

990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For the	2020 calendar y	ear, or tax year begin	ining	04-0	1 , 2020, aı	nd endi	ng	0:	3-31 ,2021			
В	Check if a	applicable:	C Name of organization	LU Foundation	of Massachus	etts, Ind	c.		D Empl	oyer identification number			
	Address of	change	Doing business as							47-3686152			
	Name cha	ange	Number and street (or P.	O. box if mail is not delivered t	o street address)		Room/sui	te I	E Telep	hone number			
	Initial retu	ırn	211 Congress S	Street			:	301		(617) 482-3170			
	Final retu	rn/terminated	City or town, state or pro	vince, country, and ZIP or forei	gn postal code				G Gros	s receipts			
	Amended	Ireturn	Boston, MA 021	110					\$	7,477,696			
	Application	on pending	F Name and address of pri	incipal officer:				H(a) Is this a gr	nis a group return for subordinates? Yes X No				
								H(b) Are all s	e all subordinates included? Yes No				
<u> </u>	Tax-exem	pt status: X 501	(c)(3) 501(c) () 4 (insert no.) 4	947(a)(1) or 5	27		If "No," a	No," attach a list. See instructions				
J		► N/A						H(c) Group ex	xemption	number			
		rganization: X Corp	poration Trust Ass	ociation Other	L	. Year of formatio	n: 201	. 5 M S	tate of le	gal domicile: MA			
Pa	Part I Summary												
	1	Briefly describe to	he organization's missi	on or most significant a	ctivities: ACLU	Foundat:	ion o	f MA was	s est	ablished to			
ë		defend free	edoms guarantee	ed in the const	itution and	bill of	right	s throu	gh				
Activities & Governance		public educ	cation and liti	gation.									
err													
9	2			discontinued its operati					1	<u> </u>			
જ	3	_	=	ning body (Part VI, line					3	13			
ies	4	-		s of the governing body					4	13			
Ĭ	5			calendar year 2020 (Pa					5	56_			
Act	6		volunteers (estimate if n	• •					6				
	7a			Part VIII, column (C), line					7a	0			
	b	Net unrelated bus	siness taxable income i	from Form 990-T, Part I	line II		· · · ·		7b	0			
		Contributions	d avanta (Dart VIII. lina	1h\				Prior Year	200	Current Year			
<u>o</u>	8		d grants (Part VIII, line	•				5,601,		7,082,633			
nu.	9	-	revenue (Part VIII, line	= :				•	, 654	31,803			
Revenue	10			a), lines 3, 4, and 7d)					, 307	341,114			
ш	11 12			es 5, 6d, 8c, 9c, 10c, ar nust equal Part VIII, col					, 469	(38, 958)			
	13		<u> </u>	X, column (A), lines 1-3	, , , ,			6,679,	, 350	7,416,592			
	14		or for members (Part IX							0			
	15	-		benefits (Part IX, colun				3,667,	156	4,124,882			
ses	16a			column (A), line 11e)				3,007,	, 130	28,000			
Expenses	b		= :	umn (D), line 25)		617,490				20,000			
ă	17	•	(Part IX, column (A), lin	· · · · —				1,394,	824	1,005,045			
_				equal Part IX, column (A				5,061,	•	5,157,927			
	19	•	penses. Subtract line 1					1,617		2,258,665			
	_	- '						nning of Curre		End of Year			
ets	<u></u>	Total assets (Par	t X, line 16)					18,953	, 551	25,120,569			
Net Assets or	21	Total liabilities (Pa	art X, line 26)					611	,002	401,402			
		Net assets or fun	nd balances. Subtract I	ine 21 from line 20				18,342	, 549	24,719,167			
Pa	rt II	Signature	Block										
				rn, including accompanying so ficer) is based on all information			of my kno	wledge and be	elief, it is				
	, correct, a	and complete. Declarat	tion of preparer (other than or	neer) is based on an imormatic	on or which preparer has	s any knowledge.							
C:		Carol F											
Siç		Signature of o	officer						Da	ite			
He	re		Rose, Executive	Director									
		*	name and title	I		1			_				
_		Print/Type preparer	r's name	Preparer's signature		Date		Check	X if	PTIN			
Pa		Melissa G		Melissa Gilroy		12-15-202	21	self-emp	oloyed	P01069703			
	parer			Gilroy, CPA			Fi	irm's EIN					
US	e Only	Firm's address	80 Green	acre Rd			Р	hone no.					
				MA 02090					781-	696-4019			
1/0	the IDC	diaguag this ratu	rn with the property ob-	own above? (can inctrue	tiona)					□ Voc ▼ No			

Form 990 (2020) **Part IV** C

			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 <i>Schedule B, Schedule of Contributors</i> 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		
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
,	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes." complete Schedule D. Part V	40		
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	Х	
"	VII, VIII, IX, or X as applicable.			
а				
-	complete Schedule D, Part VI	11a	x	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d				
	reported in 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? If "Yes," complete Schedule D, Part X	11e		X
f	· · · · · · · · · · · · · · · · · · ·	445		
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		X
12a	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- 17	^	
	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?		43	
-	If "Yes," complete Schedule G, Part III	19		x
20 a		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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

O) ACLU Foundation of Massachusetts, Inc.
Checklist of Required Schedules (continued) Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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	x	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
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	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
05-	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes." complete Schedule B. Part V. line 2	056		
26		35b	Х	
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	26		•
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		Х
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		v
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		Х
38	19? Note: All Form 990 filers are required to complete Schedule O.	38	v	
Par	· · · · · · · · · · · · · · · · · · ·	30	Х	
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	chester concerns a companie a response of note to any fine in the fact a first first first	· · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.03	110
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	х	

Form 990 (2020) ACLU Foundation of Massachusetts, Inc.

