Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning $APR \ 1$, 2023, and ending $MAR \ 31$, 20 24

OMB No. 1545-0047

Department of the Treasury

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

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN 23-7093415 ACLU NEBRASKA MINDY RUSH CHIPMAN Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b ____ 322,455. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a **b Total tax** (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here **b Tax due** (Form 5330, Part II, line 19) Form 5330 check here 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 processary to answer inquiries and resolve issues related to the payment. I have selected a 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize HBE LLP 93415 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 47127893415 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return 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. 12/03/24 HBE LLP ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA 302521 01-05-24

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

Form **8879-TE** (2023)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	2023 calendar year, or tax year beginning APR 1, 2023 and enc	ding M	AR 31, 2024	
B c	heck if oplicable	C Name of organization		D Employer identifie	cation number
	Addres	S ACLU NEBRASKA			
	Name change			23-70934	15
	Initial return	,	om/suite	E Telephone number	
	Final return/	134 S 13 ST STE 1010	402-476-		
	termin- ated Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	322,455.
	return	LINCOLN, NE 08508-5008		H(a) Is this a group re	
	Application pendin	a		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: \bigcirc 501(c)(3) \bigcirc X 501(c) (4) (insert no.) \bigcirc 4947(a)(1) or \bigcirc	527		list. See instructions
	Vebsit		T	H(c) Group exemption	
K F	orm of I rt I	organization: X Corporation Trust Association Other Summary	L Year c	of formation: $\bot 9 / 2 N$	1 State of legal domicile: NE
Га			מקוז בי	O VENDO TALA	TEDD A CV A
ě		Briefly describe the organization's mission or most significant activities: FOR OV			
Governance		THE ACLU HAS WORKED IN COURTS, LEGISLATURES Check this box if the organization discontinued its operations or disposed			
/er				1 . 1	12
é		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			12
∞ಶ		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0
iţies		Total number of volunteers (estimate if necessary)			10
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
40	8	Contributions and grants (Part VIII, line 1h)		464,463.	316,061.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		550.	6,394.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		465,013.	322,455.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		23,423.	18,856.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 2,532	_		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		72,451.	389,125.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		95,874.	407,981.
	19	Revenue less expenses. Subtract line 18 from line 12		369,139.	-85,526.
S Or				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		636,703. 27,284.	604,902.
let A	21	Total liabilities (Part X, line 26)		609,419.	81,009. 523,893.
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20		009,419•	323,093.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and	d statemer	nts, and to the hest of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which		· · ·	Milowidago ana bonoi, it io
,	001100	gara somplete book and or property (sent) than ones, he because an an intermediate or miner	proparor :	luc uny nino mougoi	
Sigr	,	Signature of officer		Date	
Her		MINDY RUSH CHIPMAN, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		late Check	PTIN
Paid		KILEY A WIECHMAN, CPA KILEY A WIECHMAN,	CP 1	2/03/24 self-employ	P00661523
Prep	arer	Firm's name HBE LLP			7-0677245
Use		Firm's address 7140 STEPHANIE LANE PO BOX 23110			
		LINCOLN, NE 68542-3110		Phone no. (4	02)423-4343
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

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Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	FOR OVER 50 YEARS IN NEBRASKA, THE ACLU HAS WORKED IN COURTS,	
	LEGISLATURES, AND COMMUNITIES TO PROTECT THE CONSTITUTIONAL AND	
	INDIVIDUAL RIGHTS OF ALL PEOPLE. WITH A NATIONWIDE NETWORK OF OF	
	AND MILLIONS OF MEMBERS AND SUPPORTERS, INCLUDING AN EVER-GROWIN	G
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex	penses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expension	enses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$394,494. including grants of \$) (Revenue \$)
	WE PROVIDE RESEARCH AND TESTIMONY TO INDIVIDUAL LEGISLATORS AND	THE
	LEGISLATIVE COMMITTEES ON BILLS AND RESOLUTIONS AFFECTING CIVIL	
	LIBERTIES; WE CONTACT MEMBERS OF NEBRASKA'S CONGRESSIONAL DELEGA	
	ISSUES AFFECTING THE SAME AND WE PROVIDE POLITICAL ADVOCACY ON B	ALLOT
	INITIATIVES.	
4b	(Code:) (Expenses \$)
4c	/Outs	
40	(Code:) (Expenses \$,
	·	
	·	
	·	
4d	Other program services (Describe on Schedule O.)	,
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 394,494.	_ 000
		Form 990 (2023)

