>and income from similar sources</li> </ul>                       |                       |                  |                     |                     |                  |            |                  |
| <b>b</b> Unrelated business taxable income<br>(less section 511 taxes) from businesses<br>acquired after June 30, 1975   | 8                     |                  |                     |                     |                  |            |                  |
| <ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>                                      |                       |                  |                     |                     |                  |            |                  |
| <ul> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>12 Total support (Addiese 40)</li> </ul>  |                       |                  |                     |                     |                  |            |                  |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)  | the organization's fi | ret second third | fourth or fifth tox | Voor as a costion F | L<br>01(c)(2) cr | appization |                  |
| <b>14 First 5 years.</b> If the Form 990 is for  | 0                     |                  |                     |                     |                  | •          | ·                |
| check this box and stop here<br>Section C. Computation of Pub  | lic Support De        | contado          |                     |                     |                  | <u></u>    | ·····            |
|  |                       |                  | (0)                 |                     | 4                |            |                  |
| <b>15</b> Public support percentage for 2023   |                       | •                |                     |                     | 15               |            | %                |
| 16 Public support percentage from 202  |                       |                  |                     |                     | 16               |            | %                |
| Section D. Computation of Inve   |                       | •                |                     |                     |                  |            |                  |
| 17 Investment income percentage for 2  |                       |                  |                     |                     | 17               |            | %                |
| <b>18</b> Investment income percentage from  |                       |                  |                     |                     | 18               |            | %                |
| 19a 33 1/3% support tests - 2023. If th  |                       |                  |                     |                     |                  | nd line 17 | is not           |
| more than 33 1/3%, check this box a <b>b 33 1/3% support tests - 2022.</b> If th   | -                     | •                |                     | •••••               |                  | 5 1/3%, an | d                |
| line 18 is not more than 33 1/3%, ch   | -                     |                  |                     |                     |                  |            |                  |
| 20 Private foundation. If the organizat  |                       |                  |                     |                     |                  |            |                  |

#### AMERICAN CIVIL LIBERTIES UNION FUND OF MICHIGAN

Schedule A (Form 990) 2023

# 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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

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1

Yes

No

| Sche | edule A (Form 990) 2023 OF MICHIGAN   | 23-72434             | 21 р | age <b>5</b> |
|------|---|----------------------|------|--------------|
| Pa   | rt IV Supporting Organizations (continued)  |                      |      |              |
|      |   |                      | 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  |                      |      |              |
|      | 11c below, the governing body of a supported organization?  | 11a                  |      |              |
| b    | 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  |                      |      |              |
|      | 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 a more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among | fficers,             |      |              |
|      | 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                    |      |              |
| 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 <b>Part VI</b> how   |                      |      |              |
|      |   | 2                    |      |              |
| 3    | the organization maintained a close and continuous working relationship with the supported organization(s).<br>By reason of the relationship described on line 2, above, did the organization's supported organizations have a  |                      |      |              |
| 5    | 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  |                      |      |              |
| Sec  | supported organizations played in this regard.<br>tion E. Type III Functionally Integrated Supporting Organizations   | 3                    |      |              |
|      |   |                      |      |              |
| 1    | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins  | tructions).          |      |              |
| a    | The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>   |                      |      |              |
| 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 <b>Part VI</b> how you supported a governmental entity.   | tity (see instructio | · ·  | N.           |
| 2    | Activities Test. <b>Answer lines 2a and 2b below.</b>   |                      | Yes  | No           |
| а    | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of  |                      |      |              |
|      | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify  |                      |      |              |
|      | those supported organizations and explain how these activities directly furthered their exempt purposes,  |                      |      |              |
|      | how the organization was responsive to those supported organizations, and how the organization determined   |                      |      |              |

that these activities constituted substantially all of its activities.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 

3b | Schedule A (Form 990) 2023

2a

2b

3a

| AMERICAN  | CIVIL | LIBERTIES | UNION | FUND |  |
|-----------|-------|-----------|-------|------|--|
| OF MICHIC | JAN   |           |       |      |  |

| Sche | edule A (Form 990) 2023 OF MICHIGAN  |                |                                | 23-7243421 Page 6              |
|------|--|----------------|--------------------------------|--------------------------------|
| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin                  | g Orgar        | nizations                      |                                |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifyin | g trust on     | Nov. 20, 1970 ( explain in     | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations mus    | t complete     | Sections A through E.          |                                |
| Sect | ion A - Adjusted Net Income  | (A) Prior Year | (B) Current Year<br>(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<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                  |                |                                |                                |
|      | instructions for short tax year or assets held for part of year):              |                |                                |                                |
| a    | Average monthly value of securities  | 1a             |                                |                                |
| b    | Average monthly cash balances  | 1b             |                                |                                |
| C    | Fair market value of other non-exempt-use assets                               | 1c             |                                |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d             |                                |                                |
| 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              |                                |                                |

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

Schedule A (Form 990) 2023

| 23-724 | 3421 | Page 7 |
|--------|------|--------|
|        |      |        |

|       | dule A (Form 990) 2023 OF MICHIGAN                              |                               | ·                                     | 2           | 3-7243421 Page 7                          |
|-------|---|-------------------------------|---------------------------------------|-------------|---|
| Par   | t V Type III Non-Functionally Integrated 509                    | (a)(3) Supporting Orga        | nizations (continu                    | <u>ied)</u> |   |
| Secti | on D - Distributions  |                               |                                       |             | Current Year                              |
| 1     | Amounts paid to supported organizations to accomplish exe       |                               |                                       | 1           |   |
| 2     | Amounts paid to perform activity that directly furthers exemp   | t purposes of supported       |                                       |             |   |
|       | organizations, in excess of income from activity                |                               | 2                                     |             |   |
| 3     | Administrative expenses paid to accomplish exempt purpose       | es of supported organizations | 3                                     | 3           |   |
| 4     | Amounts paid to acquire exempt-use assets                       |                               |                                       | 4           |   |
| 5     | Qualified set-aside amounts (prior IRS approval required - pro- | ovide details in Part VI)     |                                       | 5           |   |
| 6     | Other distributions (describe in Part VI). See instructions.    |                               |                                       | 6           |   |
| _7    | Total annual distributions. Add lines 1 through 6.              |                               |                                       | 7           |   |
| 8     | Distributions to attentive supported organizations to which the | ne organization is responsive |                                       |             |   |
|       | (provide details in Part VI). See instructions.                 |                               |                                       | 8           |   |
| 9     | Distributable amount for 2023 from Section C, line 6            |                               |                                       | 9           |   |
| 10    | Line 8 amount divided by line 9 amount                          | 1                             |                                       | 10          |   |
| Secti | on E - Distribution Allocations (see instructions)              | (i)<br>Excess Distributions   | (ii)<br>Underdistributior<br>Pre-2023 | is          | (iii)<br>Distributable<br>Amount for 2023 |
| 1     | Distributable amount for 2023 from Section C, line 6            |                               |                                       |             |   |
| 2     | Underdistributions, if any, for years prior to 2023 (reason-    |                               |                                       |             |   |
|       | able cause required - explain in Part VI). See instructions.    |                               |                                       |             |   |
| 3     | Excess distributions carryover, if any, to 2023                 |                               |                                       |             |   |
| а     | From 2018   |                               |                                       |             |   |
| b     | From 2019   |                               |                                       |             |   |
| с     | From 2020   |                               |                                       |             |   |
| d     | From 2021   |                               |                                       |             |   |
| е     | From 2022   |                               |                                       |             |   |
| f     | Total of lines 3a through 3e                                    |                               |                                       |             |   |
| g     | Applied to underdistributions of prior years                    |                               |                                       |             |   |
| h     | Applied to 2023 distributable amount                            |                               |                                       |             |   |
| i     | Carryover from 2018 not applied (see instructions)              |                               |                                       |             |   |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                               |                                       |             |   |
| 4     | Distributions for 2023 from Section D,                          |                               |                                       |             |   |
|       | line 7: \$  |                               |                                       |             |   |
| а     | Applied to underdistributions of prior years                    |                               |                                       |             |   |
| b     | Applied to 2023 distributable amount                            |                               |                                       |             |   |
| с     | Remainder. Subtract lines 4a and 4b from line 4.                |                               |                                       |             |   |
| 5     | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h        |                               |                                       |             |   |
|       | and 4b from line 1. For result greater than zero, explain in    |                               |                                       |             |   |
|       | Part VI. See instructions.                                      |                               |                                       |             |   |
| 7     | Excess distributions carryover to 2024. Add lines 3j            |                               |                                       |             |   |
|       | and 4c.   |                               |                                       |             |   |
| 8     | Breakdown of line 7:  |                               |                                       |             |   |
| а     | Excess from 2019  |                               |                                       |             |   |
| b     | Excess from 2020  |                               |                                       |             |   |
| с     | Excess from 2021  |                               |                                       |             |   |
|       | Excess from 2022  |                               |                                       |             |   |
| е     | Excess from 2023  |                               |                                       |             |   |
|       |   |                               |                                       |             |   |

