Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

	-		_			
r calendar year 2017, or fiscal year beginning	APR	1	, 2017, and ending	MAR	31	, 20 1

8 ▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury

Internal Revenue Service Name of exempt organization ▶ Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

AMERICAN CIVIL LIBERTIES UNION OF MINNESOTA

47-4484602

Name and title of officer

JOHN GORDON

EXECUTIVE DIRECTOR

Part I	Type of Return and Return Information	(Whole Dollars Only)
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Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here▶ Xb Total revenue, if any (Form 990, Part VIII, column (A), line 12)1b2a Form 990-EZ check here▶ D Total revenue, if any (Form 990-EZ, line 9)2b3a Form 1120-POL check here▶ D Total tax (Form 1120-POL, line 22)3b4a Form 990-PF check here▶ D Tax based on investment income (Form 990-PF, Part VI, line 5)4b5a Form 8868 check here▶ D Balance Due (Form 8868, line 3c)5b	
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Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X authorize WIPFLI LLP	to enter my PIN	55435
ERO firm name		Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within thi is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authenter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 e indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charit program, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature ▶ Date ▶		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		_

number (EFIN) followed by your five-digit self-selected PIN.

41000754403

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date = 08/14/18ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2017
Open to Public Inspection

<u>A I</u>	For the	e 2017 calendar year, or tax year beginning $APR 1$, 2017 and	ending <u>M</u>	IAR 31, 2018				
á	Check if applicabl	AMERICAN CIVIL LIBERTIES UNION OF		D Employer identifi	cation number			
X	Addre chang Name							
L	chang	Doing business as		47-4484602				
	Initial return Final return	PO BOX 14720	Room/suite	E Telephone numbe	phone number 651-529-1697			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	875,736.			
	Amen	ded MINITER DOTTE MINI 55/11/		H(a) Is this a group re	eturn			
	Application	F Name and address of principal officer: JOHN GORDON		for subordinates				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in				
Τ.	Tax-ex	empt status: \bigcirc 501(c)(3) \bigcirc 501(c) (\bigcirc 4) \triangleleft (insert no.) \bigcirc 4947(a)(1) o	or 527	If "No," attach a	list. (see instructions)			
		te: ► WWW.ACLU-MN.ORG		H(c) Group exemption				
		f organization: X Corporation Trust Association Other	L Year		M State of legal domicile: MN			
	art I	Summary			<u> </u>			
_	1	Briefly describe the organization's mission or most significant activities: PRESI	ERVATI	ON AND PROM	OTION OF			
Governance		CIVIL RIGHTS AND CIVIL LIBERTIES.						
nar	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as:	sets.			
Ver	3	-		3	27			
		Number of independent voting members of the governing body (Part VI, line 1b)			27			
Activities &	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			12			
iţi	6	Total number of volunteers (estimate if necessary)			500			
휹	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ă	b	Net unrelated business taxable income from Form 990-T, line 34			0.			
		,		Prior Year	Current Year			
•	8	Contributions and grants (Part VIII, line 1h)		445,702.	803,066.			
ne	9	Program service revenue (Part VIII, line 2g)		50,000.	72,663.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6.	7.			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		495,708.	875,736.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		111,545.	146,597.			
Ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b.	Total fundraising expenses (Part IX, column (D), line 25)	^					
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		116,026.	115,274.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		227,571.	261,871.			
	1	Revenue less expenses. Subtract line 18 from line 12		268,137.	613,865.			
or or	3	,	Ве	ginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)		353,334.	967,199.			
ASS	21	Total liabilities (Part X, line 26)		0.	0.			
Net Set	22	Net assets or fund balances. Subtract line 21 from line 20		353,334.	967,199.			
Pa	art II	Signature Block	<u>'</u>	•	•			
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and belief, it is			
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.				
Sig	n	Signature of officer		Date				
Her		▲ JOHN GORDON, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid	d	MICHAEL J PETERSON, CPA MICHAEL J PETERS	son, 0	8/14/18 if self-employ	P01833529			
	parer	Firm's name WIPFLI LLP	· · ·	Firm's EIN ▶	39-0758449			
-	Only	Firm's address 7601 FRANCE AVENUE SOUTH, SUITE	400					
	•	MINNEAPOLIS, MN 55435		Phone no. 95	2.548.3400			
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·	······	X Yes No			