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Form 990 (2023) ACLU NEBRASKA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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			
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	١		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			x
-		6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		 ₩
_	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 donor-restricted endowments			
	or in 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
Ь	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		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's separate of consolidated limited 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	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '	- 21	
ıza	, ,	40-	Х	
	Schedule D, Parts XI and XII	12a	21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		 ₩
40	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		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			177
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b		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		х
		-		-

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Form **990** (2023)

Part IV	Checklist of Rec	uired Schedules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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		<u> </u>
	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	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"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 line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
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		v	
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	Х	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	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			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				-
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form 990 (2023) ACLU NEBRASKA

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

2a	X	X
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 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 accounts (FBAR). 5b 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). 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did 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? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9 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? 7 To If If the organization device a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 To If the organization will be payor to the visit of the goods or services provided? 7 To If If the organization will be payor to the visit of the goods or services provided? 7 To If If the org		х х х
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a b) Id the organization have unrelated business gross income of \$1,000 or more during the year? 3a b) If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 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 If "Yes," enter the name of the foreign country 5b If "Yes," enter the name of the foreign country 5c 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 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c d 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? 5c d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c 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? 5c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 5c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6c If "Yes," indicate the number of Forms 8282 filed during the year 6d Did the organization received a contribution of qualified intellectual property, did the organization file a Form		х х х
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11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders		
b Gross income from other sources. (Do not net amounts due or paid to other sources against		
amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	_	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?		
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the		
organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand		Х
b If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O 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?	- 1	Х
If "Yes," see the 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?		Х
If "Yes," complete Form 4720, Schedule O.	J	
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
If "Yes," complete Form 6069.		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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				
	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 the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			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, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by 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 on 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		X
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			
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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website 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	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 402-476-8091			
	134 S 13 STE 1010, LINCOLN, NE 68508			

Form **990** (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organizat (A)		l	11124		C)	прсі	isat	(D)	(E)	(F)
Name and title	(B)			ر) Pos	ری itior	1			Reportable	(F) Estimated
Name and title	Average hours per					than		Reportable compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	r director				pa		organization	(W-2/1099-MISC/	from the
	related	tee o	nstee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MINDY RUSH-CHIPMAN	2.00	트	Ë	JO.	종	宝 5	P.			
EXECUTIVE DIRECTOR	57.00	1		Х				0.	154,850.	34,421.
(2) MICHAEL BEVERLY	0.50								232,0301	31,121
TREASURER	0.50	х		х				0.	0.	0.
(3) NANCY BARE	0.50							-	_	_
DIRECTOR	0.50	Х						0.	0.	0.
(4) SHIVANI SHARMA	0.50									
1ST VICE PRESIDENT	0.50	Х		Х				0.	0.	0.
(5) STEPHEN JACKSON	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(6) ANDREW ALEMAN	0.50									
NATIONAL BOARD REP	0.50	Х						0.	0.	0.
(7) YOLANDA CHAVEZ-NUNCIO	0.50									
AFFILIATE EQUITY OFFICER	0.50	Х		Х				0.	0.	0.
(8) LASUNYA PHILLIPS	0.50									
2ND VICE PRESIDENT	0.50	Х		Х				0.	0.	0.
(9) MOLLY BRUMMOND	0.50									
PRESIDENT	0.50	Х		Х				0.	0.	0.
(10) CAROL WINDRUM	0.50									
DIRECTOR	0.50	Х				_		0.	0.	0.
(11) ROSEY HIGGS	0.50	1							_	_
SECRETARY	0.50	Х		Х		_		0.	0.	0.
(12) NATASHA NASEEM	0.50									
DIRECTOR	0.50	Х				_		0.	0.	0.
(13) CHRISTINA ELLISON	0.50	ļ								
DIRECTOR	0.50	Х				_		0.	0.	0.
(14) ASHLEI SPIVEY	0.50	ļ								
PRESIDENT (UNTIL FEB 2024)	0.50	Х		Х				0.	0.	0.
(15) JASON WITMER	0.50									
DIRECTOR (UNTIL OCT 2023)		Х				_		0.	0.	0.
(16) JULIE TSE ISAACS	0.50	3.7						_	_	_
DIRECTOR (UNTIL SEPT 2023)	0.50	Х				-		0.	0.	0.
		1								
		<u> </u>						1	l	000