Schedule A (Form 990) 2023

|          |                                       |   |                        |                         |                         |                           | LIBE                       | RTIES                      | UNION                        | FUND                           |                        | 00 004040  |       |
|----------|---------------------------------------|---|------------------------|-------------------------|-------------------------|---------------------------|----------------------------|----------------------------|------------------------------|--------------------------------|------------------------|--|-------|
| Schedule | A (Form 990)                          | 2023  |                        | OF MI                   |                         |                           |                            | in the D                   |                              | Dent II. Pres                  | 47                     | 23-724342  |       |
| T urt vi | Part IV, S<br>line 1; Pa<br>Section D | ection A, li<br>rt IV, Secti<br>), lines 5, 6 | ines 1, 2<br>on D, lin | , 3b, 3c, 4<br>es 2 and | 4b, 4c, 5<br>3; Part I\ | a, 6, 9a, 9<br>/, Section | b, 9c, 11a,<br>E, lines 1c | , 11b, and<br>;, 2a, 2b, 3 | 11c; Part IV<br>a, and 3b; F | , Section B,<br>Part V, line 1 | , lines 1<br>; Part V, | 17b; Part III, line 12;<br>and 2; Part IV, Secti<br>Section B, line 1e; l<br>al information. | on C, |
|          | (See instr                            | uctions.)                                     |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
| SCHED    | OULE A,                               | PART  | II,                    | LINE                    | 10,                     | EXPL                      | ANATIC                     | ON FOR                     | OTHER                        | R INCOM                        | ME:                    |  |       |
| OTHER    | REVEN                                 | JE  |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
| 2023     | AMOUNT                                | : \$  | 7,71                   | .8.                     |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |
|          |                                       |   |                        |                         |                         |                           |                            |                            |                              |                                |                        |  |       |

| Department of the Treasury<br>Internal Revenue Service | •                | e if the organization is described<br>to www.irs.gov/Form990 for ins        |  |  | Open to Public<br>Inspection                        |
|--|------------------|---|--|--|---|
| If the organization answ                               | vered "Yes" on   | Form 990, Part IV, line 3, or Form  | n 990-EZ, Part V, line                     | 46 (Political Campaign Act                     | tivities), then:                                    |
| <ul> <li>Section 501(c)(3) org</li> </ul>              | anizations: Com  | plete Parts I-A and B. Do not comp  | olete Part I-C.                            |  |   |
| <ul> <li>Section 501(c) (other</li> </ul>              | than section 50  | 1(c)(3)) organizations: Complete Pa   | arts I-A and C below. D                    | Do not complete Part I-B.                      |   |
| <ul> <li>Section 527 organiza</li> </ul>               | ations: Complete | Part I-A only.  |  |  |   |
| f the organization answ                                | vered "Yes" on   | Form 990, Part IV, line 4, or Form  | n 990-EZ, Part VI, line                    | e 47 (Lobbying Activities), t                  | hen:  |
|  |                  | nave filed Form 5768 (election unde   |  |  |   |
|  |                  | nave NOT filed Form 5768 (election  |  | •  | •   |
| -  |                  | Form 990, Part IV, line 5 (Proxy 1  | ax) (see separate ins                      | tructions) or Form 990-EZ                      | , Part V, line 35c (Proxy                           |
| Tax) (see separate instr                               |                  |   |  |  |   |
|  | -                | ions: Complete Part III.  |  | · · · ·  |   |
| Name of organization                                   |                  | N CIVIL LIBERTIES   | UNION FUND                                 | Employ   | ver identification number                           |
|  | OF MICH          |   | $c_{c_{c_{c_{c_{c_{c_{c_{c_{c_{c_{c_{c_{c$ | via a contian EOZ aver                         | 23-7243421  |
| Part I-A Comple  | ete if the org   | anization is exempt under   | section 501(c) of                          | r is a section 527 orga                        | anization.  |
|  |                  |   |  |  |   |
|  | -                | ation's direct and indirect political                                       |  |  |   |
|  |                  | ures  |  |  |   |
| 3 Volunteer hours for                                  | political campai | gn activities   |  |  |   |
| Part I-B Comple  | ate if the org   | anization is exempt under   | section 501(c)(3)                          |  |   |
|  |                  |   |  |  |   |
|  |                  | incurred by the organization under  |  |  |   |
|  |                  | incurred by organization managers   |  |  |   |
|  |                  | n 4955 tax, did it file Form 4720 for                                       |  |  |   |
|  |                  |   |  |  | Yes No  |
| b If "Yes," describe in<br>Part I-C Comple             |                  | anization is exempt under   | section 501(c)                             | veent section 501(c)(                          | 3)  |
|  |                  |   |  |  | 0).   |
|  |                  | l by the filing organization for section                                    |  |  |   |
|  |                  | ization's funds contributed to othe   | •  |  |   |
| exempt function ac                                     |                  |   |  | ۰۰۰۰۰ »_                                       |   |
|  | -                | . Add lines 1 and 2. Enter here and   |  | •  |   |
|  |                  |   |  |  |   |
|  |                  | 1120-POL for this year?   |  |  |   |
|  |                  | nployer identification number (EIN)   |  | -  |   |
|  |                  | tion listed, enter the amount paid fi                                       |  |  |   |
|  |                  | omptly and directly delivered to a s<br>additional space is needed, provide | · · ·                                      | , ,  | segregated fund or a                                |
| •  | . ,              | • •   |  |  |   |
| <b>(a)</b> Name  | •                | (b) Address   | (c) EIN                                    | (d) Amount paid from                           | (e) Amount of political                             |
|  |                  |   |  | filing organization's funds. If none, enter -0 | contributions received and<br>promptly and directly |
|  |                  |   |  |  | delivered to a separate                             |
|  |                  |   |  |  | political organization.                             |
|  |                  |   |  |  | If none, enter -0                                   |
|  |                  |   |  |  |   |
|  |                  |   |  |  |   |
|  |                  |   |  |  |   |
|  |                  |   |  |  |   |
|  |                  |   |  |  |   |
|  |                  |   |  |  |   |
|  |                  |   |  |  |   |
|  |                  |   |  |  |   |
|  |                  |   | 1  |  |   |

# **Political Campaign and Lobbying Activities**

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

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

SCHEDULE C

(Form 990)

23

| AMERICAN CIVIL LIBERTIES UNION FUN |
|------------------------------------|
|------------------------------------|

Schedule C (Form 990) 2023 OF MICHIGAN 23-7243421 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, A Check expenses, and share of excess lobbying expenditures). if the filing organization checked box A and "limited control" provisions apply. B Check (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals **1a** Total lobbying expenditures to influence public opinion (grassroots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) 3,789,662. d Other exempt purpose expenditures 3,789,662. e Total exempt purpose expenditures (add lines 1c and 1d) 339,483. Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: not over \$500,000, 20% of the amount on line 1e. over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000. over \$1,000,000 but not over \$1,500,000 over \$1,500,000 but not over \$17,000,000, \$225,000 plus 5% of the excess over \$1,500,000. over \$17,000,000, \$1,000,000. 84,871 g Grassroots nontaxable amount (enter 25% of line 1f) 0. h Subtract line 1g from line 1a. If zero or less, enter -0-Subtract line 1f from line 1c. If zero or less, enter -0-0. i. j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period                           |                 |                 |          |                  |                  |  |  |  |
|--|-----------------|-----------------|----------|------------------|------------------|--|--|--|
| Calendar year<br>(or fiscal year beginning in)                                 | <b>(a)</b> 2020 | <b>(b)</b> 2021 | (c) 2022 | ( <b>d)</b> 2023 | <b>(e)</b> Total |  |  |  |
| 2a Lobbying nontaxable amount  | 544,576.        | 307,801.        | 334,161. | 339,483.         | 1,526,021.       |  |  |  |
| <ul> <li>b Lobbying ceiling amount<br/>(150% of line 2a, column(e))</li> </ul> |                 |                 |          |                  | 2,289,032.       |  |  |  |
| <b>c</b> Total lobbying expenditures   |                 |                 |          |                  |                  |  |  |  |
| d Grassroots nontaxable amount   | 136,144.        | 76,950.         | 83,540.  | 84,871.          | 381,505.         |  |  |  |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e))                   |                 |                 |          |                  | 572,258.         |  |  |  |
| f Grassroots lobbying expenditures   |                 |                 |          |                  |                  |  |  |  |

Schedule C (Form 990) 2023

Yes

No

reporting section 4911 tax for this year?