Form	990 (2017) MINNESOTA	47-4484602	Page 2
Pa	rt III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		\square
1	Briefly describe the organization's mission:		<u></u>
-	THE MISSION OF THE AMERICAN CIVIL LIBERTIES UNION OF MINN	ESOTA IS TO	
	PROTECT THE CIVIL LIBERTIES OF ALL MINNESOTANS THROUGH LI		
	PUBLIC EDUCATION, AND LOBBYING.	11011110117	
	TODDIC EDUCATION, AND HODDIING.		
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes	v .
	prior Form 990 or 990-EZ?	Yes	LA_ No
	If "Yes," describe these new services on Schedule O.		TT.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$		0.)
	PUBLIC EDUCATION PROGRAM:		
	EDUCATING AND ENGAGING THE PUBLIC IS KEY TO THE ORGANIZAT	ION'S MISSIC	ON.
	THE ORGANIZATION SEEKS TO EDUCATE MINNESOTANS ABOUT THEIR		
	LIBERTIES BY PROVIDING SCHOOLS WITH EDUCATIONAL MATERIALS		JG
	IN PUBLIC ON CIVIL LIBERTIES, AND BY MOBILIZING INDIVIDUA		
		.пр. 10	
	PERSONALLY ADVOCATE FOR THEIR RIGHTS.		
4b	(Code:) (Expenses \$	e\$	0.)
	LEGISLATIVE PROGRAM:		
	BY DRAFTING EFFECTIVE LEGISLATION AND TESTIFYING ON BILLS	WITH CIVIL	
	LIBERTIES IMPLICATIONS, THE ORGANIZATION ENSURES THAT THE	GOVERNMENT	
	DOES NOT SUCCEED IN INFRINGING ON INDIVIDUALS RIGHTS.		
4c		·\$72,6	<u> </u>
	LEGAL PROGRAM:		
	THE ORGANIZATION PROTECTS INDIVIDUALS' CIVIL RIGHTS BY SE	LECTING,	
	NEGOTIATING, AND TRYING CASES WITH THE POTENTIAL TO ESTAE	LISH LEGAL	
	PRECEDENT, BROADEN INTERPRETATION, AND STRENGTHEN CIVIL I	IBERTIES. 7	THE THE
	ORGANIZATION IS SUPPORTED BY VOLUNTEER ATTORNEYS WHO DONA		<u>/IE</u>
	AND EXPERTISE TO THE ORGANIZATION'S CAUSE.		
	THE PROPERTY OF THE CHOILIER PORTS		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 231,327.		
	<u> </u>	Form 95	90 (2017)

Form 990 (2017) MINNESOTA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X

Form 990 (2017) MINNESOTA

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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		X
	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		
	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	05.		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	06		x
27	complete Schedule L, Part II	26		12
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		x
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A comment on former efficient director twinted on leave employed (CIV)	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	I

Form 990 (2017) **Part V** Sta Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response of note to any line in this Part v					Щ
		Ι.			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?		ole garning	4.		
20	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	 	 	1c		
Za	filed for the calendar year ending with or within the year covered by this return	2a	12			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions			20		
3a	D. I			За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	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 Ad	ccoun	ts (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	ction?		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons 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 ser	vices p	rovided to the payor?	7a		X
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?	I	 I	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		_
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor advised funds. Did a donor advised fund maintained			7h		
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	Бу пт	5	8		
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>		
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			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	1	I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	<u> </u>	4.4		v
				14a		_X_
α	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	ЭO		14b Form	990	(2017)
				LOUI	, 550	(2017)

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.

800						X			
Sec	tion A. Governing Body and Management					T			
		1.1	27		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	27						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other							
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervisi	on						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		Х			
6	Did the organization have members or stockholders?			6	X				
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?			7a	Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s								
	persons other than the governing body?			7b	Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
	a The governing body?								
b									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				Х				
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code I				X			
	(This decitor b requests information about policies not required by the internal ric	evenue oode.			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch								
				10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 20.0.0 iiii.g ii							
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			120					
·		,		12c	х				
12	in Schedule O how this was done Did the organization have a written whistleblower policy?			13	X				
13 14				14	X				
15				14	21				
15	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
_				45.	Х				
	The organization's CEO, Executive Director, or top management official			15a	77	Х			
D	Other officers or key employees of the organization			15b		Λ			
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	mont with a							
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			16-		Х			
	taxable entity during the year?			16a		Λ			
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation in the state of the state		n						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			401					
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16b					
17 10	List the states with which a copy of this Form 990 is required to be filed MN Section 6104 requires an ergonization to make its Forms 1033 (or 1034 if applicable), 900, and 900 li	(Cootion F01/-)//	2\a ankı\ sı	oileh!					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(3ection 501(c)(only) av	anable	7				
	for public inspection. Indicate how you made these available. Check all that apply.								
40	· ,	n in Schedule O)	alian	c:	:_1				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	ntilict of interest p	olicy, and	rınanc	ıaı				
	statements available to the public during the tax year.		_						
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records:	-						
	SARAH HEIL - 651-529-1697								
	PO BOX 14720, MINNEAPOLIS, MN 55414								