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ACLU NEBRASKA

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(R) (C) (D) (E) 23-7093415 Page 8

(A) Name and title	(B) Average hours per		not cl	Posi heck i	more	1 than d		(D) Reportable compensation	(E) Reportable compensation	n	Est	(F) imated	
	week (list any hours for related organizations below line)				irecto	Highest compensated bytrns:	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	3	comp fro orga and	other ensation the nization relate	ion on d
1b Subtotal								0.	154,85	50.	34	,42	1.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							0.	154,85	0.			0.
Total number of individuals (including but n compensation from the organization								eceived more than \$100,	000 of reportable	•			0
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	loyee on	ſ	,	Yes	No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su											3		X
and related organizations greater than \$150Did any person listed on line 1a receive or a											4	Х	
rendered to the organization? If "Yes," com Section B. Independent Contractors											5		X
Complete this table for your five highest co the organization. Report compensation for	-	-								ensati	ion fror	m	
(A) Name and business	address	NC	ONE	<u> </u>				(B) Description of s	ervices	Co	(C) ompen		
2. Total number of independent control of	adudina but	o+ !!	oi+c -	1+- 1	+h c -	20 11-	tod	abovo) who received	ore then				
Total number of independent contractors (ii \$100,000 of compensation from the organization)	•	JL IIM	intec	ı (O)	_)	iea	above) who received mo	ле шап			ΙΟΛ (Ο	

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Form 990 (2023) ACLU NE
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lanction revenue	business revenue	sections 512 - 514
Siδ	1 2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b	266.				
جَ ۾		Fundraising events 1c					
fts,		d Related organizations 1d					
ig ig		e Government grants (contributions)					
Sin		All other contributions, gifts, grants, and					
ēĖ	'		315,795.				
₽₽			313,733.				
		Noncash contributions included in lines 1a-1f		316,061.			
Oa	r	Total. Add lines 1a-1f	Dusiness Code	310,001.			
			Business Code				
<u>ic</u>	2 8						
er v	k	·					
S c	(·					
ev Sev	•	<u> </u>					
Program Service Revenue	•	•					
حَ	f	All other program service revenue					
	9	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		6,394.	6,394.		
	4	Income from investment of tax-exempt bond po	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	k	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ŀ	Less: cost or other basis					
<u>a</u>	-	and sales expenses 7b					
ther Revenue	,	Gain or (loss) 7c					
ě		d Net gain or (loss)					
놂		a Gross income from fundraising events (not					
Ĕ	0 6						
0							
		contributions reported on line 1c). See					
		Part IV, line 18 8a Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 8	a Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold10b					
	(Net income or (loss) from sales of inventory					
σ			Business Code				
o o	11 a	i					
ane	k	D					
Miscellaneous Revenue	(
Alis.	(d All other revenue					
_	•	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		322,455.	6,394.	0.	0.

