

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 04-01-2011 and ending 03-31-2012**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
 AMERICAN CIVIL LIBERTIES UNION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite  
 125 BROAD STREET 18TH FLOOR

City or town, state or country, and ZIP + 4  
 NEW YORK, NY 10004

**D** Employer identification number  
 13-3871360

**E** Telephone number  
 (212) 549-2500

**G** Gross receipts \$ 33,858,928

**F** Name and address of principal officer  
 ANTHONY ROMERO  
 125 BROAD STREET 18TH FLOOR  
 NEW YORK, NY 10004

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c)(4) (insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW.ACLU.ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1920 **M** State of legal domicile DC

**Part I Summary**

|   |   |                                  |                     |
|---|---|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities<br>PRESERVATION AND PROMOTION OF CIVIL RIGHTS AND CIVIL LIBERTIES |                                  |                     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets       |                                  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                         | 82                  |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                         | 82                  |
|   | <b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)   | <b>5</b>                         | 96                  |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                         | 10                  |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                        | 138,380             |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>   | -5,160                           |                     |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>                | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 30,824,747                       | 33,691,433          |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 0                                | 0                   |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | -7,719                           | 12,690              |
|   | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 79,370                           | 154,805             |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 30,896,398                       | 33,858,928          |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 437,000                          | 311,738             |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 0                                | 0                   |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 4,855,207                        | 5,166,871           |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶2,232,370   | 462,533                          | 486,901             |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 23,112,741                       | 25,934,233          |
|   | <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  | 28,867,481                       | 31,899,743          |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12           | 2,028,917   | 1,959,185                        |                     |
| <b>Net Assets or Fund Balances</b>                                      | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 25,844,501                       | 25,400,931          |
|   | <b>22</b> Net assets or fund balances Subtract line 21 from line 20   | 33,135,828                       | 45,885,728          |
|   |   | -7,291,327                       | -20,484,797         |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on information furnished by filer.

**Sign Here**

\*\*\*\*\*  
 Signature of officer

ALMA MONTCLAIR DIR OF ADMIN & FIN/ASST TREAS  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ MARTIN GREIF Date

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MCGLADREY LLP  
 1185 AVENUE OF THE AMERICAS  
 NEW YORK, NY 100362602

May the IRS discuss this return with the preparer shown above? (see instructions)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III  Yes  No**1** Briefly describe the organization's mission

AS NOTED IN ITS ARTICLES OF INCORPORATION, THE MISSION OF THE ACLU IS "TO MAINTAIN AND ADVANCE CIVIL LIBERTIES, INCLUDING, WITHOUT LIMITATION, THE FREEDOMS OF ASSOCIATION, PRESS, RELIGION AND SPEECH, AND THE RIGHTS TO THE FRANCHISE, TO DUE PROCESS OF LAW, AND TO EQUAL PROTECTION OF THE LAWS FOR ALL PEOPLE THROUGHOUT THE UNITED STATES AND ITS JURISDICTIONS THE ACLU'S OBJECTS SHALL BE SOUGHT WHOLLY WITHOUT POLITICAL PARTISANSHIP " THE ACLU TODAY REMAINS FOCUSED ON THE OVERARCHING GOALS SET BY ITS FOUNDERS MORE THAN 90 YRS AGO, SERVING AS THE NATION'S GUARDIAN OF LIBERTY, WORKING DAILY IN COURTS, LEGISLATURES AND COMMUNITIES TO DEFEND AND PRESERVE THE INDIVIDUAL RIGHTS AND LIBERTIES THAT THE CONSTITUTION AND LAWS OF THE US GUARANTEE THE ACLU ALSO WORKS TO EXTEND RIGHTS TO SEGMENTS OF THE POPULATION THAT HAVE TRADITIONALLY BEEN DENIED THEIR RIGHTS, INCLUDING PEOPLE OF COLOR, WOMEN, LESBIANS, GAY MEN, BISEXUALS AND TRANSGENDER PEOPLE, PRISONERS, AND PEOPLE WITH DISABILITIES

**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  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  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code ) (Expenses \$ 12,143,868 including grants of \$ 261,738 ) (Revenue \$ )

AFFILIATE SUPPORT - THE ACLU HAS AN AFFILIATE OR CHAPTER IN EVERY STATE AND IN PUERTO RICO AFFILIATES HANDLE REQUESTS FOR LEGAL ASSISTANCE, LOBBY STATE LEGISLATURES AND HOST EDUCATIONAL FORUMS THROUGHOUT THE YEAR THE NATIONAL ACLU COORDINATES FUNDRAISING EFFORTS WITH ITS AFFILIATES AND SHARES THE PROCEEDS OF FUNDRAISING EFFORTS WITH AFFILIATES IN ACCORDANCE WITH A DETAILED POLICY THROUGH ITS AFFILIATE SUPPORT DEPARTMENT, THE NATIONAL ACLU PROVIDES GRANTS TO AFFILIATES TO SUPPORT WORK ON SPECIFIC INITIATIVES AND PROJECTS THAT HAVE BEEN IDENTIFIED AS INVOLVING MATTERS OF BOTH LOCAL/REGIONAL AND NATIONAL SIGNIFICANCE THE AFFILIATE SUPPORT DEPARTMENT PROVIDES ONGOING TRAINING AND TECHNICAL ASSISTANCE TO AFFILIATES ON A VARIETY OF TOPICS OF RELEVANCE

**4b** (Code ) (Expenses \$ 13,606,854 including grants of \$ ) (Revenue \$ 16,425 )

EDUCATION - THROUGH NEWSLETTERS, ITS COMPREHENSIVE WEBSITE, ADVERTISEMENTS, OP-ED ARTICLES, MEDIA INTERVIEWS, PUBLICATIONS, AND NUMEROUS MEETINGS AND WORKSHOPS CONDUCTED IN COLLABORATION WITH ITS AFFILIATES THROUGHOUT THE US, THE ACLU PROVIDES ONGOING EDUCATION TO ITS 500,000 MEMBERS AND TO THE PUBLIC AT LARGE CONCERNING A WIDE RANGE OF CIVIL LIBERTIES ISSUES THE ORGANIZATION'S EDUCATIONAL CAMPAIGNS EMPHASIZE FIRST AMENDMENT RIGHTS TO FREE SPEECH, ASSOCIATION AND ASSEMBLY, THE RIGHT TO EQUAL PROTECTION UNDER THE LAW, THE RIGHT TO DUE PROCESS AND TO FAIR TREATMENT WHEN THE LOSS OF LIBERTY OR PROPERTY IS AT STAKE, AND THE RIGHT TO PRIVACY AND FREEDOM FROM UNWARRANTED GOVERNMENT INTRUSION INTO PERSONAL AND PRIVATE AFFAIRS