Page 7

Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		l than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	a a a	recto	r/trus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	al trus		yee	mpen		(***2/1099-101100)		and related
	below	Individual trustee or director	Institutional trustee	70	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			_
(1) HOWARD BASS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(2) MATTHEW BERGER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) SHIRA BURTON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) JUNE CARBONE	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(5) JEN CORNELL	1.00								_	•
BOARD MEMBER (THRU FEBRUARY)	1 00	Х						0.	0.	0.
(6) MICHAEL ELLIOTT	1.00	.,							0	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(7) SCOTT FLAHERTY	1.00	37							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(8) ALBERT GOINS	1.00	v						0.	_	0
60 MICHELE GOODWIN	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(10) JOSEPH GREEN	1.00							0.	0.	<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) TIMOTHY GRIFFIN	1.00								0.	<u></u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) JEFF HOLLAND	1.00							•	•	
BOARD MEMBER		х						0.	0.	0.
(13) JEAN HOLLOWAY	1.00								<u> </u>	
BOARD MEMBER	1.00	Х						0.	0.	0.
(14) RACHEL HUGHEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) KEITH JACKSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) KATHY JUNEK	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(17) RALEIGH LEVINE	1.00									_
BOARD MEMBER		Х						0.	0.	0.

(4)	, ,	(B)	(0)
(A) Name and business address	NONE	(B) Description of services	(C) Compensation

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

Form 990 MINNESOTA 47-4484602

Form 990 MINNESOT.	<u> </u>								4/-448	1002
Part VII Section A. Officers, Directors, Tree	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
Name and title	hours	(С		all t			LΛ	compensation	compensation	amount of
		(C	IECK	l all t	liiai	app I	iy <i>)</i>	1	from related	other
	per							from		
	week	_				oyee		the	organizations	compensation
	(list any	recto				ld me		organization	(W-2/1099-MISC)	from the
	hours for	ordi	au			ted		(W-2/1099-MISC)		organization
	related	stee	ruste			sua				and related
	organizations	Tus Ltus	Institutional trustee		Key employee	d Wo				organizations
	below	idua	tutio	ъ	ld me	esto	er			
	line)	Individual trustee or director	Insti	Officer	Key	Highest compensated employee	Former			
(27) NICOLE MOEN	1.00									
		-							_	•
VICE CHAIR	1.00	Х		Х				0.	0.	0
(28) RONALD DEHARPPORTE	1.00									
SECRETARY	1.00	Х		Х				0.	0.	0
(29) CASSANDRA WARNER	1.00									
		٠,,		,,					_	•
TREASURER	1.00	Х		Х				0.	0.	0
(30) JOHN GORDON	4.00									
EXECUTIVE DIRECTOR	36.00			х				24,375.	0.	0
(31) TERESA NELSON	4.00							22,0700	•	
	26.00	4		,,				02 220	_	•
INTERIM EXECUTIVE DIRECTOR (SEE SCH	36.00			Х				93,338.	0.	0
		4								
		1								
		-								
		1								
		1								
		-								
		1								
		1								
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		1								
		<u> </u>								
								117,713.		
Fotal to Part VII, Section A, line 1c										