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
Lu	Statements, filed for the calendar year ending with or within the year covered by this return 2a 56			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
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		
4a	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		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a h	Gross income from members or shareholders			
b	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 year	124		
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?	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	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			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes." complete Form 4720, Schedule O.			

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
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 year by the 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 reached at			
<u> </u>	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 Revenue Code.)			
		-10	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	106		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a 	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
b 100	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	Х	
С	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	17	^	
	independent 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	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Massachusetts			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Shirley Lai (617) 482-3170 211 Congress Street Boston MA 02110			

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ACLU Foundation of Massachusetts, Inc.

47-3686152

Page 7

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

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

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

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

See 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.

				((C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	,				han one		Reportable	Reportable	Estimated amount
Name and the	hours					s both a r/trustee		compensation	compensation	of other
	per week							from the organization (W-2/1099-MISC)	from related	compensation
	(list any	or Inc	Ins	Q	Ke	Hig	Fo		organizations (W-2/1099-MISC)	from the organization and
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	ghes	Former	(** = *********************************		related organizations
	organizations	tor tr	onal		ηρίοy	t cor				
	below	uste	trus		ee	npen				
	dotted line)	Φ	ee			Highest compensated employee				
						۵				
(1) Carol Rose										
Executive Director	16.00				X					
(2) Shirley Lai	30.00									
Dir. of Finance and Admin	10.00				X					
(3) Matt Segal	39.00									
Legal Director	1.00				X					
(4) Charu Verma	1.00									
Director		Х						0	0	0
(5) Norma Shapiro	1.00									
Chair Emerita		Х						0	0	0
(6) Stephen Kay	1.00									
Director		Х						0	0	0
(7) Jacob Lipton	1.00									
Chair - Elect		Х						0	0	0
(8) Stephen Chan	1.00									
Director		Х						0	0	0
(9) Nicki Nichols Gamble	1.00									
Director		Х						0	0	0
(10)Kim Marrkand	1.00									
Director		Х						0	0	0
(11)Ron Ansin	1.00									
Director		Х						0	0	0
(12)Daniel Goldberg	1.00									
Director		Х						0	0	0
(13)Kevin Prussia	1.00									
Director		х						0	0	0
(14)April Evans	1.00									
Treasurer		Х		Х				0	0	0
FFA										Form 990 (2020)

17-3686152	2
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					(C)								
(A) Name and title	(B) Average hours per week	box,	unles	eck m ss per	son is	han one s both a /trustee	n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		con	(F) ated am of other npensati om the	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MI		orgai	nization I organiz	
(15)Martin Fantozzi	1.00	x		x				0		0			0
(16)Maria Manning Chair	1.00	x		х				0		0			0
(17)				-21									
<u>(18)</u>													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b Subtotal							_						
d Total (add lines 1b and 1c)									169,1	103	2	54,0)77
2 Total number of individuals (including but not limite reportable compensation from the organization	ed to those lis	ted ab	ove)	who	rece	eived r	nore	than \$100,000 of					3
3 Did the organization list any former officer, director	, trustee, key	employ	ee. c	or hic	ahes	t comp	oens	ated				Yes	No
employee on line 1a? If "Yes," complete Schedule	J for such ind	lividual									3		х
4 For any individual listed on line 1a, is the sum of re organization and related organizations greater than	-	-											
individual											4	Х	
for services rendered to the organization? If "Yes,"							ıızaı	····			5		х
Section B. Independent Contractors	-11:							th #100 00	2 -4				
1 Complete this table for your five highest compensation from the organization. Report compensation from the organization.	-									ear.			
(A)								(B)			(C)		
Name and business addrewendy Woolfork,	ess						HR	Description of service consultant	es		Compens	ation	
2 Total number of independent contractors (including	-		nose	liste	ed ab	oove) v	vho		,				