**4c** (Code ) (Expenses \$ 2,126,509 including grants of \$ 50,000 ) (Revenue \$ )

LEGISLATION - THE ACLU'S LEGISLATIVE ADVOCATES ARE A CONSTANT PRESENCE ON CAPITOL HILL AND IN STATE LEGISLATURES, WHERE THEY WORK TO ADDRESS CIVIL LIBERTIES ISSUES BASED PRIMARILY IN THE ACLU'S WASHINGTON, DC OFFICE, THE ORGANIZATION'S LEGISLATIVE POLICY TEAM WORKS TO ENSURE THAT PROPOSED LEGISLATION MOVES TOWARDS, RATHER THAN AWAY, FROM THE CIVIL LIBERTIES GOALS OF THE ORGANIZATION WORKING IN COLLABORATION WITH STAFF FROM ACLU AFFILIATES ACROSS THE COUNTRY AND IN COALITION WITH OTHER GROUPS WITH A SHARED INTEREST IN SPECIFIC CIVIL LIBERTIES ISSUES, THE ACLU CONDUCTS RESEARCH, PUBLISHES POSITION PAPERS, HOSTS FORUMS FOR THE PUBLIC, AND MEETS WITH KEY LEGISLATORS AND MEMBERS OF THEIR STAFFS TO DISCUSS STRATEGIES TO PROTECT CIVIL LIBERTIES AND RIGHTS

(Code ) (Expenses \$ 454,421 including grants of \$ ) (Revenue \$ )

THE BOARD OF DIRECTORS OF THE ACLU WORKS THROUGH ITS STANDING AND SPECIAL COMMITTEES TO ANALYZE CIVIL LIBERTIES ISSUES AND, WHERE APPROPRIATE, TO DEVELOP POLICIES THAT WILL SERVE AS THE FRAME OF REFERENCE FOR LEGISLATIVE, EDUCATIONAL AND CASE-SPECIFIC WORK AT THE NATIONAL LEVEL

**4d** Other program services (Describe in Schedule O )

(Expenses \$ 454,421 including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** \$ 28,331,652

**Part IV Checklist of Required Schedules**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1</b>   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .   |     | No |
| <b>2</b>   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/> . . . . .   | Yes |    |
| <b>3</b>   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/> . . . . .  | Yes |    |
| <b>4</b>   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .   |     |    |
| <b>5</b>   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> <input checked="" type="checkbox"/> . . . . .                                   | Yes |    |
| <b>6</b>   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/> . . . . .        |     | No |
| <b>7</b>   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/> . . . . .   |     | No |
| <b>8</b>   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/> . . . . .   |     | No |
| <b>9</b>   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/> . . . . .           |     | No |
| <b>10</b>  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/> . . . . .  |     | No |
| <b>11</b>  | 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   |     |    |
| <b>a</b>   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/> . . . . .  |     | No |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/> . . . . .  |     | No |
| <b>c</b>   | 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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/> . . . . .  |     | No |
| <b>d</b>   | 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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/> . . . . .   | Yes |    |
| <b>e</b>   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/> . . . . .  | Yes |    |
| <b>f</b>   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/> . . . . .               | Yes |    |
| <b>12a</b> | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/> . . . . .   |     | No |
| <b>b</b>   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> <input checked="" type="checkbox"/> . . . . .                        | Yes |    |
| <b>13</b>  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .   |     | No |
| <b>14a</b> | Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  |     | No |
| <b>b</b>   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I</i> . . . . . |     | No |
| <b>15</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV</i> . . . . .  |     | No |
| <b>16</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV</i> . . . . .  |     | No |
| <b>17</b>  | 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? <i>If "Yes," complete Schedule G, Part I</i> <input checked="" type="checkbox"/> . . . . .   | Yes |    |
| <b>18</b>  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . . <input checked="" type="checkbox"/> . . . . .  |     | No |
| <b>19</b>  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . . <input checked="" type="checkbox"/> . . . . .  |     | No |
| <b>20a</b> | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .   |     | No |
| <b>b</b>   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .  |     |    |

**Part IV Checklist of Required Schedules** (continued)

|            |  |            |     |    |
|------------|--|------------|-----|----|
| <b>21</b>  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .  | <b>21</b>  | Yes |    |
| <b>22</b>  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | <b>22</b>  |     | No |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                | <b>23</b>  | Yes |    |
| <b>24a</b> | 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . . | <b>24a</b> |     | No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b> |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b> |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b> |     |    |
| <b>25a</b> | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | <b>25a</b> |     | No |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .       | <b>25b</b> |     | No |
| <b>26</b>  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                    | <b>26</b>  |     | No |
| <b>27</b>  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .            | <b>27</b>  |     | No |
| <b>28</b>  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |            |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28a</b> |     | No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28b</b> |     | No |
| <b>c</b>   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28c</b> |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>29</b>  |     | No |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>30</b>  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | <b>31</b>  |     | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | <b>32</b>  |     | No |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | <b>33</b>  |     | No |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .   | <b>34</b>  | Yes |    |
| <b>35a</b> | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?   | <b>35a</b> | Yes |    |
| <b>b</b>   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>35b</b> | Yes |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>36</b>  |     |    |
| <b>37</b>  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .   | <b>37</b>  |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b>  | Yes |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.<br>36  |     |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.<br>0  |     |    |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | Yes |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.<br>96   |     |    |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  | Yes |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | Yes |    |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  | Yes |    |
| <b>4a</b>  | 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 or securities account)?   |     | No |
| <b>b</b>   | If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | No |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | No |
| <b>5c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |     |    |
| <b>6a</b>  | 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?  | Yes |    |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | Yes |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | 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?  |     |    |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     |    |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year.   |     |    |
| <b>7e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     |    |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     |    |
| <b>7g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>7h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?   |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>9a</b>  | Did the organization make any taxable distributions under section 4966?  |     |    |
| <b>9b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person?   |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter  |     |    |
| <b>10a</b> | Initiation fees and capital contributions included on Part VIII, line 12.  |     |    |
| <b>10b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.   |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter   |     |    |
| <b>11a</b> | Gross income from members or shareholders.   |     |    |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).   |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>13a</b> | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state. |     |    |
| <b>13b</b> | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.   |     |    |
| <b>13c</b> | Enter the aggregate amount of reserves on hand.  |     |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   |     | No |
| <b>14b</b> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.   |     |    |

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

Check if Schedule O contains a response to any question in this Part VI . . . . .