Page 9

Form 990 (2017) MINNESO
Part VIII Statement of Revenue MINNESOTA

		Check if Schedule O conta	ains a response	or note to any line	e 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
s s	1 a	Federated campaigns	1a					
an		Membership dues		803,066.				
2 8		Fundraising events	······	,				
ifts ar A		Related organizations						
a,e		Government grants (contributi						
Sig		All other contributions, gifts, gran						
her E		similar amounts not included above						
ξĐ	g	Noncash contributions included in lines	1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			803,066.			
				Business Code				
ø	2 a	ATTORNEY FEE AW	ARDED	541100	72,663.	72,663.		
Σ	b	b						
Program Service Revenue	С							
eve eve	d							
og B	е							
ᇫ	f	All other program service reve	nue	900099				
	g	Total. Add lines 2a-2f			72,663.			
	3	Investment income (including	· .	_			_	
		other similar amounts)		▶	7.			7.
	4	Income from investment of tax	k-exempt bond p	roceeds 🕨				
	5	Royalties		>				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		, ,						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		>				
enne	8 a	Gross income from fundraising including \$	• •					
Other Reven		contributions reported on line	,					
e		Part IV, line 18						
됩		Less: direct expenses						
		Net income or (loss) from fund		>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		>				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
-	С	Net income or (loss) from sales						
}	11 ^	Miscellaneous Revenue		Business Code				
	ii a b							
	C							
		All other revenue						
		Total. Add lines 11a-11d		I				
		Total revenue. See instructions.		·····	875.736.	72,663.	0.	7.

| Form 990 (2017) | MINNESOTA | Part IX | Statement of Functional Expenses

<u>Secti</u>	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								
	not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)				
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,	0 005	0 104	E24					
	trustees, and key employees	9,925.	9,194.	731.					
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	22.2-2	22 121						
7	Other salaries and wages	89,052.	82,491.	6,561.					
8	Pension plan accruals and contributions (include	00.015	40.0-						
	section 401(k) and 403(b) employer contributions)	20,915. 17,923.	19,374. 16,602.	1,541.					
9	Other employee benefits	17,923.	16,602.	1,321.					
10	Payroll taxes	8,782.	8,135.	647.					
11	Fees for services (non-employees):								
а	Management								
b	Legal								
С	Accounting	6,495.	10.000	6,495.					
d	Lobbying	10,000.	10,000.						
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,	10 105	4 604	0 054					
	column (A) amount, list line 11g expenses on Sch 0.)	13,485.	4,631.	8,854.					
12	Advertising and promotion	CO 811	CO 511						
13	Office expenses	69,711.	69,711.						
14	Information technology	70.	70.						
15	Royalties	0.420	0 110	210					
16	Occupancy	8,438.	8,119.	319.					
17	Travel	337.	337.						
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	225	205						
19	Conferences, conventions, and meetings	225.	225.						
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	4,075.		4,075.					
23	Other expenses. Itemize expenses not covered	4,0/3•		4,0/3.					
24	above. (List miscellaneous expenses in line 24e. If line								
	24e amount exceeds 10% of line 25, column (A)								
а	amount, list line 24e expenses on Schedule 0.) MEMBERSHIP DUES	1,498.	1,498.						
a b		±, ±, 0 •	1,100						
C									
d									
	All other expenses	940.	940.						
25	Total functional expenses. Add lines 1 through 24e	261,871.	231,327.	30,544.	0.				
26	Joint costs. Complete this line only if the organization	,	, -	,	<u> </u>				
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								
					E 000 (2013)				

Form 990 (2017)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	54,795.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	38,395.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined unc			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribut	ing		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	146,145.	15	874,009.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	967,199.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
8	22	Loans and other payables to current and former officers, directors, trustees,			
Ě		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		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		26	0.
		Organizations that follow SFAS 117 (ASC 958), check here X a	nd		
Ses		complete lines 27 through 29, and lines 33 and 34.	353,334.	07	967,199.
Fund Balances	27	Unrestricted net assets		27	307,133.
Bal	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
s or	20	and complete lines 30 through 34.		20	
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	967,199.
_	33 34	Total net assets or fund balances Total liabilities and net assets/fund balances	353,334.	33	967,199.
	J+	TOTAL HADINITES ATTO TIEL ASSETS/TUTTO DATA TOTAL	333,334•	34	, JUI, 1JJ •

AMERICAN CIVIL LIBERTIES UNION OF

Form 990 (2017) MINNESOTA 47-4484602 Page 12

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,8	
3	Revenue less expenses. Subtract line 2 from line 1	3	61	3,8	<u>65.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35	3,3	<u>34.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	96	7,1	<u>99.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		i