#### OF MICHIGAN 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)               |          | (k        | o)    |
|--------|--|-------------------|----------|-----------|-------|
|        | lobbying activity.   | Yes               | No       | Amo       | ount  |
| 1<br>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)? $\dots$   |                   |          |           |       |
|        | Media advertisements?  |                   |          |           |       |
|        | Publications, or published or broadcast statements?  |                   |          |           |       |
|        | Grants to other organizations for lobbying purposes?   |                   |          |           |       |
|        | Direct contact with legislators, their staffs, government officials, or a legislative body?  |                   |          |           |       |
|        | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |                   |          |           |       |
|        |  |                   |          |           |       |
| -      | Other activities?<br>Total. Add lines 1c through 1i  |                   |          |           |       |
|        | Did the activities in line 1 cause the organization to not be 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?   |                   |          |           |       |
|        | t III-A Complete if the organization is exempt under section 501(c)(4), section  | n 501(c)(5),      | or sec   | tion      |       |
|        | 501(c)(6).   |                   |          | Yes       | No    |
| 4      | Ware substantially all (200% or mara) dues received pendeductible by members?  |                   | 1        |           |       |
| 1<br>2 | Were substantially all (90% or more) dues received nondeductible by members?   |                   |          |           |       |
| 2      | Did the organization agree to carry over lobbying and political campaign activity expenditures from th   |                   | 3        |           |       |
|        | t III-B Complete if the organization is exempt under section 501(c)(4), section  |                   | -        | tion      | I     |
|        | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '<br>answered "Yes."  |                   |          |           | 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  |                   |          |           |       |
|        | expenses for which the section 527(f) tax was paid).   |                   |          |           |       |
| а      | Current year   |                   | 2a       |           |       |
|        | Carryover from last year   |                   | 2b       |           |       |
|        | Total  |                   | 2c       |           |       |
| 3      | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  |                   | 3        |           |       |
| 4      | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce  |                   |          |           |       |
|        | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po   | olitical          |          |           |       |
|        | expenditures next year?  |                   | 4        |           |       |
| 5      | Taxable amount of lobbying and political expenditures. See instructions  | <u></u>           | 5        |           |       |
| Par    |  |                   |          |           |       |
| 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   | list); Part II-A, | ines 1 a | nd 2 (see |       |

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

| 60                               |                       | Supplemental Financial Statements  |           | OMB No. 1545-0047                    |  |  |  |  |  |
|----------------------------------|-----------------------|--|-----------|--------------------------------------|--|--|--|--|--|
|                                  | n 990)                | 2023   |           |                                      |  |  |  |  |  |
| •                                | ment of the Treasury  | Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.<br>Attach to Form 990.  |           | Open to Public                       |  |  |  |  |  |
|                                  | I Revenue Service     | Go to www.irs.gov/Form990 for instructions and the latest information.   |           | Inspection                           |  |  |  |  |  |
| Nam                              | e of the organization | OF MICHIGAN  |           | yer identification number 23-7243421 |  |  |  |  |  |
| Pa                               |                       | tions Maintaining Donor Advised Funds or Other Similar Funds or Acon<br>n answered "Yes" on Form 990, Part IV, line 6.   | counts    | Complete if the                      |  |  |  |  |  |
|                                  | organization          |  | ) Funds   | and other accounts                   |  |  |  |  |  |
| 1                                |                       |  |           |                                      |  |  |  |  |  |
| 2                                |                       |  |           |                                      |  |  |  |  |  |
| 3                                |                       |  |           |                                      |  |  |  |  |  |
| 4 Aggregate value at end of year |                       |  |           |                                      |  |  |  |  |  |
| 5                                | -                     | n inform all donors and donor advisors in writing that the assets held in donor advised funds  |           |                                      |  |  |  |  |  |
| •                                |                       | n's property, subject to the organization's exclusive legal control?   |           | Yes No                               |  |  |  |  |  |
| 6                                | •                     | n inform all grantees, donors, and donor advisors in writing that grant funds can be used on<br>oses and not for the benefit of the donor or donor advisor, or for any other purpose conferrir |           |                                      |  |  |  |  |  |
|                                  |                       | ate benefit?   | 5         | Yes No                               |  |  |  |  |  |
| Pa                               |                       | ation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, I   |           |                                      |  |  |  |  |  |
| 1                                |                       | ervation easements held by the organization (check all that apply).  |           |                                      |  |  |  |  |  |
|                                  | Preservation          | of land for public use (for example, recreation or education)  | ically im | portant land area                    |  |  |  |  |  |
|                                  | Protection o          | f natural habitat Preservation of a certifi  | ed histo  | ric structure                        |  |  |  |  |  |
|                                  |                       | of open space  |           |                                      |  |  |  |  |  |
| 2                                |                       | through 2d if the organization held a qualified conservation contribution in the form of a con<br>ا  |           |                                      |  |  |  |  |  |
| _                                | day of the tax year   | F  |           | eld at the End of the Tax Year       |  |  |  |  |  |
| a<br>b                           |                       | nservation easements   | 2a<br>2b  |                                      |  |  |  |  |  |
| c                                | •                     | rcted by conservation easements<br>ration easements on a certified historic structure included on line 2a  | 2c        |                                      |  |  |  |  |  |
| d                                |                       | vation easements included on line 2c acquired after July 25, 2006, and not   |           |                                      |  |  |  |  |  |
|                                  | on a historic struct  | ure listed in the National Register  | 2d        |                                      |  |  |  |  |  |
| 3                                | Number of conserv     | vation easements modified, transferred, released, extinguished, or terminated by the organiz   | ation du  | ring the tax                         |  |  |  |  |  |
|                                  | year                  |  |           |                                      |  |  |  |  |  |
| 4                                |                       | where property subject to conservation easement is located   |           |                                      |  |  |  |  |  |
| 5                                | •                     | ion have a written policy regarding the periodic monitoring, inspection, handling of<br>prcement of the conservation easements it holds?   |           | Yes No                               |  |  |  |  |  |
| 6                                |                       | r hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation  |           |                                      |  |  |  |  |  |
|                                  |                       |  |           | 5                                    |  |  |  |  |  |
| 7                                | Amount of expense     | es incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease   | ements o  | during the year                      |  |  |  |  |  |
|                                  |                       |  |           |                                      |  |  |  |  |  |
| 8                                |                       | vation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)  |           |                                      |  |  |  |  |  |
| •                                |                       | (4)(B)(ii)?  |           | Yes No                               |  |  |  |  |  |
| 9                                |                       | I include, if applicable, the text of the footnote to the organization's financial statements that   |           | hes the                              |  |  |  |  |  |
|                                  |                       | punting for conservation easements.  | 0000110   |                                      |  |  |  |  |  |
| Pa                               |                       | itions Maintaining Collections of Art, Historical Treasures, or Other Si   | milar /   | Assets.                              |  |  |  |  |  |
|                                  | Complete if           | the organization answered "Yes" on Form 990, Part IV, line 8.  |           |                                      |  |  |  |  |  |
| <b>1</b> a                       | If the organization   | elected, as permitted under FASB ASC 958, not to report in its revenue statement and balar   | nce shee  | et works                             |  |  |  |  |  |
|                                  |                       | asures, or other similar assets held for public exhibition, education, or research in furtherand   | e of put  | olic                                 |  |  |  |  |  |
| L                                | · •                   | Part XIII the text of the footnote to its financial statements that describes these items.   | ab a at w | ortro of                             |  |  |  |  |  |
| b                                | -                     | elected, as permitted under FASB ASC 958, to report in its revenue statement and balance ures, or other similar assets held for public exhibition, education, or research in furtherance       |           |                                      |  |  |  |  |  |
|                                  |                       | ng amounts relating to these items.  |           |                                      |  |  |  |  |  |
|                                  | -                     | ded on Form 990, Part VIII, line 1   | \$        |                                      |  |  |  |  |  |
|                                  |                       | d in Form 990, Part X  |           |                                      |  |  |  |  |  |
| 2                                | If the organization   | received or held works of art, historical treasures, or other similar assets for financial gain, p   | rovide    |                                      |  |  |  |  |  |
|                                  | -                     | ints required to be reported under FASB ASC 958 relating to these items:   |           |                                      |  |  |  |  |  |
| a                                |                       | on Form 990, Part VIII, line 1   |           |                                      |  |  |  |  |  |
|                                  |                       | Form 990, Part X   |           | 2000 D (Earm 000) 0000               |  |  |  |  |  |
| LINA                             |                       | eduction Act Notice, see the Instructions for Form 990.  | 30        | chedule D (Form 990) 2023            |  |  |  |  |  |