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (82); 1b Enter the number of voting members included in line 1a, above, who are independent (82); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b 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? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (AK, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MN, MS, MO, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, WA, WI, WV); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply:  Own website,  Another's website,  Upon request; 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: TERENCE DOUGHERTY, 125 BROAD STREET 18TH FLOOR, NEW YORK, NY 10004, (212) 549-2500.



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

| (A)<br>Name and Title  | (B)<br>Average hours per week per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |           | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|-----------|--|---|---|
|  |   | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former    |  |   |   |
| See Additional Data Table                                      |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
|  |   |   |                       |         |              |                              |           |  |   |   |
| <b>1b Sub-Total</b>  |   |   |                       |         |              |                              |           |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |           |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 2,455,814 | 1,055,515  | 726,484   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **24**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | No |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | No |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| GRASSROOTS CAMPAIGN INC<br>PO BOX 120557<br>BOSTON, MA 02112                 | CANVASSING                     | 3,358,620           |
| TELEFUND INC<br>PO BOX 2366<br>DENVER, CO 802012366                          | TELEMARKETING                  | 1,152,645           |
| CHERRY LANE PRINTING & PUBLISHING<br>15 E BETHPAGE RD<br>PLAINVIEW, NY 11803 | TELEMARKETING                  | 868,022             |
| PRINT MAIL COMMUNICATIONS INC<br>7201 LOCKPORT PLACE<br>LORTON, VA 22079     | PRINTING                       | 773,314             |
| ST JOHN ASSOCIATES INC<br>3450 BAYCHESTER AVE<br>BRONX, NY 10475             | POSTAGE & MAILING              | 767,936             |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **21**