332009 12-21-23

Form **990** (2023)

Form 990 (2023) ACLU NEBRASKA Part IX Statement of Functional Expenses

Sooti	on F01(a)(2) and F01(a)(4) organizations must compl	oto all calumna. All atha	r organizations must con	anlata aalumn (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a respons	e or note to any line in t	this Part IX	(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) 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				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	14.056	10 506	2 226	1 004
7	Other salaries and wages	14,256.	10,786.	2,236.	1,234.
8	Pension plan accruals and contributions (include			440	
	section 401(k) and 403(b) employer contributions)	704.	533.	110.	61.
9	Other employee benefits	2,786.	2,108.	437.	241.
10	Payroll taxes	1,110.	840.	174.	96.
11	Fees for services (nonemployees):				
а	Management	1,072.		1,072.	
b	Legal	329.		329.	
С	Accounting	2,279.		2,279.	
	Lobbying	358,640.	358,640.		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	3,866.	2,926.	606.	334.
14	Information technology				
15	Royalties				
16	Occupancy	3,110.	2,353.	488.	269.
17	Travel	162.	123.	25.	14.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,920.	932.	2,881.	107.
20	Interest	,		,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	869.	658.	136.	75.
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 0.)				
а	PUBLIC EDUCATION	13,712.	13,712.		
b	MISCELLANEOUS	937.	710.	146.	81.
C	BANK FEES	229.	173.	36.	20.
d		227•	±,5•	30.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	407,981.	394,494.	10,955.	2,532.
26	Joint costs. Complete this line only if the organization				_,
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
		<u> </u>	L		000

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ACLU NEBRASKA

Form 990 (2023)
Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		452,761.	1	586,950
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		175,371.	4	11,667
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons describ	oed in section 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		8		
₹	9	Donat alid account of a state of			9	
	10a	Land, buildings, and equipment: cost or other	r			
		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, lin	8,571.	12		
	13	Investments - program-related. See Part IV, lir		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	0.	15	6,285	
	16	Total assets. Add lines 1 through 15 (must e		636,703.	16	604,902
	17	Accounts payable and accrued expenses	18,649.	17	74,630	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	te Part IV of Schedule D		21	
S	22	Loans and other payables to any current or for	ormer officer, director,			
		trustee, key employee, creator or founder, su	ostantial contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese persons		22	
-	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela	ted third parties		24	
	25	Other liabilities (including federal income tax,	· •			
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X	0.605		6 252
				8,635.		6,379
	26	Total liabilities. Add lines 17 through 25		27,284.	26	81,009
ړ		Organizations that follow FASB ASC 958, o	heck here X			
ğ		and complete lines 27, 28, 32, and 33.		400 211		F16 0F0
<u>a</u>	27	Net assets without donor restrictions		488,311.	27	516,252
<u> </u>	28	Net assets with donor restrictions		121,108.	28	7,641
<u> </u>		Organizations that do not follow FASB ASC	958, check here			
-		and complete lines 29 through 33.	_			
<u>ا</u> ي	29	Capital stock or trust principal, or current fun-			29	
SSe	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		600 410	31	E02 002
	32	Total net assets or fund balances		609,419.	32	523,893
	33	Total liabilities and net assets/fund balances		636,703.	33	604,902 Form 990 (202

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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) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 -85,526. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Por period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	Pa	rt XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (A), line 25) 2 407,981. 3 Revenue less expenses. Subtract line 2 from line 1 3 -85,526. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 6009,419. 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 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)) 523,893. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		Check if Schedule O contains a response or note to any line in this Part XI					
A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, or both: X Separate basis	2	Total expenses (must equal Part IX, column (A), line 25)	2	40	7,9	81.	
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Prior period adjustments 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 9 O. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 11 Accounting method used to prepare the Form 990:		•	4				
6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	5		5				
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 523,893. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: 2b X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? By If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b In th	6		6				
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated on a separate basis consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis or both: X Sepa	7		7				
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X X	8		8				
Column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Gash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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 Consolidated basis Both consolidated and separate basis c 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	9	Other changes in net assets or fund balances (explain on Schedule O)					
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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 Consolidated basis Both consolidated and separate basis c 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? 2b X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		column (B)) 10					
1 Accounting method used to prepare the Form 990: Cash _ X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Pai	rt XII Financial Statements and Reporting					
1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII				_	
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separate basis, consolidated basis, or both: X Separate basis	2a	• • • • • • • • • • • • • • • • • • • •		2a	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: X Separate basis Consolidated basis Both consolidated and separate basis c 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		separate basis, consolidated basis, or both:	on a				
consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	b			2b	X		
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis					
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Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b			edule O.				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	За					~	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	ı.			3a			
	a		ed audit	26			
Form 990 (2023)		or addits, explain why on scriedule O and describe any steps taken to undergo such addits			990	(2023)	