Page 9

		Check if Schedule O contains a respon-	se or no	ote to any line in this	Part VIII			
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					Sections 312-314
S so	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c	367,902				
ָם פֿ	d	Related organizations	1d	30.,552				
ar A	e	Government grants (contributions)	1e					
s,E ⊡	f	All other contributions, gifts, grants,						
r Si		and similar amounts not included above 1f		6,714,731				
the ibut	g	Noncash contributions included in		0,121,102				
d dr	"	lines 1a-1f	1g	\$				
ŏ ≅	h	Total. Add lines 1a-1f			7,082,633			
				Business Code	.,,			
Φ	2a	Legal awards		541100	31,803	31,803		
Program Service Revenue	b				, , , , , , , , , , , , , , , , , , , ,	,		
Ser	С							
E S	d							
Bag	е							
Pro	f	All other program service revenue	· · · ·					
	g	Total. Add lines 2a-2f			31,803			
	3	Investment income (including dividends, in	erest. a	and	·			
		other similar amounts)			341,114			341,114
	4	Income from investment of tax-exempt bon	eds ►					
	5 Royalties			▶				
		(i) Re	al	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)	>					
	7a	Gross amount from (i) Secur	(ii) Other					
		sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
venue		and sales expenses 7b						
Ş	С	Gain or (loss) 7c						
æ	d	Net gain or (loss)	· <u></u>	▶				
Other R	8a	Gross income from fundraising						
ō		events (not including \$ 367, 902	_					
		of contributions reported on line						
		1c). See Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from fundraising even	ts 🕒		(61,104)			(61,104)
	9a	Gross income from gaming						
		activities, See Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming activities		>				
	10a	Gross sales of inventory, less	10-					
	_	returns and allowances						
		Less: cost of goods sold						
	C	Net income or (loss) from sales of inventor	y	Business Code				
<u>ග</u>	110	Othor		900099	00 140	20 140		
Miscellanous Revenue	b	Other		200023	22,146	22,146		
la en								
sce Re	G G	All other revenue						
Ξ		Total. Add lines 11a-11d			22,146			
	1	Total revenue. See instructions			7 416 592		0	280 010

Page **10**

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) (D) Total expenses Program service Fundraising Management and 8b, 9b, and 10b of Part VIII. general expenses expenses expenses 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 5 Compensation of current officers, directors, 169,726 101,836 33,945 33,945 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 2,963,810 2,245,475 413,469 304,866 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 199,142 98,778 89,946 10,418 9 525,819 401,837 70,279 53,703 10 266,385 198,972 38,034 29,379 Fees for services (nonemployees): а Legal 35,719 27,001 4,359 4,359 11,300 11,300 d Lobbying Professional fundraising services. See Part IV, line 17 28,000 28,000 f 32,214 25,024 3,695 3,495 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 166,979 120,875 23,048 23,056 12 13 75,458 44,855 27,513 3,090 14 82,772 61,717 8,709 12,346 15 16 271,773 36,877 37,508 346,158 17 2,323 1,611 636 76 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 93,195 73,716 8,831 10,648 23 27,314 24,145 1,655 1,514 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 22,074 Telephone and equip 28,078 3,381 2,623 b Printing and publishing 31,311 12,035 19,276 c Dues and fees 24,146 4,998 42,536 13,392 Books and subscriptions 29,688 26,656 1,659 1,373 e All other expenses 25 Total functional expenses. Add lines 1 through 24e . . 5,157,927 3,782,526 757,911 617,490 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)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,469,648	1	2,737,811
	2	Savings and temporary cash investments	, ,	2	
	3	Pledges and grants receivable, net	230,120	3	301,074
	4	Accounts receivable, net	,	4	•
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
'n	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	48,892	9	90,692
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 661,590			
	b	Less: accumulated depreciation 10b 475,198	225,106	10c	186,392
	11	Investments - publicly traded securities	13,683,830	11	18,410,870
	12	Investments - other securities. See Part IV, line 11	2,249,635	12	3,106,085
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,046,320	15	287,645
	16	Total assets. Add lines 1 through 15 (must equal line 33)	18,953,551	16	25,120,569
	17	Accounts payable and accrued expenses	424,752	17	401,402
	18	Grants payable		18	
	19	Deferred revenue	186,250	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
ii		trustee, key employee, creator or founder, substantial contributor, or 35%			
lat		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	611,002	26	401,402
S		Organizations that follow FASB ASC 958, check here			
nce	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	6 640 050	07	10 100 005
ala	27		6,649,859	27	13,122,095
B B	28	Net assets with donor restrictions	11,692,690	28	11,597,072
اج					
P. F	29	and complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
ts (30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	18,342,549	32	24,719,167
ž	33	Total liabilities and net assets/fund balances	18,953,551	33	25,120,569
			10, 333, 331		23,120,309

	, , , , , , , , , , , , , , , , , , , ,	7-368	6152	[Page 1
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u> </u>	🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,416	, 592
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,157	, 927
3	Revenue less expenses. Subtract line 2 from line 1	3		2,258	, 665
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	8,342	,549
5	Net unrealized gains (losses) on investments	5		4,117	, 953
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2	4,719	,167
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			. <u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed 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?		2	b x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis				
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?		2	c x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2020)

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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Single Audit Act and OMB Circular A-133?