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

) (see separate instructions), then	iona, Camplata Dart III			
	Section 501(c)(4), (5), or (6) organization AMERICA	N CIVIL LIBERTIES	UNION OF	Emp	loyer identification number
	MINNESO				47-4484602
Pa	art I-A Complete if the org	anization is exempt under	section 501(c) or	r is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	. •		s
Pa	art I-B Complete if the org	anization is exempt under	section 501(c)(3)) <u>.</u>	
1	Enter the amount of any excise tax	•			1
	Enter the amount of any excise tax				
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt under	section 501(c), e	xcept section 501(c	e)(3).
3	Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and emmade payments. For each organization contributions received that were propolitical action committee (PAC). If a	ization's funds contributed to othe . Add lines 1 and 2. Enter here and . 1120-POL for this year?	or organizations for section for section form 1120-POL, of all section 527 polition the filing organizate political organ	tion 527 \$ \bigs\{ \bigs\} \\ \tag{ical organizations to which tion's funds. Also enter thization, such as a separate.}	Yes No n the filing organization e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

AMERICAN CIVIL LIBERTIES UNION OF Schedule C (Form 990 or 990-EZ) 2017 MINNESOTA 47-4484602 Page 2 Part II-A | Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). if the filing organization checked box A and "limited control" provisions apply. B Check ▶ (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0-

4-Year Averaging Period Under section 501(h)

i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

reporting section 4911 tax for this year?

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

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total				
2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))									
c Total lobbying expenditures									
d Grassroots nontaxable amount									
e Grassroots ceiling amount (150% of line 2d, column (e))									
f Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2017

Yes

Schedule C (Form 990 or 990-EZ) 2017 MINNESOTA 47-44846 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	(b)	
	e lobbying activity.	Yes	No	Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(0.47,) (7)				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01(c)(5),	or sec	tion		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Х		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the pi		3		X	
1	answered "Yes." Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
_	expenses for which the section 527(f) tax was paid).					
a	Current year		2a			
	Carryover from last year		2b			
h						
	Lotal					
С	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2c			
с 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
С	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		2c			
с 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	cal	2c 3			
с 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	cal	2c			
с 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		2c			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN CIVIL LIBERTIES UNION OF MINNESOTA

Employer identification number 47-4484602

Part	t I Organizations Mai	ntaining Donor Advised I	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "	Yes" on Form 990, Part IV, line 6		
		_	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year			
	Aggregate value of contribution			
	Aggregate value of grants from			
	Aggregate value at end of year			
	_		ting that the assets held in donor adv	
			clusive legal control?	
			sors in writing that grant funds can b	
	···		onor advisor, or for any other purpose	
Part			ization answered "Yes" on Form 990	
				r, Part IV, line 7.
1	<u> </u>	ements held by the organization ublic use (e.g., recreation or edu	`	intericully important land area
	Protection of natural hab	· ·		istorically important land area ertified historic structure
	Preservation of open spa		Preservation of a ce	ertined historic structure
2			conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.	the organization held a qualified	Conservation Contribution in the for	Held at the End of the Tax Year
	, ,	asamants		
	Total acreage restricted by con			0.
	,		ure included in (a)	
			r 7/25/06, and not on a historic struc	
		` ' '		
			sed, extinguished, or terminated by the	
	year >	onto modinod, transferred, releat	sea, extinguished, or terminated by the	to organization during the tax
	· -	ty subject to conservation easen	nent is located	
	·	•	lic monitoring, inspection, handling o	_ f
	· ·	the conservation easements it ho		
				nservation easements during the year
	>	G/ 1 G/	, ,	5 ,
7	Amount of expenses incurred in	n monitoring, inspecting, handlin	g of violations, and enforcing conserv	vation easements during the year
	▶ \$			Ç
8	Does each conservation easem	— ent reported on line 2(d) above s	atisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9				se statement, and balance sheet, and
i	include, if applicable, the text of	f the footnote to the organizatior	s financial statements that describe	s the organization's accounting for
	conservation easements.			
Part	t III Organizations Mai	ntaining Collections of A	rt, Historical Treasures, or C	Other Similar Assets.
	Complete if the organiza	tion answered "Yes" on Form 99	0, Part IV, line 8.	
1a	If the organization elected, as p	ermitted under SFAS 116 (ASC	958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other sir	nilar assets held for public exhibi	tion, education, or research in further	rance of public service, provide, in Part XIII,
	the text of the footnote to its fir	nancial statements that describes	s these items.	
b	If the organization elected, as p	ermitted under SFAS 116 (ASC	958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar asset	s held for public exhibition, educ	ation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form	990, Part VIII, line 1		
	(ii) Assets included in Form 99			> \$
2	If the organization received or h	eld works of art, historical treasu	ires, or other similar assets for financ	ial gain, provide
		•	(ASC 958) relating to these items:	
а	Revenue included on Form 990	, Part VIII, line 1		> \$
b .	Assets included in Form 990, P	art X		