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

ax) (see separate instructions), then:

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

ame of organization

Employer identification numbers

Name of organization				Employer identification number			
ACLU NE				23-7093415			
Part I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 52	7 organization.			
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai 	ures			\$			
Part I-B Complete if the org	anization is exempt und	ler section 501(c)(3).				
 Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a sectio Was a correction made? If "Yes," describe in Part IV. 	incurred by organization manag n 4955 tax, did it file Form 4720	gers under section 4955) for this year?		\$ Yes No No Yes No			
Part I-C Complete if the org	anization is exempt und	ler section 501(c),	except section 5	01(c)(3).			
1 Enter the amount directly expended	, ,	•		\$			
2 Enter the amount of the filing organ				\$			
	exempt function activities						
3 Total exempt function expenditures							
line 17b Did the filing organization file Form							
5 Enter the names, addresses, and er made payments. For each organiza contributions received that were pro- political action committee (PAC). If	tion listed, enter the amount pa comptly and directly delivered to	id from the filing organia a separate political org	zation's funds. Also en anization, such as a se	ter the amount of political			
(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's contributions received and			

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

Schedule C (Form 990) 2023

Calendar year (or fiscal year beginning in)

(a) 2020
(b) 2021
(c) 2022
(d) 2023
(e) Total

2a Lobbying nontaxable amount
b Lobbying ceiling amount
(150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amount
(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2023

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?	No	Amo	ount.
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?			Juni
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?			
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?			
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?			
e Publications, or published or broadcast statements?			
f Cronto to other ergenizations for lebbying nurneces?			
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 not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>	ection	
501(c)(6).			
	_	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	<u> 1</u>	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<u>2</u>		X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			X
answered "Yes." 1 Dues, assessments and similar amounts from members	1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			
expenses for which the section 527(f) tax was paid).			
expenses for which the section 527(f) tax was paid). a Current year			
expenses for which the section 527(f) tax was paid).			
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	2b		
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2b		
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	2b		
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	2b		
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	2b		

Schedule C (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

OMB No. 1545-0047

Inspection

Employer identification number

23-7093415 ACLU NEBRASKA

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds (or Accounts.	Complete if the	е
	organization disenses on our coo, raiser, inco	(a) Donor advis	ed funds	(b) Funds ar	nd other accour	nts
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 w	vriting that the assets h	eld in donor advise	d funds		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac				. —	
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?		•	-	Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org	anization answered "Y	es" on Form 990, P	art IV, line 7.		
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply)				
	Preservation of land for public use (for example, recreat		_	a historically impo	rtant land area	
	Protection of natural habitat			a certified historic		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contril	oution in the form o	f a conservation e	easement on the	e last
	day of the tax year.				at the End of the	
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006,				
	on a historic structure listed in the National Register	•		2d		
3	Number of conservation easements modified, transferred, rele				g the tax	
	year		•			
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the peri	odic monitoring, inspec	ction, handling of			
	violations, and enforcement of the conservation easements it				Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ar
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and e	nforcing conservati	on easements du	ring the year	
8	Does each conservation easement reported on line 2d above	satisfy the requirement	s of section 170(h)((4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its reve	enue and expense s	tatement and		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization'	s financial statemer	nts that describes	the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Oth	ner Similar As	sets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its re	venue statement an	d balance sheet v	vorks	
	of art, historical treasures, or other similar assets held for public	lic exhibition, education	n, or research in fur	therance of public	;	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items	3.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	ie statement and ba	alance sheet work	s of	
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furthe	erance of public s	ervice,	
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
2	If the organization received or held works of art, historical trea			gain, provide		
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1	_		\$		
	Assets included in Form 990, Part X			_		
	For Paperwork Reduction Act Notice, see the Instructions				edule D (Form 9	990) 2023