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name	Name of the organization Employer identification number									
ACI	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.									
Pa	rt I	Reason for Public Charity	y Status. (All o	rganizations must c	omplete	this part	.) See instructions			
The	orgar	nization is not a private foundation beca	use it is: (For lines	1 through 12, check only	one box.)					
1		A church, convention of churches, or a	ssociation of church	nes described in section	170(b)(1)(۹)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Sc	hedule E (Form 990 or 99	90-EZ).)					
3		A hospital or a cooperative hospital ser	vice organization de	scribed in section 170(b)(1)(A)(iii).					
4		A medical research organization operat	ted in conjunction w	ith a hospital described in	section 17	70(b)(1)(A)	(iii). Enter the			
		hospital's name, city, and state:								
5		An organization operated for the benef	fit of a college or un	iversity owned or operate	d by a gove	ernmental u	unit described in			
		section 170(b)(1)(A)(iv). (Complete P	art II.)		, ,					
6		A federal, state, or local government or	governmental unit o	described in section 170	(b)(1)(A)(v)).				
7	x	An organization that normally receives	a substantial part of	of its support from a gove	rnmental u	nit or from t	the general public			
	_	described in section 170(b)(1)(A)(vi).					,			
8	П	A community trust described in sectio		(Complete Part II.)						
9	Ħ	An agricultural research organization de			d in conjun	ction with a	land-grant college			
-		or university or a non-land-grant colleg			•		•			
		university:	, o or algreened (oc		,	,				
10	П	An organization that normally receives	: (1) more than 33 1	1/3% of its support from (contribution	ıs. member	ship fees, and gross			
. •		receipts from activities related to its ex	` '	• •						
		support from gross investment income	•	•	. ,					
		acquired by the organization after June		,)				
11	П	An organization organized and operated			,)(4)				
 12	Ħ	An organization organized and operate	•		•		arry out the nurnoses			
12	ш	of one or more publicly supported organ	-	•						
		Check the box in lines 12a through 12a								
	а	Type I. A supporting organization				-	_	•		
	а				-	` '				
		the supported organization(s) the supporting organization. You mus			or the dire	Clors or trus	stees of the			
	L	_ `` ` ` `	•		a aummortos	l organizati	on(a) by boying			
	b	Type II. A supporting organization	•			•	. ,			
		control or management of the sup		•	ons that co	ontrol or ma	anage the supported			
		organization(s). You must comple					a a lla di sata a manta al contida			
	С	Type III functionally integrated.		•						
		its supported organization(s) (see	,	•						
	d	Type III non-functionally integra	0	•		• • • • • • • • • • • • • • • • • • • •	• ,			
		that is not functionally integrated.	0 0			•	and an attentiveness			
		requirement (see instructions). Yo	-							
	е	Check this box if the organization				a Type I, Ty	pe II, Type III			
		functionally integrated, or Type III		egrated supporting organ	ization.					
	f	Enter the number of supported organiz								
	g	Provide the following information abou								
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the or listed in you	-	(v) Amount of monetary support (see	(vi) Amount of other support (see		
				above (see instructions))	docum		instructions)	instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)										
Tota										
1 (11)	11	II.								

990 or 990-EZ) 2020 ACLU Foundation of Massachusetts, Inc. 47-3686152 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		3,990,691	14,182,799	5,601,920	7,082,633	30,858,043
2	Tax revenues levied for the			,	,		
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3		3,990,691	14,182,799	5,601,920	7,082,633	30,858,043
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)						10,453,906
6	Public support. Subtract line 5 from line 4						20,404,137
	ction B. Total Support						-, 3, -3 ,
Cal	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4		3,990,691	14,182,799	• •	7,082,633	30,858,043
8	Gross income from interest, dividends,			, ,	, ,	, ,	, ,
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources		153,625	500,683	913,307	341,114	1,908,729
9	Net income from unrelated business					,	=, = = = = =
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)		25,027	10,817	16,382	22,146	74,372
11	Total support. Add lines 7 through 10		23,027	10,017	10,302	22,140	32,841,144
	Gross receipts from related activities, etc. (s	see instructior	ns)			12	32,041,144
	First five years. If the Form 990 is for the o					a section 501(d	c)(3)
_	organization, check this box and stop here	-			•	•	
Sec	ction C. Computation of Public Suppo	rt Percenta	ge				
	Public support percentage for 2020 (line 6,			, column (f)).		14	%
	Public support percentage from 2019 Scheo					15	%
	33 1/3% support test - 2020. If the organiza					% or more, che	
	box and stop here . The organization qualified						
b	33 1/3% support test - 2019. If the organiza	ation did not ch	neck a box on li	ne 13 or 16a, a	and line 15 is 3	3 1/3% or mor	
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2020.						
	10% or more, and if the organization meets						
	Part VI how the organization meets the facts				•	•	
	organization			•	•		
h	10%-facts-and-circumstances test - 2019.						
-	15 is 10% or more, and if the organization m	_					
	in Part VI how the organization meets the fa					•	
	organization						
18	Private foundation. If the organization did r						
-	instructions						▶ ┌

990 or 990-EZ) 2020 ACLU Foundation of Massachusetts, Inc. Support Schedule for Organizations Described in Section 509(a)(2) Part III