Schedule D (Form 990) 2017 MINNE

Par	t III Organiz	zations Maintaining C	ollections of Art	t, Histo	rical Tre	easures, or	Other S	Similar	Assets	(contin	ued)	
3	Using the organiz	zation's acquisition, accessi	on, and other records	s, check	any of the	following that a	re a sign	ificant u	se of its c	ollection	items	
	(check all that ap	pply):										
а	Public exhi	ibition	d	ι 🔲 ι	oan or exc	hange progran	ns					
b	Scholarly r	esearch	е	. 🗌	Other							
С	Preservation	on for future generations										
4	Provide a descrip	otion of the organization's co	ollections and explain	n how the	ey further th	ne organization	's exemp	t purpos	se in Part	XIII.		
5	During the year,	did the organization solicit o	r receive donations o	of art, his	torical treas	sures, or other	similar as	sets				
		e funds rather than to be ma								Yes		No
Par		and Custodial Arran		ete if the	organizatio	n answered "Y	es" on F	orm 990	, Part IV, I	ine 9, or		
	reported a	an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization	on an agent, trustee, custodi	an or other intermed	iary for c	ontribution	s or other asse	ts not inc	luded		_		_
	on Form 990, Pa	rt X?							🗀	Yes		No
b	If "Yes," explain t	the arrangement in Part XIII	and complete the fol	lowing ta	able:							
										Amount	<u>. </u>	
С	Beginning balance	ce						1c				
d	Additions during	the year						1d				
е	Distributions duri	ing the year						1e				
f	Ending balance							1f				
2a	Did the organizat	tion include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ustodial accour	nt liability	?		Yes		No
		the arrangement in Part XIII.										<u> </u>
Par	t V Endow	ment Funds. Complete	f the organization an	swered "	'Yes" on Fo	orm 990, Part IV						
			(a) Current year	(b) Pr	rior year	(c) Two years	back (d) Three y	ears back	(e) Four	years	back
		r balance										
b	Contributions											
С	Net investment e	earnings, gains, and losses										
d	Grants or scholar	rships										
е	Other expenditur	es for facilities										
	and programs											
f	Administrative ex	rpenses										
g	End of year balar	nce										
2	Provide the estim	nated percentage of the curr	ent year end balance	e (line 1g	, column (a)) held as:						
а	Board designated	d or quasi-endowment		_%								
b	Permanent endo	wment	%									
С	Temporarily restr	ricted endowment 🕨	%									
	The percentages	on lines 2a, 2b, and 2c sho	uld equal 100%.									
3а	Are there endow	ment funds not in the posse	ssion of the organiza	tion that	are held ar	nd administere	d for the	organiza	ation	_		
	by:										Yes	No
	(i) unrelated org	ganizations								3a(i)	\longrightarrow	
	(ii) related organ									3a(ii)	\longrightarrow	
b	If "Yes" on line 3	a(ii), are the related organiza	tions listed as require	ed on Sc	hedule R?					3b		
4		XIII the intended uses of the		wment fu	ınds.							
Par		Buildings, and Equipm										
	Complete	if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 990, I	Part X, lin	e 10.				
	Descrip	otion of property	(a) Cost or o			t or other		umulate	ed	(d) Book	(value)
			basis (investn	nent)	basis	(other)	depr	eciation				
		vements	I									
			I									
Γotal	. Add lines 1a thro	ouah 1e. <i>(Column (d) must e</i>	gual Form 990 Part	X colum	n (R) line 1	Oc.)						0.

Schedule D (Form 990) 2017 MINNESOTA		01/101/ 01	47-4484602 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		ı	
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line	e 13.
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" (on Form 990, Part IV, line Description	11d. See Form 990, Part X, lin	e 15. (b) Book value
		TON ECTINDAMION	874,009.
	ILDEKTITES ON.	ION FOUNDATION	074,009
(2)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)		▶ 874,009.
Part X Other Liabilities.	•		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Par	t X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8) (0)			
(9)	I		