332051 09-28-23

Par	rt III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, or Otl	ner Si	milar <i>i</i>	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that mak	e signif	icant us	e of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or ex	change program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's e	xempt	purpose	in Part	KIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	asures, or other sim	ilar ass	ets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	rt IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes"	on Forr	n 990, F	art IV, lir	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an, or other intermed	liary for contributio	ns or other assets i	not incl	uded				
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amount		
С	Beginning balance		1c							
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				.—
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or o	custodial account lia	ability?		L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	rt V Endowment Funds Complete if									
		(a) Current year	(b) Prior year	(c) Two years bac	k (d)	Three yea	ars back	(e) Four	years t	oack_
	Beginning of year balance									
	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	and administered fo	r the			_		
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
<u>4</u>	Describe in Part XIII the intended uses of the		wment funds.							
Par	rt VI Land, Buildings, and Equipm			0 5 000 5 1	V !!	10				
	Complete if the organization answere	1								
	Description of property	(a) Cost or o basis (investn	` ,	st or other (c s (other)	depred	mulated ciation		(d) Book	value	·
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment	I								
	Other	I								
	II. Add lines 1a through 1e. (Column (d) must e		X. line 10c. columr	n (B))						0.

Schedule D (Form 990) 2023

	(Form 990) 2023 ACLU NEBRAS	KA	23	-7093415 Page
Part VII	Investments - Other Securities	an Farm 000 Bart IV line	11h Can Farma 200 Bart V line 10	
(a) Descript	Complete if the organization answered "Yes" tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
		(b) Book value	(c) Welfied of Valuation. Gost of Cite	d or year market value
•	ll derivatives held equity interests			
3) Other	neid equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b	n) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(I) I I I OOO D I V II I I I	. (D))		
Part X	mn (b) must equal Form 990, Part X, line 15, co Other Liabilities	ol. (B))		
uitx	Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
	(a) Description of liability	OITT OITT 990, T AIT IV, IIIIe	The of Thi. Gee Form 330, Fart X, line 23	(b) Book value
(1) Fool				(b) Book value
	eral income taxes ASE LIABILITY			6,379
(2) 上 <u>E</u> (3)	TOD DINDIDILI			0,572
(4) (5)				
				L

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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) 2023

(7) (8)

6,379.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 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 2b 2c Other losses d Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII | Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE AMERICAN CIVIL LIBERTIES UNION OF NEBRASKA (ACLU NEBRASKA) IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE. ACLU NEBRASKA BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

SCHEDULE J (Form 990)

Compensation Information

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

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

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

ACLU NEBRASKA

Employer identification number 23-7093415

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		<u> </u>
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		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.			
5	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:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	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 in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		ĺ

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MINDY RUSH-CHIPMAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	154,850.	0.	0.	8,177.	26,244.	189,271.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							_
	(i)							
·	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(י) (ii)							
	(i)							
	(י) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ACLU NEBRASKA

Employer identification number 23-7093415

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROTECT THE CONSTITUTIONAL AND INDIVIDUAL RIGHTS OF ALL PEOPLE. WITH A
NATIONWIDE NETWORK OF OFFICES AND MILLIONS OF MEMBERS AND SUPPORTERS,
INCLUDING AN EVER-GROWING PRESENCE IN NEBRASKA, WE TAKE UP THE TOUGHEST
CIVIL LIBERTIES FIGHTS. BEYOND ONE PERSON, ONE PARTY, OR ONE SIDE - WE
THE PEOPLE DARE TO CREATE A MORE PERFECT UNION.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PRESENCE IN NEBRASKA, WE TAKE UP THE TOUGHEST CIVIL LIBERTIES FIGHTS.
BEYOND ONE PERSON, ONE PARTY, OR ONE SIDE - WE THE PEOPLE DARE TO
CREATE A MORE PERFECT UNION.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS WHO CAN ELECT THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 7A:
THE ORGANIZATION HAS MEMBERS WHO CAN ELECT THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 7B:
THE ORGANIZATION HAS MEMBERS WHO CAN APPROVE CHANGES TO THE ORGANIZATIONS
BYLAWS.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS EMAILED TO ALL BOARD MEMBERS PRIOR TO SUBMISSION TO THE IRS.