332051 09-28-23

| AMERICAN CIVIL LIBERTIES UNION FUN |
|------------------------------------|
|------------------------------------|

| Sobo | dule D (Form 990) 2023 OF MICH                    | N CIVIL LIE<br>TGAN     | SERVIES UN             | LON FUND                          | 23-7                                    | 124342         | 1 Page <b>2</b> |
|------|---|-------------------------|------------------------|-----------------------------------|---|----------------|-----------------|
|      | t III Organizations Maintaining C                 |                         | . Historical Tre       | asures. or Othe                   | er Similar Asse                         | ets (contin    | L Page L        |
| 3    | Using the organization's acquisition, access      |                         |                        |                                   |   |                |                 |
| •    | collection items (check all that apply).          |                         | s, chock any of the f  |                                   | signmeant dee of h                      |                |                 |
| а    | Public exhibition                                 | d                       | Loan or exc            | nange program                     |   |                |                 |
| b    | Scholarly research                                | e                       | Other                  | ange program                      |   |                |                 |
| c    | Preservation for future generations               | -                       |                        |                                   |   |                |                 |
| 4    | Provide a description of the organization's co    | ollections and explain  | how they further th    | e organization's exe              | mot ouroose in P                        | art XIII       |                 |
| 5    | During the year, did the organization solicit o   | •                       | •                      | •                                 |   |                |                 |
| •    | to be sold to raise funds rather than to be ma    |                         |                        |                                   |   | Yes            | No              |
| Par  | t IV Escrow and Custodial Arran                   |                         |                        |                                   |   |                |                 |
|      | reported an amount on Form 990, Pa                |                         | 5                      |                                   | ,                                       | , , , , ,      |                 |
| 1a   | Is the organization an agent, trustee, custodi    | an, or other intermed   | iary for contribution  | s or other assets no              | t included                              |                |                 |
|      | on Form 990, Part X?                              |                         |                        |                                   | ,                                       | Yes            | No              |
| b    | If "Yes," explain the arrangement in Part XIII    |                         |                        |                                   | ••••••••••••••••••••••••••••••••••••••• |                |                 |
|      |   | ļ                       | 5                      |                                   |   | Amoun          | t               |
| с    | Beginning balance                                 |                         |                        |                                   | 1c                                      |                |                 |
|      | Additions during the year                         |                         |                        |                                   |   |                |                 |
|      | Distributions during the year                     |                         |                        |                                   |   |                |                 |
| f    | Ending balance                                    |                         |                        |                                   | 1f                                      |                |                 |
| 2a   | Did the organization include an amount on F       |                         |                        |                                   | ility?                                  | Yes            | No No           |
| b    | If "Yes," explain the arrangement in Part XIII.   | Check here if the exp   | planation has been     | provided in Part XIII             |   |                |                 |
| Par  | Tt V Endowment Funds Complete if                  | the organization ans    | wered "Yes" on For     | m 990, Part IV, line <sup>·</sup> | 10.                                     |                |                 |
|      |   | (a) Current year        | <b>(b)</b> Prior year  | (c) Two years back                | (d) Three years ba                      | ck (e) Four    | r years back    |
| 1a   | Beginning of year balance                         | 2,855,866.              | 3,116,604.             | 3,243,608.                        | 2,592,99                                | 7. 2           | ,773,513.       |
| b    | Contributions                                     |                         |                        |                                   | 77,20                                   | 5.             | 22,036.         |
| с    | Net investment earnings, gains, and losses        | 368,681.                | -207,937.              | 97,006.                           | 954,52                                  | 3.             | 202,552.        |
| d    | Grants or scholarships                            |                         |                        |                                   |   |                |                 |
|      | Other expenditures for facilities                 |                         |                        |                                   |   |                |                 |
|      | and programs                                      | 116,688.                | 52,801.                | 224,010.                          | 381,11                                  | 7.             |                 |
| f    | Administrative expenses                           | 7,465.                  |                        |                                   |   |                |                 |
| g    | End of year balance                               | 3,100,394.              | 2,855,866.             | 3,116,604.                        | 3,243,60                                | 8. 2           | ,592,997.       |
| 2    | Provide the estimated percentage of the curr      | ent year end balance    | e (line 1g, column (a) | ) held as:                        |   |                |                 |
| а    | Board designated or quasi-endowment               | 100                     | _%                     |                                   |   |                |                 |
| b    | Permanent endowment .0000                         | %                       |                        |                                   |   |                |                 |
| с    | Term endowment .0000                              | %                       |                        |                                   |   |                |                 |
|      | The percentages on lines 2a, 2b, and 2c sho       | uld equal 100%.         |                        |                                   |   |                |                 |
| 3a   | Are there endowment funds not in the posse        | ssion of the organiza   | tion that are held ar  | d administered for t              | he                                      |                |                 |
|      | organization by:                                  |                         |                        |                                   |   |                | Yes No          |
|      | (i) Unrelated organizations?                      |                         |                        |                                   |   | 3a(i)          | X               |
|      |   |                         |                        |                                   |   |                | X               |
| b    | If "Yes" on line 3a(ii), are the related organiza | tions listed as require | ed on Schedule R?      |                                   |   | 3b             |                 |
| 4    | Describe in Part XIII the intended uses of the    |                         | vment funds.           |                                   |   |                |                 |
| Par  | t VI Land, Buildings, and Equipm                  |                         |                        |                                   |   |                |                 |
|      | Complete if the organization answere              | d "Yes" on Form 990     | , Part IV, line 11a. S |                                   |   |                |                 |
|      | Description of property                           | (a) Cost or of          | . ,                    |                                   | Accumulated                             | <b>(d)</b> Boo | k value         |
|      |   | basis (investm          | ,                      | , ,                               | epreciation                             |                | 4 000           |
|      | Land  |                         |                        | 4,000.                            | F 40 C 00                               |                | <u>4,000.</u>   |
|      | Buildings   |                         |                        | 4,822.                            | 549,698.                                | 82             | 5,124.          |
|      | Leasehold improvements                            |                         |                        | 6,395.                            | 16,395.                                 | ~              | 0.              |
|      | Equipment   |                         |                        | 1,572.                            | 254,458.                                |                | <u>7,114.</u>   |
|      | Other   |                         |                        | 2,661.                            | 109,754.                                |                | 2,907.          |
| Tota | . Add lines 1a through 1e. (Column (d) must e     | aual Form 990 Part 2    | K line 10c column      | (B))                              |   | 98             | 9,145.          |

Schedule D (Form 990) 2023

| AMERICAN  | CIVIL | LIBERTIES | UNION | FUND |
|-----------|-------|-----------|-------|------|
| OF MICHIC | JAN   |           |       |      |