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

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources • •						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
1/1	First 5 years. If the Form 990 is for the orga	 nization'e firet	second third	fourth or fifth	tay yaar as a s	ection 501(c)(3	1)
14	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppo						· · · · · · · <u> </u>
	Public support percentage for 2020 (line 8,		•	R column (f))		15	%
	Public support percentage for 2020 (line 6, V					16	
	ction D. Computation of Investment In					10	/6
	Investment income percentage for 2020 (line			ne 13. column	ı (f))	17	%
	Investment income percentage from 2019 So		•			18	
	33 1/3% support tests - 2020. If the organization						
130	17 is not more than 33 1/3%, check this box						
h	33 1/3% support tests - 2019. If the organiz	•					_
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r						
			,	, , , , , ,		- -	. Ц

Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

S

ect	ion A. All Supporting Organizations			
			Yes	No
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.	1		
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			
2-	organization was described in section 509(a)(1) or (2).	2		
за	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2-		
L	lines 3b and 3c below.	3a		
D	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	26		
_	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	20		
1.	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	10		
h	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4a		
b	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.	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination	40		
C	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.	4c		
52	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40		
Ja	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).	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ju		
~	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
l0a	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 10b below.	10a		
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.)

Par	Supporting Organizations (continued)		1	
	_		Yes	No
	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 in lines 11b and			
		11a		
	,	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		11c		
Sect	ion B. Type I Supporting Organizations			
	Б		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
C	supervised, or controlled the supporting organization.	2		
Sec	ion C. Type II Supporting Organizations		V	Na
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
1	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		
Sect	ion D. All Type III Supporting Organizations	•		
OCC	on b. All Type in 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		163	140
•	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? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	_		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	ee in	struct	ions)
2	Activities Test. Answer lines 2a and 2b below.		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			
	,	2a		
b	Did the activities described in 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			
_		2b		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2F		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

47-3686152

ACLU Foundation of Massachusetts, Inc.

	Type III Non-Functionally integrated 509(a)(3) Supporting O								
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See								
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Sec	etion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or collection								
	of gross income or for management, conservation, or maintenance of								
	property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sec	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sec	ction 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-functionall	y integ	rated Type III supportin	ng organization					
	(see instructions).			· ·					

EEA Schedule A (Form 990 or 990-EZ) 2020

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sec	ction D - Distributions		Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes	1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3					
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required) - provide 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 organization is responsive						
	(provide details in Part VI). See instructions.	8					
9	Distributable amount for 2020 from Section C, line 6	9					
10	Line 8 amount divided by line 9 amount	10					

9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sec	etion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	From 2019			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
<u>i</u>	Carryover from 2015 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
_	greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain in</i>			
7	Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j			
7	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			

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

Schedule B

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

ACLU Foundation of Massachusetts, Inc. 47-3686152 Organization type (check one): Filers of: Section: **X** 501(c)(**3** Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

Internal Revenue Service Go to

Name of the organization

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

ACL	J Foundation of Massachusetts, Inc.		47-3	8686152
Pa			ccounts.	
	Complete if the organization answered "Yes" or	Form 990, Part IV, line 6.		
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advised		
	funds are the organization's property, subject to the organization	_		Yes No
6	Did the organization inform all grantees, donors, and donor adv	_	d	
	only for charitable purposes and not for the benefit of the donor			
	conferring impermissible private benefit?			Yes No
Pa	t II Conservation Easements.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or educ		of a historical	ly important land area
	Protection of natural habitat			nistoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a conservation	onservation	
_	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	Tield at the Liid of the Tax Teal
b				
c	Number of conservation easements on a certified historic struc			
d	Number of conservation easements included in (c) acquired aft			
-			2d	
3	Number of conservation easements modified, transferred, releasements			na the
•	tax year	acca, c.kgaicilea, c. tellimiatea 2, tile ele	,aa	.g a.e
4	Number of states where property subject to conservation easer	nent is located		
5	Does the organization have a written policy regarding the period			
Ŭ	violations, and enforcement of the conservation easements it has			☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			
·	•	naming of violations, and officining control ve	alon oacomoni	o daming the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	a of violations, and enforcing conservation	easements du	ring the year
•	► \$	g or violations, and emorning conservation	casements ac	ing the year
8	Does each conservation easement reported on line 2(d) above	eatisfy the requirements of section 170(h)(4)(B)(i)	
Ü			, , , , ,	∏ Yes ∏ No
۵	In Part XIII, describe how the organization reports conservation			iiiii 🖺 les 📙 lio
3	balance sheet, and include, if applicable, the text of the footnote	•		the
	organization's accounting for conservation easements.	to the organizations financial statements	triat describes	tile.
Pa	t III Organizations Maintaining Collections	s of Art. Historical Treasures, o	r Other Si	milar Assets.
	Complete if the organization answered "Yes"			a. 7.000.0.
1a	If the organization elected, as permitted under FASB ASC 958,		nalance sheet	works
ıu	of art, historical treasures, or other similar assets held for public	-		
	service, provide, in Part XIII the text of the footnote to its financi		erance or publi	
h	If the organization elected, as permitted under FASB ASC 958,		noo choot worl	ke of
b	art, historical treasures, or other similar assets held for public e	·		
	•	exhibition, education, or research in furthera	ance or public s	Service,
	provide the following amounts relating to these items:			. ¢
	(i) Revenue included on Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treas		an, provide the	•
	following amounts required to be reported under FASB ASC 95			.
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			► \$