47-4484602 Page 4

Schedule D (Form 990) 2017 MINNESOTA			184602 Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	875,736.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1			875,736.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			-
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	********		
c Add lines 4a and 4b		4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.			875,736.
Part XII Reconciliation of Expenses per Audited Financial Sta	atements With Expen	ses per Return.	•
Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	•	
Total expenses and losses per audited financial statements		1	261,871.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			•
a Donated services and use of facilities	2a		
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d	<u>- </u>	2e	0.
3 Subtract line 2e from line 1			261,871.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			202,0720
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
		4c	0.
			261,871.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Part XIII Supplemental Information.	8.)	3	201,071.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1. Dort IV lines 1h and 2h: D	lort V. lino 4: Dort V. I	ing 2: Dort VI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		ait v, iii le 4, Fait A, i	ille 2, Fait Ai,
illies 20 and 4b, and Fart An, lines 20 and 4b. Also complete this part to provide al	iy additional imormation.		
PART X, LINE 2:			
TARI A, DINE Z.			
THE ORGANIZATION IS REQUIRED TO ASSESS WHI	ביה בים אורו ביה בים אורו	סבי ד.דעביו.ע יוס	יוי או או או
THE ORGANIZATION IS REQUIRED TO ASSESS WITH	BIHER II ID MO	KE DIKEDI I	IIAN NOI
THAT A TAX POSITION WILL BE SUSTAINED UPO	N EYAMTNATTON (INTCAT.
THAT A TAX POSITION WILL BE SUSTAINED OF OR	N EXAMINATION V	or the tech	INICAL
MERITS OF THE POSITION, ASSUMING THE TAXII	אכ אוויים הדייע ם:	אם ביווד.ד. צאור	WT.FDCF
MEKITS OF THE POSITION, ASSUMING THE TAXIS	NG AUTHORITI H	NIA LUUT KNC	MUEDGE
OF ALL INFORMATION TO THE TAY DOCUTION I	DOEC NOM MEEM I	nue	
OF ALL INFORMATION. IF THE TAX POSITION 1	DOES NOT MEET	LUE	
MODE I THE Y MILAN NOW DECOGNIMION MUDECIAL	חדק קונות מווח	OE MILAM DO	CTMTON
MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD	D, THE BENEFIT	OF THAT PO	STITON
TO NOW DECOGNIZED IN MILE CONGOLIDAMING ET	NAMOTAT OMAMDM		
IS NOT RECOGNIZED IN THE CONSOLIDATING FI	NANCIAL STATEM.	ENTS. THE	
ODGANIZATION HAG DEMERNING MHERE ARE NO	MOINING TO DEC	ODD 30 300T	IMG OD
ORGANIZATION HAS DETERMINED THERE ARE NO 2	AMOUNTS TO REC	UKU AS ASSE	TS UK
ITADII IMIEG DELAMED MO IMIGERMATA MAY SOCT	TTONC		
LIABILITIES RELATED TO UNCERTAIN TAX POSI	LIONS.		

AMERICAN CIVIL LIBERTIES UNION OF

Schedule D (Form 990) 2017 Part XIII Supplemental Inform	MINNESOTA	47-4484602	Page 5
Supplemental inform	(continued)		

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

AMERICAN CIVIL LIBERTIES UNION OF MINNESOTA

Employer identification number 47-4484602

Schedule O (Form 990 or 990-EZ) (2017)

FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS. ANY PERSON OR LEGAL ENTITY WHO IS A MEMBER
IN GOOD STANDING OF THE AMERICAN CIVIL LIBERTIES UNION (ACLU) SHALL BE A
MEMBER OF THE THIS ORGANIZATION. THE MEMBERS OF THE ORGANIZATION WILL BE
DIVIDED INTO FOUR CLASSES AS FOLLOWS:
REGULAR VOTING MEMBERS ARE INDIVIDUALS WHO RESIDE IN MINNESOTA AND ARE NOT
ENROLLED IN A SECONDARY OR POST-SECONDARY INSTITUTION;
STUDENT VOTING MEMBERS ARE INDIVIDUALS WHO RESIDE IN MINNESOTA AND ARE
ENROLLED IN A SECONDARY OR POST-SECONDARY INSTITUTION;
ORGANIZATIONAL MEMBERS ARE LEGAL ENTITIES OTHER THAN INDIVIDUALS; AND
NON-RESIDENT MEMBERS ARE INDIVIDUALS WHO DO NOT RESIDE IN MINNESOTA.
EACH REGULAR VOTING MEMBER AND STUDENT VOTING MEMBER ARE ENTITLED TO ONE
VOTE. NO OTHER MEMBERS SHALL HAVE VOTING RIGHTS.
FORM 990, PART VI, SECTION A, LINE 7A:
VOTING BOARD MEMBERS ELECT BOARD MEMBERS AT THE ANNUAL MEETING.
VOLUMO DOLLAD INDICADO DOLLAD INDICADO
FORM 990, PART VI, SECTION A, LINE 7B:
VOTING BOARD MEMBERS HAVE THE RIGHT TO VOTE ON AN AMENDMENT TO THE BYLAWS.
FORM 990, PART VI, SECTION B, LINE 11B:
TOTAL 220, IAMI VI, DECITOR D, DIRE IID.

THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE BOARD PRESIDENT AND

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

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization AMERICAN CIVIL LIBERTIES UNION OF **Employer identification number** 47-4484602 MINNESOTA THEN PRESENTED TO THE BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: NEITHER BOARD MEMBERS NOR STAFF MEMBERS SHALL PARTICIPATE IN THE DECISIONS OF ANY MATTER IN WHICH THEY MAY HAVE A CONFLICT OF INTEREST; NOR SHALL THEY PARTICIPATE IN THE DISCUSSION OF SUCH A MATTER UNLESS THE NATURE OF THE CONFLICT HAS BEEN DISCLOSED TO THE OTHER PARTICIPANTS IN THE DISCUSSION. IN THE CASE OF BOARD MEMBERS, THE PROCEDURE SHOULD BE THAT THE MEMBER AFFECTED BY THE CONFLICT OF INTEREST ANNOUNCES THE EXISTENCE OF THE CONFLICT AND THE MINUTES REFLECT THE FACT THAT THE MEMBER DID NOT PARTICIPATE IN THE DECISION OF THE MATTER (NOR IN THE DISCUSSION, IF THAT BE THE CASE). FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS REVIEWS COMPENSATION FOR THE EXECUTIVE DIRECTOR AND LEGAL DIRECTOR. COMPENSATION IS DETERMINED BASED ON PERFORMANCE AND CURRENT

SALARY.

THE ORGANIZATION USES A REPORT COMPILED YEARLY BY THE NATIONAL AMERICAN CIVIL LIBERTIES UNION (ACLU) WHICH LISTS THE SALARIES OF EACH ACLU AFFILIATE BY POSITION. THE ORGANIZATION SPECIFICALLY LOOKS AT ACLU AFFILIATES THAT ARE COMPARABLE IN SIZE AND BUDGET TO AMERICAN CIVIL LIBERTIES UNION OF MINNESOTA. THE ORGANIZATION ALSO LOOKS AT THE MINNESOTA COUNCIL OF NON-PROFITS SALARY GUIDE TO DETERMINE COMPENSATION.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

(c)

(d)

(e)

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Department of the Treasury Internal Revenue Service

AMERICAN CIVIL LIBERTIES UNION OF **MINNESOTA**

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

(b)

Employer identification number 47-4484602

(f)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	r Total inco	me End-of-year		ontrolling tity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	rolled
MINNESOTA CIVIL LIBERTIES UNION FOUNDATION -				501(c)(3))	AMERICAN CIVIL	Yes	No
41-6050012, 2300 MYRTLE AVENUE, SUITE 180,	TO FUND LITIGATION &				LIBERTIES UNION		
ST. PAUL, MN 55114	PUBLIC EDUCATION EFFORTS	MINNESOTA	501(C)(3)	LINE 7	OF MINNESOTA	X	
	1						

484602 Page 2

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.

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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	allocations?		amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

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

Schedule R (Form 990) 2017

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1a

X

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		X
С					l _		Х
d	Loans or loan guarantees to or for related organization(s)				1d	Х	
е	Loans or loan guarantees by related organization(s)						Х
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)						X
	Purchase of assets from related organization(s)						X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
-1	Performance of services or membership or fundraising solicitations for related organ						Х
	Performance of services or membership or fundraising solicitations by related organ						X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization					Х	
0	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q	X	
	Other transfer of cash or property to related organization(s)						X
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," in the ab	ho must complete th	is line, including covered re	lationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amoun	t involved		
1)]	MINNESOTA CIVIL LIBERTIES UNION FOUNDATION	0	829,225.0	COST			
2)							
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3)							
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-1)							
5)							
<u> </u>							
6)							
3216	3 09-11-17		<u>.</u>	Sched	ule R (Fori	n 990	2017

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

AMERICAN CIVIL LIBERTIES UNION OF MINNESOTA

	AMERICAN CIVIL LIBERTIES UNION OF	47 4404600
Schedule R	(Form 990) 2017 MINNESOTA Supplemental Information.	47-4484602 Page 5
Part VII		
	Provide additional information for responses to questions on Schedule R. See instructions.	