| Schedule D (Form 990) 2023 OF MICHIGAN  |                              | 23                                       | -7243421 Page 3        |
|---|------------------------------|--|------------------------|
| Part VII Investments - Other Securities   |                              |  |                        |
| Complete if the organization answered "Yes"   | on Form 990, Part IV, line 1 | 1b. See Form 990, Part X, line 12.       |                        |
| (a) Description of security or category (including name of security)                                      | (b) Book value               | (c) Method of valuation: Cost or end     | d-of-year market value |
| (1) Financial derivatives   |                              |  |                        |
| (2) Closely held equity interests   |                              |  |                        |
| (3) Other   |                              |  |                        |
| (A) POOLED INVESTMENTS HELD   |                              |  |                        |
| (B) BY NATIONAL ORGANIZATION  | 3,100,394.                   | END-OF-YEAR MARKET                       | VALUE                  |
| (C)   |                              |  |                        |
| (D)   |                              |  |                        |
| (E)   |                              |  |                        |
| (F)   |                              |  |                        |
|   |                              |  |                        |
| (G)   |                              |  |                        |
| (H)<br>Table (0.1 /h) much and Earn 000 Back (/ line 40 and (B))  | 3,100,394.                   |  |                        |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. | 5,100,394.                   |  |                        |
|   | an Farma 000 Dart IV line 1  | 1. Cas Farm 000 Bart V line 10           |                        |
| Complete if the organization answered "Yes"   |                              |  | 1                      |
| (a) Description of investment   | (b) Book value               | (c) Method of valuation: Cost or end     | a-or-year market value |
| (1)   |                              |  |                        |
| (2)   |                              |  |                        |
| (3)   |                              |  |                        |
| (4)   |                              |  |                        |
| (5)   |                              |  |                        |
| (6)   |                              |  |                        |
| (7)   |                              |  |                        |
| (8)   |                              |  |                        |
| (9)   |                              |  |                        |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  |                              |  |                        |
| Part IX Other Assets  |                              |  |                        |
| Complete if the organization answered "Yes"   | on Form 990, Part IV, line 1 | 1d. 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, line 15, co.<br>Part X Other Liabilities                  | <u>г. (В))</u>               |  |                        |
| Complete if the organization answered "Yes"   | on Form 000 Dart IV line 1   | 1a or 11f Soo Form 000 Dort V line 25    |                        |
| (a) Description of lightlity  | on Form 990, Fart IV, line I | Te of TH. See Form 990, Fait A, line 25. |                        |
| 1. (a) Description of liability   |                              |  | (b) Book value         |
| (1) Federal income taxes  |                              |  | <u> </u>               |
| (2) UNFUNDED PENSION OBLIGATIO  |                              |  | 609,309.               |
| (3) OPERATING LEASE LIABILITIE  | ES                           |  | 8,343.                 |
| (4)   |                              |  |                        |
| (5)   |                              |  |                        |
| (6)   |                              |  |                        |
| (7)   |                              |  |                        |
| (8)   |                              |  |                        |
| (9)   |                              |  |                        |
| Total. (Column (b) must equal Form 990, Part X, line 25, col  |                              |  | 617,652.               |
| 2. Liability for uncertain tax positions. In Part XIII, provide   |                              |  |                        |

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

X

| AMERICAN  | CIVIL | LIBERTIES | UNION | FUND |
|-----------|-------|-----------|-------|------|
| OF MICHIC | זא גי |           |       |      |

| Sche | dule D (Form 990) 2023 OF MICHIGAN   | 23-   | 7243421 Page 4 |
|------|--|-------|----------------|
| Par  | t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re    | turn  |                |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.            |       |                |
| 1    | Total revenue, gains, and other support per audited financial statements               | 1     | 8,344,762.     |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                    |       |                |
| а    | Net unrealized gains (losses) on investments 2a 344,602.                               |       |                |
| b    | Donated services and use of facilities 2b 3,570,072.                                   |       |                |
| с    | Recoveries of prior year grants 2c   |       |                |
| d    | Other (Describe in Part XIII.) 2d  |       |                |
| е    | Add lines 2a through 2d  | 2e    | 3,914,674.     |
| 3    | Subtract line 2e from line 1   | 3     | 4,430,088.     |
| 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                       | _     |                |
| b    | Other (Describe in Part XIII.) 4b 242,626.   |       |                |
| С    | Add lines 4a and 4b  | 4c    | 242,626.       |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)        | 5     | 4,672,714.     |
| Pa   | rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I | Retur | n              |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.            |       |                |
| 1    | Total expenses and losses per audited financial statements                             | 1     | 7,864,323.     |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                      |       |                |
| а    | Donated services and use of facilities 2a 3,570,072.                                   | -     |                |
| b    | Prior year adjustments 2b  | -     |                |
| С    | Other losses 2c  | -     |                |
| d    | Other (Describe in Part XIII.) 2d  |       |                |
| е    | Add lines <b>2a</b> through <b>2d</b>  | 2e    | 3,570,072.     |
| 3    | Subtract line <b>2e</b> from line <b>1</b>   | 3     | 4,294,251.     |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:                     |       |                |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                       |       |                |
| b    | Other (Describe in Part XIII.) 4b  |       | -              |
| С    | Add lines 4a and 4b  | 4c    | 0.             |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       | 5     | 4,294,251.     |
| Pa   | rt XIII Supplemental Information   |       |                |

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

#### PART V, LINE 4:

| THE | INCOME | EARNED | FROM | BOARD-DESIGNATED | (QUASI-ENDOWMENT) | FUNDS | ARE |
|-----|--------|--------|------|------------------|-------------------|-------|-----|
|-----|--------|--------|------|------------------|-------------------|-------|-----|

INTENDED TO BE USED FOR GENERAL OPERATIONS.

PART X, LINE 2:

THE ORGANIZATIONS' [THE AMERICAN CIVIL LIBERTIES UNION FUND OF MICHIGAN

AND THE AMERICAN CIVIL LIBERTIES UNION OF MICHIGAN] MANAGEMENT IS NOT

AWARE OF ANY UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS AS OF

MARCH 31, 2024.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

#### INTRA-ORGANIZATION SUPPORT

|  | AMEF   | RICAN         | CIVIL | LIBERTIES | UNION | FUND |            |        |
|--|--------|---------------|-------|-----------|-------|------|------------|--------|
| Schedule D (Form 990) 2023 Part XIII Supplemental Inform | OF N   | <u>IICHIC</u> | JAN   |           |       |      | 23-7243421 | Page 5 |
|  | mation | (continue     | ed)   |           |       |      |            |        |
|  |        |               |       |           |       |      |            |        |
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|  |        |               |       |           |       |      |            |        |

| SC         | HEDULE J               | Compensation Information  | OMB No          | . 1545-004           | 17   |  |  |
|------------|------------------------|---|-----------------|----------------------|------|--|--|
| (Form 990) |                        | For certain Officers, Directors, Trustees, Key Employees, and Highest                               | 20              | 2022                 |      |  |  |
|            |                        | Compensated Employees<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | 21              | 2023                 |      |  |  |
| Depar      | tment of the Treasury  | Attach to Form 990.   |                 | Open to Public       |      |  |  |
| Intern     | al Revenue Service     | Go to www.irs.gov/Form990 for instructions and the latest information.                              |                 | ection               |      |  |  |
| Nam        | e of the organizatior  |   |                 | dentification number |      |  |  |
| De         |                        | OF MICHIGAN   | 23-724342       | 21                   |      |  |  |
| Pa         | rt I Question          | s Regarding Compensation  |                 |                      |      |  |  |
|            | <b>o</b>               |   |                 | Yes                  | No   |  |  |
| 1a         |                        | ate box(es) if the organization provided any of the following to or for a person listed on Form     | 990,            |                      |      |  |  |
|            |                        | line 1a. Complete Part III to provide any relevant information regarding these items.               |                 |                      |      |  |  |
|            | First-class or c       | i i i i i i i i i i i i i i i i i i i   |                 |                      |      |  |  |
|            | Travel for com         |   |                 |                      |      |  |  |
|            |                        | ation and gross-up payments   |                 |                      |      |  |  |
|            |                        | spending account Personal services (such as maid, chauffer  | ur, criei)      |                      |      |  |  |
| h          | If any of the bayes    | on line 1a are checked, did the organization follow a written policy regarding payment or           |                 |                      |      |  |  |
| D          | •                      |   | 1b              |                      |      |  |  |
| 2          | •                      | n require substantiation prior to reimbursing or allowing expenses incurred by all directors,       | <u>1b</u>       |                      |      |  |  |
| 2          |                        | rs, including the CEO/Executive Director, regarding the items checked on line 1a?                   | 2               |                      |      |  |  |
|            | trustees, and onice    |   |                 |                      |      |  |  |
| 3          | Indicate which, if ar  | ny, of the following the organization used to establish the compensation of the organization's      | 3               |                      |      |  |  |
|            |                        | ector. Check all that apply. Do not check any boxes for methods used by a related organizati        |                 |                      |      |  |  |
|            |                        | ation of the CEO/Executive Director, but explain in Part III.                                       |                 |                      |      |  |  |
|            | Compensation           |   |                 |                      |      |  |  |
|            | ·                      | ompensation consultant  |                 |                      |      |  |  |
|            | X Form 990 of o        |   | committee       |                      |      |  |  |
|            |                        |   |                 |                      |      |  |  |
| 4          | During the year, did   | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing             |                 |                      |      |  |  |
|            | organization or a re   | lated organization:   |                 |                      |      |  |  |
| а          | Receive a severanc     | e payment or change-of-control payment?   | 4a              |                      | X    |  |  |
| b          | Participate in or rec  | eive payment from a supplemental nonqualified retirement plan?                                      | 4b              |                      | X    |  |  |
| с          | •                      | eive payment from an equity-based compensation arrangement?   | 4c              |                      | X    |  |  |
|            | If "Yes" to any of lin | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.            |                 |                      |      |  |  |
|            |                        |   |                 |                      |      |  |  |
| _          |                        | )(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                              |                 |                      |      |  |  |
| 5          |                        | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      | n I             |                      |      |  |  |
| _          | contingent on the re   |   | 5.              |                      | v    |  |  |
|            | Any related organiz    | ation?  |                 |                      | XX   |  |  |
| b          | , ,                    | ation?<br>or 5b, describe in Part III.  |                 |                      |      |  |  |
| 6          |                        | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      | an an           |                      |      |  |  |
| 0          | contingent on the n    |   | //              |                      |      |  |  |
| а          | 0                      |   | 6a              |                      | х    |  |  |
|            | Any related organiz    |   |                 |                      | x    |  |  |
| ~          | , ,                    | or 6b, describe in Part III.  |                 |                      |      |  |  |
| 7          |                        | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments       | 3               |                      |      |  |  |
| -          |                        | les 5 and 6? If "Yes," describe in Part III   |                 |                      | х    |  |  |
| 8          |                        | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the      |                 |                      |      |  |  |
|            | •                      |   | 8               |                      | x    |  |  |
| 9          |                        | id the organization also follow the rebuttable presumption procedure described in                   |                 |                      |      |  |  |
|            | Regulations section    |   |                 |                      |      |  |  |
| For        | Paperwork Reducti      | on Act Notice, see the Instructions for Form 990.   | Schedule J (For | rm 990)              | 2023 |  |  |