_	ule D (Form 990) 2020 ACLU Foundation	of Massachus	etts, Inc.	roccuros or O	47-36861		Page 2
3	rt III Organizations Maintaining (eis (contin	iueu)
3	Using the organization's acquisition, accession, collection items (check all that apply):	and other records, c	neck any or the follow	wing that make signii	icani use oi iis		
_	Public exhibition		 □	or exchange program	_		
a b	Scholarly research		e Other	0 1 0	5		
	Preservation for future generations		e 🗆 Other				_
C 4	_	tions and avalois has	that fourthant that are	rani-ationla avamet m	urana in Dart		
4	Provide a description of the organization's collective	tions and explain not	w they further the org	ganization's exempt p	urpose in Part		
_	XIII.	acina depotions of ar	t biotorical trace	ar athar aimiler			
5	During the year, did the organization solicit or re-			-		☐ Yes ☐	No
Pai	assets to be sold to raise funds rather than to be rt IV Escrow and Custodial Arran		or the organizations	Collection:		res _	140
ı uı	Complete if the organization a	-	n Form 990 Pa	art IV line 9 or r	enorted an amo	unt on For	m
	990, Part X, line 21.	ilisweled les c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	art iv, line 3, or i	eported an amo	ווט ו ווט וווג	111
1a	Is the organization an agent, trustee, custodian	or other intermediary	for contributions or	other assets not			
ıu	included on Form 990. Part X?	or other intermediary	TO CONTINUATIONS OF V			. □ Yes □	No
b	If "Yes," explain the arrangement in Part XIII and	I complete the followi	ng table:			- <u> 103</u>	
	ii res, explain the arrangement iii i are xiii and	Complete the following	ng table.		Amoi	ınt	
С	Beginning balance			10		X111C	
d							
e	Distributions during the year			10			
f	Ending balance						
2a	Did the organization include an amount on Form	990. Part X. line 21.	for escrow or custo			Yes	No
b	If "Yes," explain the arrangement in Part XIII. Ch			•			i T
Pai	rt V Endowment Funds.	'	'				
	Complete if the organization a	nswered "Yes" o	n Form 990, Pa	art IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years	back
1a	Beginning of year balance	2,249,635	2,567,342	2,563,374	2,469,270	2,320,	693
b	Contributions	14,111	5,000	10,000	5,000		
С	Net investment earnings, gains, and		·				
	losses	942,727	(223, 643)	90,579	185,012	208,	499
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs	100,388	99,064	96,611	95,908	59,	922
f	Administrative expenses						
g	End of year balance	3,106,085	2,249,635	2,567,342	2,563,374	2,469,	270
2	Provide the estimated percentage of the current	year end balance (lir	ne 1g, column (a)) he	eld as:			
а	Board designated or quasi-endowment	%					
b	Permanent endowment • 100.00 %						
С	Term endowment • %						
	The percentages on lines 2a, 2b, and 2c should	equal 100%.					
3a	Are there endowment funds not in the possession	on of the organization	that are held and ad	dministered for the			
	organization by:					Yes	No
	()					3a(i) x	
	(ii)					3a(ii) X	
b	If "Yes" on line 3a(ii), are the related organization					3b X	
4	Describe in Part XIII the intended uses of the or	ganization's endowm	ent funds.				

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Complete if the organization answ	ered res on rolli	i 990, Fait IV, IIIle	Tra. See Form 990	, rait A, iiile 10.			
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment		661,590	475,198	186,392			
е	Other							
Tota	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶							

Part VII	Investments - Other Securities.	Massachasce	20, 2110.		3000202
	Complete if the organization answered "Y	es" on Form 9	90, Part IV, lir	ne 11b. See Forr	m 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		(c) Method of valuation: or end-of-year market value
(1) Financial	derivatives				
	eld equity interests				
(3) Other					
	ments in Funds - not traded		3,106,085	FMV	
(B)					
(C)					
(D) (E)					
(F)					
(G)					
(H)					
		▶	3,106,085		
Part VIII	Investments - Program Related. Complete if the organization answered "Yes	es" on Form 9	90, Part IV, lir	ne 11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment		(b) Book value		(c) Method of valuation: or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6) (7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 13.)	▶			
Part IX	Other Assets.	•		•	
	Complete if the organization answered "Y	es" on Form 9	90, Part IV, lir	ne 11d. See Forr	n 990, Part X, line 15.
	(a) Descripti	tion			(b) Book value
	om ACLU Union				263,997
	om Related party - National				23,648
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
Total. (Colum	(-,, , , , , , ,				287,645
Part X	Other Liabilities. Complete if the organization answered "Yes	es" on Form 9	90, Part IV, lir	ne 11e or 11f. Se	e Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value			
	ncome taxes	(2) Doon value			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(1) 15 000 B 1V 1/5 (1) 55 P				
	(b) must equal Form 990, Part X, col. (B) line 25.)		itil- fin		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