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

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** 23-7093415 ACLU NEBRASKA ALL BOARD MEMBERS HAVE A COPY OF ALL BOARD POLICIES. THE POLICY HANDBOOK IS UPDATED ANNUALLY. BOARD MEMBERS AND BOARD COMMITTEE MEMBERS ARE EXPECTED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AS THE OCCASIONS THE BOARD PRESIDENT AND EXECUTIVE DIRECTOR ARE IDENTIFIED IN THE POLICY AND GIVEN THE MUTUAL RESPONSIBILITY OF INTERPRETING THE POLICY OR REFERRING MATTERS TO THE FULL BOARD AS APPROPRIATE. FORM 990, PART VI, SECTION B, LINE 15A: STAFF SALARIES ARE DISCUSSED IN WHOLE AS PART OF THE BUDGET PROCESS. COMPARABILITY DATA IS PROVIDED FROM OTHER ACLU ORGANIZATIONS THROUGH A STAFF SALARY REPORT. A DRAFT BUDGET IS PRESENTED TO THE BOARD ANNUALLY IN JANUARY AND A REVISED BUDGET IS APPROVED IN MARCH AS REFLECTED IN THE MEETING MINUTES. FORM 990, PART VI, SECTION C, LINE 19: THE ARTICLES OF INCORPORATION ARE ON FILE AT THE SECRETARY OF STATE'S OFFICE; OTHER GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST; THE 990, FINANCIAL STATEMENTS, IRS DETERMINATION LETTER AND BYLAWS ARE ALSO AVAILABLE UNDER ORGANIZATIONAL DOCUMENTS ON OUR WEBSITE. FORM 990, PART XII, LINE 2C THE PROCESS HAS NOT CHANGED.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2023

ACLU NEBRASKA					23	23-7093415		
Part I Identification of Disregarded Entities. Compl	ete if the organization answered "Yes'	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco				(f) direct controlling entity	
Identification of Related Tax-Exempt Organiz	rations Complete if the organization	answered "Ves" on Form 990	Part IV line 34	pecause it had one	or more rel	ated tay-eyer	mnt	
organizations during the tax year.	autoris. Complete il tile organization	answered res on rollingse	5, 1 art 17, mic 04, 1		or more rea	aicu iax cxci		
(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			a) 12(b)(13) colled ity?
				501(c)(3))			Yes	No
ACLU NEBRASKA FOUNDATION INC - 23-7259984 134 S 13 STE 1010 LINCOLN, NE 68508	PROVIDING LEGAL ASSISTANCE AND FINANCIAL SUPPORT FOR CIVIL LIBERTIES ISSUES.	NEBRASKA	501(C)(3)	LINE 10				X
			501(5)(5)					- 11

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets Share of end-of-year assets Yes No Share of total end-of-year assets Yes No		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage ownership			
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	20 of Schedule	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	l	l .					l				

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	ent	Section 512(b)(13) controlled entity?	
		,						Yes	NO_	

X

10

1p

1q

1r

Part	V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.				
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X	
b	Gift, grant, or capital contribution to related organization(s)	1b		Х	
С	Gift, grant, or capital contribution from related organization(s)	1c		Х	
d	Loans or loan guarantees to or for related organization(s)	1d		X	
е	Loans or loan guarantees by related organization(s)	1e		Х	
f	Dividends from related organization(s)	1f		Х	
g	Sale of assets to related organization(s)	1g		X	
	Purchase of assets from related organization(s)	1h		X	
i	Exchange of assets with related organization(s)	1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х	
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х		

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

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

2	f the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.									
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved						
<u>(1)</u>										
<u>(2)</u>										
(3)										
(4)										
(5)										
(6)										

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 ACLU NEBRASKA 23-7093415 Page 4

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

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

(a) 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			
	1												

2023.05000 ACLU NEBRASKA