**Part VIII Statement of Revenue**

|   |   |  | (A)<br>Total revenue                                 | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |  |
|---|---|--|--|--|---|---|--|
| <b>Contributions, gifts, grants and other similar amounts</b> | <b>1a</b>   | Federated campaigns . . . . . <b>1a</b>  |  |  |   |   |  |
|   | <b>b</b>  | Membership dues . . . . . <b>1b</b>  |  |  |   |   |  |
|   | <b>c</b>  | Fundraising events . . . . . <b>1c</b>   |  |  |   |   |  |
|   | <b>d</b>  | Related organizations . . . . . <b>1d</b>  |  |  |   |   |  |
|   | <b>e</b>  | Government grants (contributions) <b>1e</b>  |  |  |   |   |  |
|   | <b>f</b>  | All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>   | 33,691,433   |  |   |   |  |
|   | <b>g</b>  | Noncash contributions included in lines 1a-1f \$ _____   |  |  |   |   |  |
|   | <b>h</b>  | <b>Total.</b> Add lines 1a-1f . . . . . <b>▶</b>   | 33,691,433   |  |   |   |  |
| <b>Program Service Revenue</b>                                | <b>2a</b>   | _____ Business Code _____  |  |  |   |   |  |
|   | <b>b</b>  | _____  |  |  |   |   |  |
|   | <b>c</b>  | _____  |  |  |   |   |  |
|   | <b>d</b>  | _____  |  |  |   |   |  |
|   | <b>e</b>  | _____  |  |  |   |   |  |
|   | <b>f</b>  | All other program service revenue  |  |  |   |   |  |
|   | <b>g</b>  | <b>Total.</b> Add lines 2a-2f . . . . . <b>▶</b>   |  |  |   |   |  |
| <b>Other Revenue</b>  | <b>3</b>  | Investment income (including dividends, interest and other similar amounts) . . . . . <b>▶</b>   | 12,690   |  |   | 12,690  |  |
|   | <b>4</b>  | Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>  |  |  |   |   |  |
|   | <b>5</b>  | Royalties . . . . . <b>▶</b>   |  |  |   |   |  |
|   | <b>6a</b>   | Gross rents  | (i) Real   |  |   |   |  |
|   |   |  | (ii) Personal  |  |   |   |  |
|   |   |  | <b>b</b> Less rental expenses                        |  |   |   |  |
|   |   |  | <b>c</b> Rental income or (loss)                     |  |   |   |  |
|   | <b>d</b>  | Net rental income or (loss) . . . . . <b>▶</b>   |  |  |   |   |  |
|   | <b>7a</b>   | Gross amount from sales of assets other than inventory   | (i) Securities                                       |  |   |   |  |
|   |   |  | (ii) Other   |  |   |   |  |
|   |   |  | <b>b</b> Less cost or other basis and sales expenses |  |   |   |  |
|   |   |  | <b>c</b> Gain or (loss)                              |  |   |   |  |
|   | <b>d</b>  | Net gain or (loss) . . . . . <b>▶</b>  |  |  |   |   |  |
|   | <b>8a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> |  |  |   |   |  |
|   | <b>b</b>  | Less direct expenses . . . . . <b>b</b>  |  |  |   |   |  |
| <b>c</b>  | Net income or (loss) from fundraising events . . . . . <b>▶</b>             |  |  |  |   |   |  |
| <b>9a</b>   | Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b> |  |  |  |   |   |  |
| <b>b</b>  | Less direct expenses . . . . . <b>b</b>                                     |  |  |  |   |   |  |
| <b>c</b>  | Net income or (loss) from gaming activities . . . . . <b>▶</b>              |  |  |  |   |   |  |
| <b>10a</b>  | Gross sales of inventory, less returns and allowances . . . . . <b>a</b>    |  |  |  |   |   |  |
| <b>b</b>  | Less cost of goods sold . . . . . <b>b</b>                                  |  |  |  |   |   |  |
| <b>c</b>  | Net income or (loss) from sales of inventory . . . . . <b>▶</b>             |  |  |  |   |   |  |
|   | Miscellaneous Revenue   | Business Code  |  |  |   |   |  |
| <b>11a</b>  | LIST RENTALS  | 532000   | 138,380  |  | 138,380                                 |   |  |
| <b>b</b>  | PAMPHLET & BOOK SALES   | 900099   | 16,425   | 16,425   |   |   |  |
| <b>c</b>  | _____   |  |  |  |   |   |  |
| <b>d</b>  | All other revenue . . . . .   |  |  |  |   |   |  |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . . <b>▶</b>                          |  | 154,805  |  |   |   |  |
| <b>12</b>   | <b>Total revenue.</b> See Instructions . . . . . <b>▶</b>                   |  | 33,858,928   | 16,425   | 138,380                                 | 12,690  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|--|------------------------------|--|---|------------------------------------|
| <b>1</b>  | Grants and other assistance to governments and organizations in the United States See Part IV, line 21   | 311,738                      | 311,738                                |   |                                    |
| <b>2</b>  | Grants and other assistance to individuals in the United States See Part IV, line 22   |                              |  |   |                                    |
| <b>3</b>  | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16  |                              |  |   |                                    |
| <b>4</b>  | Benefits paid to or for members  |                              |  |   |                                    |
| <b>5</b>  | Compensation of current officers, directors, trustees, and key employees . . . . .   | 638,060                      | 305,929                                | 280,078                                       | 52,053                             |
| <b>6</b>  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                              |  |   |                                    |
| <b>7</b>  | Other salaries and wages   | 3,194,247                    | 2,398,762                              | 358,169                                       | 437,316                            |
| <b>8</b>  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .  | 443,416                      | 329,617                                | 62,872  | 50,927                             |
| <b>9</b>  | Other employee benefits . . . . .  | 608,688                      | 452,473                                | 86,306  | 69,909                             |
| <b>10</b>   | Payroll taxes . . . . .  | 282,460                      | 209,969                                | 40,050  | 32,441                             |
| <b>11</b>   | Fees for services (non-employees)  |                              |  |   |                                    |
| <b>a</b>  | Management . . . . .   |                              |  |   |                                    |
| <b>b</b>  | Legal . . . . .  | 97,304                       | 36,847                                 | 50,130  | 10,327                             |
| <b>c</b>  | Accounting . . . . .   | 64,163                       |  | 64,163  |                                    |
| <b>d</b>  | Lobbying . . . . .   |                              |  |   |                                    |
| <b>e</b>  | Professional fundraising See Part IV, line 17 . . . . .  | 486,901                      |  |   | 486,901                            |
| <b>f</b>  | Investment management fees . . . . .   |                              |  |   |                                    |
| <b>g</b>  | Other . . . . .  | 4,523,444                    | 4,397,909                              | 107,812                                       | 17,723                             |
| <b>12</b>   | Advertising and promotion . . . . .  |                              |  |   |                                    |
| <b>13</b>   | Office expenses . . . . .  | 2,964,274                    | 2,617,686                              | 24,023  | 322,565                            |
| <b>14</b>   | Information technology . . . . .   |                              |  |   |                                    |
| <b>15</b>   | Royalties . . . . .  |                              |  |   |                                    |
| <b>16</b>   | Occupancy . . . . .  | 1,009,606                    | 744,416                                | 138,220                                       | 126,970                            |
| <b>17</b>   | Travel . . . . .   | 217,009                      | 131,539                                | 53,055  | 32,415                             |
| <b>18</b>   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                              |  |   |                                    |
| <b>19</b>   | Conferences, conventions, and meetings . . . . .   | 29,561                       | 18,203                                 | 5,568   | 5,790                              |
| <b>20</b>   | Interest . . . . .   | 29,082                       | 20,441                                 | 4,490   | 4,151                              |
| <b>21</b>   | Payments to affiliates . . . . .   |                              |  |   |                                    |
| <b>22</b>   | Depreciation, depletion, and amortization . . . . .  |                              |  |   |                                    |
| <b>23</b>   | Insurance . . . . .  |                              |  |   |                                    |
| <b>24</b>   | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )  |                              |  |   |                                    |
| <b>a</b>  | SHARED PORTION OF MEMBE  | 9,588,538                    | 9,588,538                              |   |                                    |
| <b>b</b>  | PUBLISHING/PRINTING EXP  | 2,838,471                    | 2,532,025                              | 1,320   | 305,126                            |
| <b>c</b>  | TELEMARKETING  | 1,835,020                    | 1,647,896                              |   | 187,124                            |
| <b>d</b>  | SPECIAL AFFILIATE SUBSI  | 1,314,191                    | 1,314,191                              |   |                                    |
| <b>e</b>  |  |                              |  |   |                                    |
| <b>f</b>  | All other expenses   | 1,423,570                    | 1,273,473                              | 59,465  | 90,632                             |
| <b>25</b>   | <b>Total functional expenses.</b> Add lines 1 through 24f  | 31,899,743                   | 28,331,652                             | 1,335,721                                     | 2,232,370                          |
| <b>26</b>   | <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                              |  |   |                                    |