EEA Schedule D (Form 990) 2020

EEA Schedule D (Form 990) 2020

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

2020

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ACLU Foundation of Massachu Part Fundraising Activities	setts, Inc.	he organi	zation ane	warad "Vas" on	47-30	586152 line 17
Form 990-EZ filers are no	•	_		wered res on	i omi 990, i antiv	, 11110-17.
1 Indicate whether the organization raise	•			es. Check all that ap	plv.	
a Mail solicitations		_	-	f non-government gr	•	
b Internet and email solicitations				f government grants		
c Phone solicitations				raising events		
d In-person solicitations			•	Ū		
2a Did the organization have a written or	oral agreement wit	h any individ	ual (including	officers, directors, t	rustees,	
or key employees listed in Form 990, I	-	-			_	/es x No
b If "Yes," list the 10 highest paid individ	luals or entities (fu	ndraisers) pı	ursuant to agr	reements under which	ch the fundraiser is to be	 e
compensated at least \$5,000 by the o	rganization.					
		_				
(i) Name and address of individual		(iii) Did fur	ndraiser have	(in) Cross respirate	(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
		contri	butions?	·	col. (i)	organization
		Yes	No			
1						
2						
3						
3						
4						
•						
5						
6						
7						
8						
•						
9						
10						
	1	1	1			
Total			▶			
3 List all states in which the organization	is registered or lice	ensed to soli	cit contributio	ns or has been notif	ied it is exempt from	
registration or licensing.						
Massachusetts						

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 BOR Dinner (event type)	_	(b) Event #2 (event type)		(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	367,902					367,902
	3	Less: Contributions Gross income (line 1 minus line 2)	367,902					367,902
	4	Cash prizes						
	5	Noncash prizes						
nses	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
Direct	8	Entertainment						
	9	Other direct expenses	61,104					61,104
	10	Direct expense summary. Add lines	4 through 9 in column (d)					61,104
	11	Net income summary. Subtract line	10 from line 3, column (d)					(61,104)
Pa	irt l		-	'Yes	s" on Form 990, Part	IV,	line 19, or reported	more than
	ı	\$15,000 on Form 990-EZ,	line 6a.					
Revenue			(a) Bingo	ŀ	(b) Pull tabs/instant pingo/progressive bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve								
	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	☐ Yes % ☐ No] Yes %] No		Yes % No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)					
	8	Net gaming income summary. Subtr	act line 7 from line 1, colum	ın (c	i)		.	
9 a b	l Is	nter the state(s) in which the organization licensed to conduct g "No," explain:		hes	e states?			· · · · D Yes D No
10a		ere any of the organization's gaming li "Yes," explain:	censes revoked, suspended		_	ax ye	ar?	· · · · D Yes D No

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Compensation Information

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

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

➤ Attach to Form 990.
➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

ACLU Foundation of Massachusetts, Inc. 47-3686152 **Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) **b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Written employment contract X Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Х c Participate in or receive payment from an equity-based compensation arrangement? Х If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a Х х If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a Х 6b Х If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Х Were any amounts reported on Form 990. Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 in Part III Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

ACLU Foundation of Massachusetts, Inc. 47-3686152 01. Form 990 governing body review (Part VI, line 11) As required we make a completed copy of the form 990 available to the Board prior to the return being filed. All Board changes, if any, are forwarded to the preparer for changes prior to filing the return. 02. Conflict of interest policy compliance (Part VI, line 12c) If conflicts of interest are present, the interested member is not permitted to vote on related issues. Annually at a Board meeting any potential conflicts are discussed and disclosed. Any conflicts are documented at that meeting. 03. CEO, executive director, top management comp (Part VI, line 15a) The Executive Director's compensation is determined by the Board based on bi-annual performance review, which consists of both written submission by all Directors, which is reviewed by ACLUF of MA's chairman, Union Board President, and Union Vice President. Based on this performance review, the Director's determine and approve any salary increase. 04. Other officer or key employee compensation (Part VI, line 15b For existing staff, compensation reviews are completed 2 times a year. During ACLUM and ACLUFM's annual budgeting and performance review, salary levels are reviewed against other ACLU affiliates of the same size. National ACLU also provides results from an annual salary survey and that data is considered during the annual budgeting and staff review process. For new positions, we gather internal and external data from other non-profits of similar size and type to ensure staff compensation is in line with other ACLU affiliates and other

non-profits of similar size and type. During the staff review, staff compensation is

Schedule O (Form 990 or 990-EZ) (2020)

Name of the organization	Employer identification number
ACLU Foundation of Massachusetts, Inc.	47-3686152
increased by COLA, performance or adjustment increases. Increases are lim	ited based on an
approved pool for increase in the annual budget. The budget is approved by	y the Board.
05. Governing documents, etc, available to public (Part VI, line 19)	
Governing Documents are available upon request from the Organization.	

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 **2020**

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

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization

ACLU Foundation of Massachusetts, Inc.