Schedule J (Form 990) 2023

OF MICHIGAN

23-7243421

Page 2

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       | /-2 and/or 1099-MIS<br>compensation       | C and/or 1099-NEC                         | other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |
|-------------------------|------|--------------------------|---|---|----------------|-------------------------|------------------------------------|---|
| (A) Name and Title      |      | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation   |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) LOREN KHOGALI       | (i)  | 200,449.                 | 0.  | 0.  | 0.             | 464.                    | 200,913.                           | 0.  |
| EXECUTIVE DIRECTOR      | (ii) | 0.                       | 0.  | 0.  | 0.             | 0.                      | 0.                                 | 0.  |
| (2) WILLIAM GREENE      | (i)  | 144,395.                 | 0.  | 0.  | 0.             | 8,297.                  | 152,692.                           | 0.  |
| CHIEF OPERATING OFFICER | (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) |                          |   |   |                |                         |                                    |   |

Schedule J (Form 990) 2023

| AMERICAN  | CIVIL | LIBERTIES | UNION | FUND |
|-----------|-------|-----------|-------|------|
| OF MICHIC | GAN   |           |       |      |

Schedule J (Form 990) 2023

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) 2023

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

3

| Department of the Treasury |
|----------------------------|

#### Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

(b)

I

(c)

I

|          | Inspection            |
|----------|-----------------------|
| Employer | identification number |

2

| Internal Revenue Service |   |
|--------------------------|---|
| Name of the organization | r |

|         |           | -     |           |       |      |  |
|---------|-----------|-------|-----------|-------|------|--|
| izatior | AMERICAN  | CIVIL | LIBERTIES | UNION | FUND |  |
|         | OF MICHIC |       |           |       |      |  |

23-7243421

(d)

| Part I | Types of Property |          |  |
|--------|-------------------|----------|--|
|        |                   | (a)      |  |
|        |                   | Check if |  |
|        |                   |          |  |

|     |  | Check if applicable | Number of<br>contributions or<br>litems contributed | Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | Method of de<br>noncash contribu |     |       | 3    |
|-----|--|---------------------|---|---|----------------------------------|-----|-------|------|
| 1   | Art - Works of art                               |                     |   | · ···· · · · · · · · · · · · · · · · ·                                      |                                  |     |       |      |
| 2   | Art - Historical treasures                       |                     |   |   |                                  |     |       |      |
| 3   | Art - Fractional interests                       |                     |   |   |                                  |     |       |      |
| 4   | Books and publications                           |                     |   |   |                                  |     |       |      |
| 5   | Clothing and household goods                     |                     |   |   |                                  |     |       |      |
| 6   | Cars and other vehicles                          |                     |   |   |                                  |     |       |      |
| 7   | Boats and planes                                 |                     |   |   |                                  |     |       |      |
| 8   | Intellectual property                            |                     |   |   |                                  |     |       |      |
| 9   | Securities - Publicly traded                     | X                   | 3   | 180,252.  | FAIR MARKET                      | VAI | LUE   |      |
| 10  | Securities - Closely held stock                  |                     |   |   |                                  |     |       |      |
| 11  | Securities - Partnership, LLC, or                |                     |   |   |                                  |     |       |      |
|     | trust interests                                  |                     |   |   |                                  |     |       |      |
| 12  | Securities - Miscellaneous                       |                     |   |   |                                  |     |       |      |
| 13  | Qualified conservation contribution -            |                     |   |   |                                  |     |       |      |
|     | Historic structures                              |                     |   |   |                                  |     |       |      |
| 14  | Qualified conservation contribution - Other      |                     |   |   |                                  |     |       |      |
| 15  | Real estate - Residential                        |                     |   |   |                                  |     |       |      |
| 16  | Real estate - Commercial                         |                     |   |   |                                  |     |       |      |
| 17  | Real estate - Other                              |                     |   |   |                                  |     |       |      |
| 18  | Collectibles                                     |                     |   |   |                                  |     |       |      |
| 19  | Food inventory                                   |                     |   |   |                                  |     |       |      |
| 20  | Drugs and medical supplies                       |                     |   |   |                                  |     |       |      |
| 21  | Taxidermy  |                     |   |   |                                  |     |       |      |
| 22  | Historical artifacts                             |                     |   |   |                                  |     |       |      |
| 23  | Scientific specimens                             |                     |   |   |                                  |     |       |      |
| 24  | Archeological artifacts                          |                     |   |   |                                  |     |       |      |
| 25  | Other ( )  |                     |   |   |                                  |     |       |      |
| 26  | Other ()   |                     |   |   |                                  |     |       |      |
| 27  | Other ()   |                     |   |   |                                  |     |       |      |
| 28  | Other ( )  |                     |   |   |                                  |     |       |      |
| 29  | Number of Forms 8283 received by the organiz     | zation during       | the tax year for co                                 | ontributions  |                                  |     |       |      |
|     | for which the organization completed Form 82     | 83, Part V, D       | onee Acknowledg                                     | ement 29  |                                  |     | 0     |      |
|     |  |                     |   |   |                                  |     | Yes   | No   |
| 30a | During the year, did the organization receive by | y contributio       | n any property rep                                  | orted in Part I, lines 1 throug   | h 28, that it                    |     |       |      |
|     | must hold for at least 3 years from the date of  | the initial co      | ntribution, and whi                                 | ch isn't required to be used  | for                              |     |       |      |
|     | exempt purposes for the entire holding period?   | ?                   |   |   |                                  | 30a |       | X    |
| b   | If "Yes," describe the arrangement in Part II.   |                     |   |   |                                  |     |       |      |
| 31  | Does the organization have a gift acceptance p   | policy that re      | equires the review o                                | of any nonstandard contribut  | ions?                            | 31  |       | X    |
| 32a | Does the organization hire or use third parties  | or related or       | ganizations to solid                                | cit, process, or sell noncash   |                                  |     |       | I    |
|     | contributions?                                   |                     |   |   |                                  | 32a |       | X    |
| b   | If "Yes," describe in Part II.                   |                     |   |   |                                  |     |       |      |
| 33  | If the organization didn't report an amount in c | olumn (c) for       | r a type of property                                | r for which column (a) is cheo  | ked,                             |     |       |      |
|     |  |                     |   |   |                                  |     |       |      |
|     | enerwork Deduction Act Notice, and the Inst      |                     | Farma 000   |   | Sebedule M                       | 15  | - 000 | 0000 |

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023 OF MICHIGAN

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### SCHEDULE M, PART I, COLUMN (B):

Part II

#### COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

23-7243421

Page **2** 

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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.