**Part X Balance Sheet**

|  |  | (A)               |             | (B)         |
|--|--|-------------------|-------------|-------------|
|  |  | Beginning of year |             | End of year |
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing . . . . .   | 2,130,023         | <b>1</b>    | 9,748,389   |
|  | <b>2</b> Savings and temporary cash investments . . . . .  |                   | <b>2</b>    |             |
|  | <b>3</b> Pledges and grants receivable, net . . . . .  |                   | <b>3</b>    |             |
|  | <b>4</b> Accounts receivable, net . . . . .  | 2,089,963         | <b>4</b>    | 3,192,838   |
|  | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .                    |                   | <b>5</b>    |             |
|  | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .       |                   | <b>6</b>    |             |
|  | <b>7</b> Notes and loans receivable, net . . . . .   |                   | <b>7</b>    |             |
|  | <b>8</b> Inventories for sale or use . . . . .   |                   | <b>8</b>    |             |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 614,456           | <b>9</b>    | 552,282     |
|  | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   | <b>10a</b>        |             |             |
|  | <b>b</b> Less accumulated depreciation . . . . .   | <b>10b</b>        | <b>10c</b>  |             |
|  | <b>11</b> Investments—publicly traded securities . . . . .   | 436,125           | <b>11</b>   | 443,171     |
|  | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .  |                   | <b>12</b>   |             |
|  | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .   |                   | <b>13</b>   |             |
|  | <b>14</b> Intangible assets . . . . .  |                   | <b>14</b>   |             |
|  | <b>15</b> Other assets See Part IV, line 11 . . . . .  | 20,573,934        | <b>15</b>   | 11,464,251  |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 25,844,501   | <b>16</b>         | 25,400,931  |             |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .  | 1,556,814         | <b>17</b>   | 1,250,370   |
|  | <b>18</b> Grants payable . . . . .   |                   | <b>18</b>   |             |
|  | <b>19</b> Deferred revenue . . . . .   |                   | <b>19</b>   |             |
|  | <b>20</b> Tax-exempt bond liabilities . . . . .  |                   | <b>20</b>   |             |
|  | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .   |                   | <b>21</b>   |             |
|  | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .  |                   | <b>22</b>   |             |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                   | <b>23</b>   |             |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                   | <b>24</b>   |             |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . . | 31,579,014        | <b>25</b>   | 44,635,358  |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  | 33,135,828        | <b>26</b>   | 45,885,728  |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                   |             |             |
|  | <b>27</b> Unrestricted net assets . . . . .  | -10,441,254       | <b>27</b>   | -25,244,021 |
|  | <b>28</b> Temporarily restricted net assets . . . . .  | 3,149,927         | <b>28</b>   | 4,759,224   |
|  | <b>29</b> Permanently restricted net assets . . . . .  |                   | <b>29</b>   |             |
|  | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                   |             |             |
|  | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                   | <b>30</b>   |             |
|  | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                   | <b>31</b>   |             |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                   | <b>32</b>   |             |
| <b>33</b> Total net assets or fund balances . . . . .                                | -7,291,327   | <b>33</b>         | -20,484,797 |             |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .                   | 25,844,501   | <b>34</b>         | 25,400,931  |             |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|          |   |          |             |
|----------|---|----------|-------------|
| <b>1</b> | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b> | 33,858,928  |
| <b>2</b> | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b> | 31,899,743  |
| <b>3</b> | Revenue less expenses Subtract line 2 from line 1   | <b>3</b> | 1,959,185   |
| <b>4</b> | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b> | -7,291,327  |
| <b>5</b> | Other changes in net assets or fund balances (explain in Schedule O)  | <b>5</b> | -15,152,655 |
| <b>6</b> | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | <b>6</b> | -20,484,797 |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?   | Yes |    |
| <b>c</b>  | If "Yes," to 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes |    |
| <b>d</b>  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis             |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | No |
| <b>b</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 in Schedule O and describe any steps taken to undergo such audits   |     |    |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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. See separate instructions.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization AMERICAN CIVIL LIBERTIES UNION INC

Employer identification number

13-3871360

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
2 Political expenditures 368,435
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 368,435
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 368,435
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   |   | (a) Filing<br>Organization's<br>Totals          | (b) Affiliated<br>Group<br>Totals                        |                    |                              |   |   |   |   |  |  |                   |             |  |  |
|---|---|---|--|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| <b>1a</b>   | Total lobbying expenditures to influence public opinion (grass roots lobbying)  |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>b</b>  | Total lobbying expenditures to influence a legislative body (direct lobbying)   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>c</b>  | Total lobbying expenditures (add lines 1a and 1b)   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>d</b>  | Other exempt purpose expenditures   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>e</b>  | Total exempt purpose expenditures (add lines 1c and 1d)   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>f</b>  | Lobbying nontaxable amount. Enter the amount from the following table in both columns   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:  |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Not over \$500,000  | 20% of the amount on line 1e  |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000  |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$17,000,000   | \$1,000,000   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>g</b>  | Grassroots nontaxable amount (enter 25% of line 1f)   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>h</b>  | Subtract line 1g from line 1a. If zero or less, enter -0-   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>i</b>  | Subtract line 1f from line 1c. If zero or less, enter -0-   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>j</b>  | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                              |   |   |   |   |  |  |                   |             |  |  |

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year<br>beginning in)                      | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
|---|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying non-taxable amount                               |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots non-taxable amount                              |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

**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)).**

|   | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>1</b> 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 |     |    |        |
| <b>a</b> Volunteers?  |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     |    |        |
| <b>c</b> Media advertisements?  |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public?   |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?  |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     |    |        |
| <b>i</b> Other activities? If "Yes," describe in Part IV  |     |    |        |
| <b>j</b> Total lines 1c through 1i  |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|   | Yes          | No |
|---|--------------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                     | <b>1</b> Yes |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                | <b>2</b> Yes |    |
| <b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? | <b>3</b>     | No |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members   | <b>1</b>  |  |
| <b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).   |           |  |
| <b>a</b> Current year   | <b>2a</b> |  |
| <b>b</b> Carryover from last year   | <b>2b</b> |  |
| <b>c</b> Total  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>3</b>  |  |
| <b>4</b> 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 expenditure next year? | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | <b>5</b>  |  |

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

| Identifier  | Return Reference | Explanation  |
|---|------------------|--|
| ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES | PART I-A, LINE 1 | THE ACLU IS A NON-PARTISAN ORGANIZATION THAT NEITHER ENDORSES NOR OPPOSES CANDIDATES FOR PUBLIC OFFICE. HOWEVER, IN ORDER TO EDUCATE THE PUBLIC ABOUT IMPORTANT CIVIL LIBERTIES ISSUES, THE ACLU HAS DESCRIBED PRESIDENTIAL CANDIDATES' POSITIONS ON CIVIL LIBERTIES ISSUES THROUGH ITS ACLU LIBERTY WATCH 2012 CAMPAIGN. IN AN ABUNDANCE OF CAUTION, THE ACLU HAS REPORTED EXPENDITURES WITH RESPECT TO SUCH ACTIVITIES ON SCHEDULE C, PART 1 AND HAS FILED AN IRS 1120-POL |

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN CIVIL LIBERTIES UNION INC

Employer identification number 13-3871360

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|   | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Investment earnings or losses . . . . .                  |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

|  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property   | (a) Cost or other basis (Investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .  |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .  |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements . . . . .   |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .  |                                      |                                 |                              |                |
| <b>e</b> Other . . . . .  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶ |                                      |                                 |                              | 0              |