Employer identification number
47-3686152

ACLU F	oundation of Massachusetts, Inc.					47-3686152	
Part I	Identification of Disregarded Entities. Complet	te if the organization	answered "Yes" o	n Form 990, Part	IV, line 33.		
·	(a) Name, address, and EIN (if applicable) of disregarded entity	Pri	(b) mary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)							
(2)							
(3)							
(4)							
(5)							
Dowt II	Identification of Related Tax-Exempt Organiza	ations. Complete if the	he organization an	swered "Yes" on	Form 990, Part	IV, line 34 becau	se it had
Part II	one or more related tax-exempt organizations du		-				
	(a) Name, address, and EIN of related organization	(b)	(c)	(d)	(e) Public charity status	(f) Direct controlling	(g) Sec. 512(b)(13)

Primary activity Legal domicile (state Exempt Code section controlled entity? (if section 501(c)(3)) entity or foreign country) Yes No (1) ACLU of Massachusetts, 04-1180450 211 Congress Street Preserve Civil N/A Boston MA 02110 Liberties MA 501 (C) (4) Х (2) ACLU Foundation National Org., 13-6213516 Maintains 125 Broad Street 18th floor endowment & New York NY 10004 pension benefits NY 501c3 10 N/A Х (3) (4) (5)

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.

(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)		(k)
Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from	Share of total income	Share of end-of- year assets			amount in box 20 of Schedule K-1	man	aging	Percentage ownership
	country)		sections 512-514)			Yes	No		Yes	No	
	I .	Primary activity Legal domicile (state or	Primary activity Legal domicile (state or foreign	Primary activity Legal domicile (state or foreign country) Legal domicile entity (state or foreign country) Predominant income (related, unrelated, excluded from tax under	Primary activity Legal domicile (state or foreign country) Legal domicile entity income (related, unrelated, excluded from tax under	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile entity income (related, unrelated, excluded from tax under	Primary activity Legal domicile domicile (state or foreign country) Legal domicile entity income (related, unrelated, excluded from tax under	Primary activity Legal domicile domicile (state or foreign country) Legal domicile entity entity (state or foreign country) Predominant income (related, unrelated, excluded from tax under	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (entity entity entity (state or foreign country) Legal domicile (entity entity entity (income (related, unrelated, unrelated, excluded from tax under) Share of total income (share of end-of-year assets) Share of end-of-year assets Share of end-of-year assets Ocide V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile entity entity Predominant income (related, unrelated, excluded from tax under tax under tax under the state of total income share of end-of-year assets Share of total income share of end-of-year assets Share of end-of-year assets share o	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (entity entity income (related, unrelated, excluded from tax under tax und

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

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section 5 contr enti	rolled
									Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										

chedule R	(Form 990) 2020 ACLU Foundation of Massachusetts, Inc.	47-3686152		Р	age (
Part V	Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part	IV, line 34, 35b, or 36.			
Note: Co	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No
1 Durir	ng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Rece	eipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a		x
b Gift,	grant, or capital contribution to related organization(s)		1b		x
	grant, or capital contribution from related organization(s)	The state of the s	1c		x
d Loan	ns or loan guarantees to or for related organization(s)		1d		X
	ns or loan guarantees by related organization(s)	ŀ	1e		X
f Divid	dends from related organization(s)		1f		х
	of assets to related organization(s)	ŀ	1g		^X
-	chase of assets from related organization(s)	h h	1h		X
	nange of assets with related organization(s)	h h	1i		
	se of facilities, equipment, or other assets to related organization(s)	· · · · · · · · · · · · · · · · · · ·	1j		_X_
j Loas	to or radiitied, equipment, or early about to related organization(b)		•,		X
k Leas	se of facilities, equipment, or other assets from related organization(s)		1k		x
I Perfo	ormance of services or membership or fundraising solicitations for related organization(s)		11		x
m Perfo	ormance of services or membership or fundraising solicitations by related organization(s)		1m		x
n Shar	ring of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	x	
	ring of paid employees with related organization(s)	· · · · · · · · · · · · · · · · · · ·	10	x	
				^	
p Reim	nbursement paid to related organization(s) for expenses		1p	x	
•	nbursement paid by related organization(s) for expenses		4	x	
4					
r Othe	er transfer of cash or property to related organization(s)		1r		x

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. (d) (a) (b) (c) Name of related organization Method of determining amount involved Transaction Amount involved type (a-s) Allocation of time spent (1) ACLU of MA 1,292,932 by Employee 0 (2) (3) (4) (5) (6)

s Other transfer of cash or property from related organization(s)

EEA

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)	(€	*)	(f)	(g)	(h	1)	(i)	(j))	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	sec	partners tion (c)(3) zations	Share of total income	Share of end-of-year assets	Disprop	oortionate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mar	eral or naging tner?	Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													

990	Overflow Statement		2020 Page 1
Name(s) as shown on return ACLU Foundatior	n of Massachusetts, Inc.	FEI	N 47-3686152
Description			<u>Amount</u> \$ 8,750
		Total: \$	8,750