Employer identification number 23-7243421

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

OF MICHIGAN

FORM 990 IS COMPLETED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM

AMERICAN CIVIL LIBERTIES UNION FUND

AND IS REVIEWED BY THE ORGANIZATION'S STAFF. THE STAFF SUBMITS THE RETURN

TO THE ORGANIZATION'S TREASURER. AFTER REVIEW, THE TREASURER PRESENTS FORM

990 TO THE BOARD OF DIRECTORS' BUDGET AND AUDIT COMMITTEE. UPON A

FAVORABLE RECOMMENDATION, THE BUDGET AND AUDIT COMMITTEE SUBMITS THE RETURN

TO THE FULL BOARD OF DIRECTORS.

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

CONFLICTS OF INTEREST ARE SELF-REPORTED BY OFFICERS, DIRECTORS, AND KEY

EMPLOYEES AS NEEDED.

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

AN EXECUTIVE SEARCH FIRM AND A BOARD EXECUTIVE SEARCH COMMITTEE RESEARCHED DATA OF COMPARABLE EXECUTIVES, INCLUDING EXECUTIVES FROM SIMILARLY-SIZED AMERICAN CIVIL LIBERTIES UNION AFFILIATES, AND CAME TO CONSENSUS AS A GROUP REGARDING COMPENSATION.

FOR OTHER OFFICERS AND KEY EMPLOYEES, THE ORGANIZATION, TO ENSURE PAY EQUITY, NOW DOES AN ASSESSMENT OF PAY, PAY STRUCTURE, AND RELATED ITEMS IN COMPARISON TO REGIONAL ORGANIZATIONS THAT ARE SIMILAR IN SIZE (BUDGET AND FTE'S) AND MISSION TO DETERMINE PAY GRADES AND SALARIES. THIS IS DONE BY AN INDEPENDENT CONSULTANT.

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

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND FORM 990 RETURNS ARE

| Schedule O (Form 990) 2023 Name of the organization AMERICAN CIVIL LIBERTIES UNION FUND | Page <b>2</b><br>Employer identification number |
|---|---|
| OF MICHIGAN   | 23-7243421                                      |
| MADE AVAILABLE VIA THE ORGANIZATION'S WEBSITE. THE ORGANI                               | ZATION PROVIDES                                 |
| THE TWO MOST CURRENT YEARS OF THESE DOCUMENTS. REQUESTS F                               | OR ACCESS TO                                    |
| OTHER DOCUMENTS THAT BY LAW ARE OPEN TO PUBLIC ACCESS MAY                               | BE MADE BY                                      |
| APPLICATION TO THE ORGANIZATION.  |   |
|   |   |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:                                       |   |
| NONPERIODIC PENSION PROVISION   | -407,444.                                       |
| INTRA-ORGANIZATION SUPPORT  | -242,626.                                       |
| TOTAL TO FORM 990, PART XI, LINE 9  | -650,070.                                       |
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| SCHEDULE R<br>(Form 990)       Related Organizations and Unrelated Partnerships<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.<br>Attach to Form 990.         Department of the Treasury<br>Internal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.         Name of the organization       AMERICAN CIVIL LIBERTIES UNION FUND<br>OF MICHIGAN       Em |  |  |  |  |  |  |        | 3<br>ublic<br>ion<br>umber                |
|---|--|--|--|--|--|--|--------|---|
| Part I Identification of Name, address of disr  | 3. <b>(d)</b><br>pr Total incor                        | (e)<br>me End-of-year a                            | ssets Dire   | <b>(f)</b><br>ct controlling<br>entity | g  |  |        |   |
|   |  |  |  |  |  |  |        |   |
|   | of Related Tax-Exempt Organiza<br>luring the tax year. | tions. Complete if the organization a              | Inswered "Yes" on Form 990                                 | ), Part IV, line 34, b                 | ecause it had one or   | r more related tax-                        | exempt |   |
| -   | (a)<br>Iddress, and EIN<br>ed organization             | <b>(b)</b><br>Primary activity                     | <b>(c)</b><br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section          | <b>(e)</b><br>Public charity<br>status (if section<br>501(c)(3)) | <b>(f)</b><br>Direct controlling<br>entity | cont   | g)<br>512(b)(13)<br>rolled<br>tity?<br>No |
|   | TIES UNION OF MICHIGAN -                               | ADVOCATING FOR CIVIL<br>LIBERTIES AND CIVIL RIGHTS | MICHIGAN   | 501(C)(4)                              | N.   | /A   | x      |   |
|   |  |  |  |  |  |  |        |   |

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

Schedule R (Form 990) 2023

#### Schedule R (Form 990) 2023 OF MICHIGAN

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

|  |                  | ,   |                              |  |                       |                                   |     |                     |   |                        |                                       |                  |
|--|------------------|---|------------------------------|--|-----------------------|-----------------------------------|-----|---------------------|---|------------------------|---------------------------------------|------------------|
| (a)  | (b)              | (c)                                       | (d)                          | (e)  | (f)                   | (g)                               | (1  | h)                  | (i)   | (i)                    | (k                                    | k)               |
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile<br>(state or<br>foreign | Direct controlling<br>entity | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | Share of total income | Share of<br>end-of-year<br>assets |     | ortionate<br>tions? | Code V-UBI<br>amount in box<br>20 of Schedule | Gener<br>mana<br>partn | al or Percer<br><sup>ging</sup> owner | entage<br>ership |
|  |                  | country)                                  |                              | sections 512-514)  |                       | 455615                            | Yes | No                  | K-1 (Form 1065)                               | Yes                    | No                                    |                  |
|  |                  |   |                              |  |                       |                                   |     |                     |   |                        |                                       |                  |
|  | ]                |   |                              |  |                       |                                   |     |                     |   |                        |                                       |                  |
|  |                  |   |                              |  |                       |                                   |     |                     |   |                        |                                       |                  |
|  | 1                |   |                              |  |                       |                                   |     |                     |   |                        |                                       |                  |
|  |                  |   |                              |  |                       |                                   |     |                     |   |                        |                                       |                  |
|  |                  |   |                              |  |                       |                                   |     |                     |   |                        |                                       |                  |
|  |                  |   |                              |  |                       |                                   |     |                     |   |                        |                                       |                  |
|  |                  |   |                              |  |                       |                                   |     |                     |   |                        |                                       |                  |
|  |                  |   |                              |  |                       |                                   |     |                     |   |                        | +                                     |                  |
|  | -                |   |                              |  |                       |                                   |     |                     |   |                        |                                       |                  |
|  | -                |   |                              |  |                       |                                   |     |                     |   |                        |                                       |                  |
|  | -                |   |                              |  |                       |                                   |     |                     |   |                        |                                       |                  |
|  |                  |   |                              |  |                       |                                   |     |                     |   |                        | +                                     |                  |
|  | 4                |   |                              |  |                       |                                   |     |                     |   |                        |                                       |                  |
|  | 4                |   |                              |  |                       |                                   |     |                     |   |                        |                                       |                  |
|  | 4                |   |                              |  |                       |                                   |     |                     |   |                        |                                       |                  |
|  |                  |   |                              |  |                       |                                   |     |                     |   |                        |                                       |                  |

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.

| <b>(a)</b><br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign | <b>(d)</b><br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) |  |  |  |     |    |  |  |  |  | <b>(f)</b><br>Share of total<br>income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i<br>Sec<br>512(b<br>contr<br>enti | i)<br>ition<br>o)(13)<br>rolled<br>ity? |
|---|--------------------------------|---|--|--|--|--|--|-----|----|--|--|--|--|--|---|--------------------------------|-------------------------------------|---|
|   |                                | country)                                      |  | 0. 1000  |  |  |  | Yes | No |  |  |  |  |  |   |                                |                                     |   |
|   |                                |   |  |  |  |  |  |     |    |  |  |  |  |  |   |                                |                                     |   |
|   |                                |   |  |  |  |  |  |     |    |  |  |  |  |  |   |                                |                                     |   |
|   |                                |   |  |  |  |  |  |     |    |  |  |  |  |  |   |                                |                                     |   |
|   |                                |   |  |  |  |  |  |     |    |  |  |  |  |  |   |                                |                                     |   |
|   |                                |   |  |  |  |  |  |     |    |  |  |  |  |  |   |                                |                                     |   |
|   |                                |   |  |  |  |  |  |     |    |  |  |  |  |  |   |                                |                                     |   |
|   |                                |   |  |  |  |  |  |     |    |  |  |  |  |  |   |                                |                                     |   |
|   |                                |   |  |  |  |  |  |     |    |  |  |  |  |  |   |                                |                                     |   |
|   |                                |   |  |  |  |  |  |     |    |  |  |  |  |  |   |                                |                                     |   |
|   |                                |   |  |  |  |  |  |     |    |  |  |  |  |  |   |                                |                                     |   |
|   |                                |   |  |  |  |  |  |     |    |  |  |  |  |  |   |                                |                                     |   |
|   |                                |   |  |  |  |  |  |     |    |  |  |  |  |  |   |                                |                                     |   |
|   |                                |   |  |  |  |  |  |     |    |  |  |  |  |  |   |                                |                                     |   |
|   |                                |   |  |  |  |  |  |     |    |  |  |  |  |  |   |                                |                                     |   |
|   |                                |   |  |  |  |  |  |     |    |  |  |  |  |  |   |                                |                                     |   |