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

|           |   |           |             |
|-----------|---|-----------|-------------|
| <b>1</b>  | Total revenue (Form 990, Part VIII, column (A), line 12)                        | <b>1</b>  | 33,858,928  |
| <b>2</b>  | Total expenses (Form 990, Part IX, column (A), line 25)                         | <b>2</b>  | 31,899,743  |
| <b>3</b>  | Excess or (deficit) for the year Subtract line 2 from line 1                    | <b>3</b>  | 1,959,185   |
| <b>4</b>  | Net unrealized gains (losses) on investments                                    | <b>4</b>  | -5,247      |
| <b>5</b>  | Donated services and use of facilities  | <b>5</b>  |             |
| <b>6</b>  | Investment expenses   | <b>6</b>  |             |
| <b>7</b>  | Prior period adjustments  | <b>7</b>  |             |
| <b>8</b>  | Other (Describe in Part XIV)  | <b>8</b>  | -15,147,408 |
| <b>9</b>  | Total adjustments (net) Add lines 4 - 8   | <b>9</b>  | -15,152,655 |
| <b>10</b> | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | <b>10</b> | -13,193,470 |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                        | <b>1</b>  | 96,707,958 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12  |           |            |
| <b>a</b> | Net unrealized gains on investments . . . . .   | <b>2a</b> | -5,247     |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |            |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIV) . . . . .  | <b>2d</b> | 62,854,277 |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 62,849,030 |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 33,858,928 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                                |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIV) . . . . .  | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 0          |
| <b>5</b> | Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 33,858,928 |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                       | <b>1</b>  | 125,865,573 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |             |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |             |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIV) . . . . .   | <b>2d</b> | 93,965,830  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 93,965,830  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 31,899,743  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                 |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                 | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIV) . . . . .   | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 0           |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 31,899,743  |

**Part XIV Supplemental Information**

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier  | Return Reference | Explanation  |
|---|------------------|--|
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X           | THE UNION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(4) OF THE U S INTERNAL REVENUE CODE. THE UNION IS SUBJECT TO TAXES ON UNRELATED BUSINESS INCOME. THE UNION FILES TAX AND INFORMATION RETURNS WITH THE INTERNAL REVENUE SERVICE AND WITH VARIOUS STATES. MANAGEMENT EVALUATED THE UNION'S TAX POSITION AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. GENERALLY, THE UNION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR TAX YEARS BEFORE 2008, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD. AT MARCH 31, 2012, THE UNION HAS NO UNRECOGNIZED TAX BENEFITS AND HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO TAXES DURING THE YEAR ENDED MARCH 31, 2012. |
| PART XI, LINE 8 - OTHER ADJUSTMENTS                 |                  | MINIMUM PENSION LIABILITY ADJUSTMENT -15,147,408   |
| PART XII, LINE 2D - OTHER ADJUSTMENTS               |                  | REVENUES AND ELIMINATIONS INCLUDED ON CONSOLIDATED FS 62,854,277   |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS              |                  | EXPENSES AND ELIMINATIONS INCLUDED ON CONSOLIDATED FS 78,818,422. MINIMUM PENSION LIABILITY ADJUSTMENT 15,147,408  |
|   |                  | PART V. A RELATED ORGANIZATION DOES HOLD AN ENDOWMENT, BUT NONE OF THE HOLDINGS ARE FOR THE BENEFIT OF THE ACLU.   |

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
AMERICAN CIVIL LIBERTIES UNION INC

Employer identification number  
13-3871360

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and e-mail solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name and address of individual or entity (fundraiser)             | (ii) Activity                   | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------------------------|--|----|-----------------------------------|--|---|
|   |                                 | Yes  | No |                                   |  |   |
| OMP INC<br>1133 19TH ST NW STE 300<br>WASHINGTON, DC 20036            | FUNDRAISING STRATEGY/CONSULTING |  | No | 22,927,688                        | 355,865  | 22,571,823  |
| DONOR SERVICES GROUP<br>6715 SUNSET BLVD<br>LOS ANGELES, CA 90028     | FUNDRAISING STRATEGY/CONSULTING |  | No | 433,851                           | 14,267   | 419,584   |
| BULLY PULPIT INTERACTIVE<br>1750 K ST STE 400<br>WASHINGTON, DC 20006 | FUNDRAISING STRATEGY/CONSULTING |  | No | 0                                 | 94,500   | -94,500   |
| TARGET ANALYTIC<br>2 CANAL PARK STE 4300<br>CAMBRIDGE, MA 02141       | FUNDRAISING STRATEGY/CONSULTING |  | No | 0                                 | 8,833  | -8,833  |
|   |                                 |  |    |                                   |  |   |
|   |                                 |  |    |                                   |  |   |
|   |                                 |  |    |                                   |  |   |
|   |                                 |  |    |                                   |  |   |
| <b>Total</b>  |                                 |  |    | 23,361,539                        | 473,465  | 22,888,074  |

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, MA, ME, MI, MN, MO, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, SC, TN, UT, WA, WI, WV, MD, RI, SD, VA

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|                        |  | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events              |
|------------------------|--|--------------|--------------|------------------|-------------------------------|
|                        |  | (event type) | (event type) | (total number)   | (Add col (a) through col (c)) |
| <b>Revenue</b>         | <b>1</b> Gross receipts . . . . .  |              |              |                  |                               |
|                        | <b>2</b> Less Charitable contributions . . . . .                                 |              |              |                  |                               |
|                        | <b>3</b> Gross income (line 1 minus line 2) . . . . .                            |              |              |                  |                               |
| <b>Direct Expenses</b> | <b>4</b> Cash prizes . . . . .   |              |              |                  |                               |
|                        | <b>5</b> Non-cash prizes . . . . .   |              |              |                  |                               |
|                        | <b>6</b> Rent/facility costs . . . . .   |              |              |                  |                               |
|                        | <b>7</b> Food and beverages . . . . .  |              |              |                  |                               |
|                        | <b>8</b> Entertainment . . . . .   |              |              |                  |                               |
|                        | <b>9</b> Other direct expenses . . . . .   |              |              |                  |                               |
|                        | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |              |              |                  | ( )                           |
|                        | <b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶    |              |              |                  |                               |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|  |  | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo                     | (c) Other gaming  | (d) Total gaming              |
|--|--|---|---|---|-------------------------------|
|  |  |   |   |   | (Add col (a) through col (c)) |
| <b>Revenue</b>   | <b>1</b> Gross revenue . . . . .         |   |   |   |                               |
| <b>Direct Expenses</b>   | <b>2</b> Cash prizes . . . . .           |   |   |   |                               |
|  | <b>3</b> Non-cash prizes . . . . .       |   |   |   |                               |
|  | <b>4</b> Rent/facility costs . . . . .   |   |   |   |                               |
|  | <b>5</b> Other direct expenses . . . . . |   |   |   |                               |
|  | <b>6</b> Volunteer labor . . . . .       | <input type="checkbox"/> Yes .....<br><input type="checkbox"/> No | <input type="checkbox"/> Yes .....<br><input type="checkbox"/> No | <input type="checkbox"/> Yes .....<br><input type="checkbox"/> No |                               |
| <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶    |  |   |   | ( )   |                               |
| <b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶ |  |   |   |   |                               |

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," Explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," Explain \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity operated in

|                                      |            |
|--------------------------------------|------------|
| <b>a</b> The organization's facility | <b>13a</b> |
| <b>b</b> An outside facility         | <b>13b</b> |

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer       Employee       Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
|------------|-----------------|-------------|

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2011

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN CIVIL LIBERTIES UNION INC

Employer identification number 13-3871360

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Contains 9 rows of data.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier                                 | Return Reference | Explanation  |
|--|------------------|--|
| PROCEDURE FOR MONITORING GRANTS IN THE U S | PART I, LINE 2   | SCHEDULE I, PART I, LINE 2 THE ACLU HAS ESTABLISHED PROCEDURES FOR THE RELEASE OF GRANTS TO ITS AFFILIATES, AS WELL AS FOR MONITORING OF OUTCOMES TO DETERMINE WHETHER THE GOALS OF A PARTICULAR GRANT AWARD HAVE BEEN MET GRANT AWARDS ARE CONFIRMED IN WRITING AND SUPPORTED BY A WRITTEN AGREEMENT THAT SPECIFIES THE PURPOSE OF THE GRANT, THE SPECIFIC OUTCOMES TO BE ACHIEVED, AND, IF APPLICABLE, THE INDICATORS THAT THE PARTIES AGREE WILL BE USED TO MEASURE PROGRESS TOWARDS AGREED UPON GOALS WRITTEN AGREEMENTS DETAIL THE SPECIFIC ACTIVITIES FOR WHICH FUNDING IS TO BE PROVIDED AND DOCUMENT THE AFFILIATE'S COMMITMENT TO USING THE FUNDS PROVIDED TO PURSUE SPECIFIC STRATEGIES IN ADDRESSING PROGRAM GOALS AND TARGET OUTCOMES AFFILIATES AND OTHER ORGANIZATIONS WHO RECEIVE GRANT AWARDS MAY BE REQUIRED TO PROVIDE QUANTITATIVE AND QUALITATIVE REPORTS, AND THESE REPORTS MAY BE USED TO DETERMINE WHETHER ADDITIONAL FUNDING MAY BE REQUIRED AND/OR TO ENHANCE FUTURE GRANT PROGRAMS |



**Software ID:**  
**Software Version:**  
**EIN:** 13-3871360  
**Name:** AMERICAN CIVIL LIBERTIES UNION INC

## Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government  | (b) EIN        | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ACLU OF ALASKA<br>1057 WEST<br>FIREWEED LANE<br>SUITE 207<br>ANCHORAGE, AK<br>995031760                 | 23-<br>7093413 | 501(C)(4)                          | 10,000                   |                                   |   |  | AFFILIATE<br>PROGRAM               |
| ACLU FOUNDATION<br>OF NORTHERN<br>CALIFORNIA<br>39 DRUMM ST<br>SAN FRANCISCO, CA<br>94111               | 94-<br>0279770 | 501(C)(3)                          | 50,000                   |                                   |   |  | AFFILIATE<br>PROGRAM               |
| ACLU FOUNDATION<br>OF GEORGIA<br>1900 THE EXCHANGE SE<br>BUILDING 400<br>SUITE 425<br>ATLANTA, GA 30339 | 23-<br>7115937 | 501(C)(3)                          | 50,000                   |                                   |   |  | AFFILIATE<br>PROGRAM               |
| ACLU OF MAINE<br>121 MIDDLE STREET<br>SUITE 301<br>PORTLAND, ME<br>04101                                | 01-<br>0285070 | 501(C)(4)                          | 15,675                   |                                   |   |  | AFFILIATE<br>PROGRAM               |
| ACLU OF MARYLAND<br>3600 CLIPPER MILL<br>RD SUITE 350<br>BALTIMORE, MD<br>21211                         | 52-<br>0746271 | 501(C)(4)                          | 46,063                   |                                   |   |  | AFFILIATE<br>PROGRAM               |
| ACLU FOUNDATION<br>OF MISSISSIPPI<br>PO BOX 2242<br>JACKSON, MS 39225                                   | 64-<br>0694013 | 501(C)(3)                          | 50,000                   |                                   |   |  | AFFILIATE<br>PROGRAM               |
| ACLU FOUNDATION<br>125 BROAD STREET<br>18TH FLOOR<br>NEW YORK, NY<br>10004                              | 13-<br>6213516 | 501(C)(3)                          | 40,000                   |                                   |   |  | AFFILIATE<br>PROGRAM               |
| MISSISSIPPIANS<br>FOR HEALTHY<br>FAMILIES<br>PO BOX 55662<br>JACKSON, MS 39296                          | 45-<br>3273830 | 501(C)(4)                          | 50,000                   |                                   |   |  | RELATED<br>ORGANIZATION<br>PROGRAM |
|   |                |                                    |                          |                                   |   |  | AFFILIATE<br>PROGRAM               |

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AMERICAN CIVIL LIBERTIES UNION INC

Employer identification number

13-3871360

**Part I Questions Regarding Compensation**

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     |    |
| <b>1b</b> | Yes |    |
| <b>2</b>  | Yes |    |
| <b>3</b>  |     |    |
| <b>4a</b> |     | No |
| <b>4b</b> | Yes |    |
| <b>4c</b> |     | No |
| <b>5a</b> |     | No |
| <b>5b</b> |     | No |
| <b>6a</b> |     | No |
| <b>6b</b> |     | No |
| <b>7</b>  |     | No |
| <b>8</b>  |     | No |
| <b>9</b>  |     |    |