Schedule R (Form 990) 2023 OF MICHIGAN

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

| Not | te: 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?                          |    |     |    |
| а   | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  | 1a |     | Х  |
|     | Gift, grant, or capital contribution to related organization(s)  | 1b |     | Х  |
|     | Gift, grant, or capital contribution from related organization(s)  | 1c | X   |    |
| d   | Loans or loan guarantees to or for related organization(s)   | 1d |     | Х  |
|     | Loans or loan guarantees by related organization(s)  | 1e |     | Х  |
|     |  |    |     |    |
| f   | Dividends from related organization(s)   | 1f |     | Х  |
| g   | Sale of assets to related organization(s)  | 1g |     | Х  |
| h   | Purchase of assets from related organization(s)  | 1h |     | Х  |
| i   | Exchange of assets with related organization(s)  | 1i |     | Х  |
| j   | Lease of facilities, equipment, or other assets to related organization(s)   | 1j |     | Х  |
|     |  |    |     |    |
| k   | Lease of facilities, equipment, or other assets from related organization(s)   | 1k |     | Х  |
| Т   | Performance of services or membership or fundraising solicitations for related organization(s)   | 11 | X   |    |
| m   | n Performance of services or membership or fundraising solicitations by related organization(s)  | 1m |     | Х  |
| n   | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | 1n | X   |    |
|     | Sharing of paid employees with related organization(s)   | 10 | X   |    |
|     |  |    |     |    |
| р   | Reimbursement paid to related organization(s) for expenses   | 1p | X   |    |
|     | Reimbursement paid by related organization(s) for expenses   | 1q | X   |    |
| -   |  |    |     |    |
| r   | Other transfer of cash or property to related organization(s)  | 1r |     | Х  |
| s   | Other transfer of cash or property from related organization(s)  | 1s |     | Х  |
| 2   | If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. |    |     |    |

| <b>(a)</b><br>Name of related organization     | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>Method of determining amount involved |
|--|---|-------------------------------|--|
| (1) AMERICAN CIVIL LIBERTIES UNION OF MICHIGAN | 0                                       | 95,885.                       | COST OF SHARED RESOURCES                     |
| (2)  |   |                               |  |
| (3)  |   |                               |  |
| (4)  |   |                               |  |
| (5)  |   |                               |  |
| (6)  |   |                               |  |

Schedule R (Form 990) 2023 OF MICHIGAN

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)                | (e)<br>Are a                         |                  | (f)                         | (g)                  | (1 | n)                       | (i)   | (j)                           | (k)       |  |  |  |  |  |  |  |
|-------------------------------------|------------------|---|--------------------|--------------------------------------|------------------|-----------------------------|----------------------|----|--------------------------|---|-------------------------------|-----------|--|--|--|--|--|--|--|
| Name, address, and EIN<br>of entity | Primary activity | Legal domicile<br>(state or foreign<br>country) | Predominant income | Are a<br>partners<br>501(c)<br>orgs. | sec.<br>(3)<br>? | Share of<br>total<br>income | Share of end-of-year |    | ropor-<br>nate<br>tions? | Code V-UBI<br>amount in box 20<br>of Schedule K-1 | General<br>managin<br>partner | ownership |  |  |  |  |  |  |  |
|                                     |                  |   |                    | 1651                                 |                  |                             |                      |    |                          | (***********                                      | 163 14                        | ,<br>     |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               | +         |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      | -                |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |
|                                     |                  |   |                    |                                      |                  |                             |                      |    |                          |   |                               |           |  |  |  |  |  |  |  |

Schedule R (Form 990) 2023

| AMI | ERICAN | CIVIL | LIBERTIES | UNION | FUND |
|-----|--------|-------|-----------|-------|------|
| OF  | MICHIC | JAN   |           |       |      |

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|------------|------------|-------|
| Schedule R | Form 990   | 12023 |

Part VII Supplemental Information

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

| Form <b>8868</b> |
|------------------|
|------------------|

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

#### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| must use Form   | 7004 to request an extension of time to file income  | tax retur  | ns   | ,             | ,                                   |                |
|---|--|------------|--|---------------|-------------------------------------|----------------|
| Part I - Identif  | •  |            |  |               |                                     |                |
| Type or Na  |  |            |  |               | axpayer identification number (TIN) |                |
|   | OF MICHIGAN  |            |  |               | 23-7243421                          |                |
|   | Number, street, and room or suite no. If a P.O. box, see instructions. <b>2966 WOODWARD AVENUE</b>   |            |  |               |                                     |                |
| instructions. Cit   | y, town or post office, state, and ZIP code. For a fo $\texttt{ETROIT}$ , $\texttt{MI}$ $48201 - 3035$   | reign addi | ress, see instructions.                    |               |                                     |                |
| Enter the Retu  | n Code for the return that this application is for (file   | a separa   | e application for each return)             |               |                                     | 01             |
| Application Is For  |  |            | eturn Application Is For<br>ode            |               |                                     | Return         |
|   |  |            |  |               |                                     | Code           |
| Form 990 or Form 990-EZ   |  |            | Form 4720 (other than individual)          |               |                                     | 09             |
| Form 4720 (individual)  |  |            | Form 5227                                  |               |                                     | 10             |
| Form 990-PF   |  |            | Form 6069                                  |               |                                     | 11             |
| Form 990-T (sec. 401(a) or 408(a) trust)  |  |            | Form 8870                                  |               |                                     | 12             |
| Form 990-T (trust other than above)   |  | 05<br>06   | Form 5330 (individual)                     |               |                                     |                |
| Form 990-T (corporation)  |  | 07         | Form 5330 (other than individual)          |               |                                     |                |
| Form 1041-A   |  |            |  |               |                                     | 14             |
| Plan Yea<br>Part II - Autom<br>The books a<br>Telephone I   | nber<br><u>ir Ending (MM/DD/YYYY)</u><br><u>atic Extension of Time To File for Exempt Organi</u><br>are in the care of <u>WILLIAM GREENE</u><br><u>2966 WOODWARD AVE</u><br>No. <u>(313) 578–6800</u><br>zation does not have an office or place of business | NUE -      | DETROIT, MI 48201<br>Fax No. (313) 578-683 | 11            |                                     |                |
| <ul> <li>If this is for</li> </ul>  | a Group Return, enter the organization's four-digit G  | Group Exe  | mption Number (GEN) I                      | f this is for | the whole grou                      | p, check this  |
|   | If it is for part of the group, check this box   |            |  |               |                                     |                |
| the orga  | an automatic 6-month extension of time until <b>FE</b><br>nization named above. The extension is for the orga<br>lendar year 20 or   |            |  | e the exem    | pt organization                     | return for     |
| X tax   | year beginning APR 1   | , 20       | 2.3 , and ending                           | MAR 3         | 1                                   | , 20 <b>24</b> |
|   | year entered in line 1 is for less than 12 months, ch<br>ange in accounting period   | neck reaso | on: Initial return                         | Final retur   | n                                   |                |
| •   | plication is for Forms 990-PF, 990-T, 4720, or 6069,<br>efundable credits. See instructions.   | enter the  | tentative tax, less                        | 3a            | \$                                  | 0.             |
| <ul> <li>b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and</li> </ul> |  |            |  |               | *                                   |                |
| estimated tax payments made. Include any prior year overpayment allowed as a credit.                                  |  |            |  | 3b            | \$                                  | 0.             |
|   | due. Subtract line 3b from line 3a. Include your pay   |            |  |               | ¢                                   | 0.             |
| using EF  | TPS (Electronic Federal Tax Payment System). See   | INSTRUCTIO | 115.                                       | 3c            | \$                                  | 0.             |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.