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

**6** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not 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, columns (D) and (E) for that individual

| (A) Name                    |             | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-----------------------------|-------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                             |             | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| (1) ANTHONY ROMERO          | (i)<br>(ii) | 380,125<br>0                                       | 0<br>0                              | 2,214<br>0                          | 12,927<br>0                                    | 10,955<br>0             | 406,221<br>0                    | 0<br>0   |
| (2) ALMA MONTCLAIR          | (i)<br>(ii) | 258,147<br>0                                       | 0<br>0                              | 27,545<br>0                         | 114,259<br>0                                   | 20,747<br>0             | 420,698<br>0                    | 0<br>0   |
| (3) TERENCE DOUGHERTY       | (i)<br>(ii) | 216,954<br>0                                       | 0<br>0                              | 16,750<br>0                         | 8,687<br>0                                     | 20,365<br>0             | 262,756<br>0                    | 0<br>0   |
| (4) DOROTHY M EHRlich       | (i)<br>(ii) | 292,888<br>0                                       | 0<br>0                              | 9,326<br>0                          | 38,119<br>0                                    | 33,688<br>0             | 374,021<br>0                    | 0<br>0   |
| (5) LAURA W MURPHY          | (i)<br>(ii) | 276,075<br>0                                       | 0<br>0                              | -2,645<br>0                         | 15,216<br>0                                    | 3,657<br>0              | 292,303<br>0                    | 0<br>0   |
| (6) CAROLINE GREENE         | (i)<br>(ii) | 252,762<br>0                                       | 0<br>0                              | -9,887<br>0                         | 23,309<br>0                                    | 33,410<br>0             | 299,594<br>0                    | 0<br>0   |
| (7) DONNA MCKAY             | (i)<br>(ii) | 0<br>252,900                                       | 0<br>0                              | 0<br>-3,858                         | 0<br>14,404                                    | 0<br>10,197             | 0<br>273,643                    | 0<br>0   |
| (8) GERI ROZANSKI           | (i)<br>(ii) | 0<br>258,147                                       | 0<br>0                              | 0<br>-2,459                         | 0<br>33,077                                    | 0<br>20,747             | 0<br>309,512                    | 0<br>0   |
| (9) STEVEN SHAPIRO          | (i)<br>(ii) | 0<br>288,643                                       | 0<br>0                              | 0<br>11,134                         | 0<br>34,126                                    | 0<br>20,837             | 0<br>354,740                    | 0<br>0   |
| (10) EMILY TYNES            | (i)<br>(ii) | 0<br>234,678                                       | 0<br>0                              | 0<br>16,330                         | 0<br>42,114                                    | 0<br>20,662             | 0<br>313,784                    | 0<br>0   |
| (11) DAVID S BAIRD          | (i)<br>(ii) | 134,026<br>0                                       | 0<br>0                              | 14,756<br>0                         | 17,255<br>0                                    | 19,888<br>0             | 185,925<br>0                    | 0<br>0   |
| (12) MICHAEL W MACLEOD-BALL | (i)<br>(ii) | 152,032<br>0                                       | 0<br>0                              | -2,955<br>0                         | 18,284<br>0                                    | 19,999<br>0             | 187,360<br>0                    | 0<br>0   |
| (13) GERALDINE LYNN ENGEL   | (i)<br>(ii) | 147,992<br>0                                       | 0<br>0                              | -1,428<br>0                         | 14,994<br>0                                    | 19,968<br>0             | 181,526<br>0                    | 0<br>0   |
| (14) CHRISTOPHER E ANDERS   | (i)<br>(ii) | 145,781<br>0                                       | 0<br>0                              | 7,858<br>0                          | 10,062<br>0                                    | 32,796<br>0             | 196,497<br>0                    | 0<br>0   |
| (15) ADRIENNE STEIN         | (i)<br>(ii) | 143,232<br>0                                       | 0<br>0                              | -5,734<br>0                         | 8,954<br>0                                     | 32,781<br>0             | 179,233<br>0                    | 0<br>0   |

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

| Identifier               | Return Reference | Explanation   |
|--------------------------|------------------|---|
|                          | PART I, LINE 1A  | GROSS-UP PAYMENTS TO EMPLOYEES WITH DOMESTIC PARTNER COVERAGE, ALL TREATED AS TAXABLE   |
| SUPPLEMENTAL INFORMATION | PART III         | PART I, LINE 4B OTHER REPORTABLE COMPENSATION (PART II, COLUMN B (III)) INCLUDES, AMONG OTHER THINGS (SEE BELOW), SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN PAYMENTS FOR THE FOLLOWING INDIVIDUALS A ROMERO (\$6,773), A MONTCLAIR (\$2,603), D EHRLICH (\$11,097), C GREENE (\$28), L MURPHY (\$1,574), AND S SHAPIRO (\$9,977) PART II COLUMN B(I) INCLUDES BASE COMPENSATION, COLUMN B(II) INCLUDES BONUS PAYMENTS (THERE WERE NONE IN 2011) AND COLUMN B(III) INCLUDES ALL OTHER REPORTABLE COMPENSATION, INCLUDING ANY "GROSS UPS" FOR DOMESTIC PARTNER HEALTH COVERAGE, AND REDUCTIONS TO TAXABLE COMPENSATION RELATED TO PARTICIPATION IN HEALTH OR DEPENDENT SPENDING ACCOUNTS, IF/AS APPLICABLE. NEGATIVE NUMBERS IN COLUMN B(III) OCCUR WHEN THE AMOUNTS DEDUCTED FROM REPORTABLE COMPENSATION ARE GREATER THAN THE COSTS OF OTHER TAXABLE BENEFITS REPORTED IN THIS COLUMN. COLUMN C INCLUDES EMPLOYER CONTRIBUTIONS TO THE DEFINED BENEFIT PENSION PLAN OR, FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2009, TO THE NEW DEFINED CONTRIBUTION 401(K) PLAN, THE TOTALS SHOWN REFLECT AMOUNTS EARNED DURING THE YEAR, WHETHER OR NOT THE EMPLOYEE IS FULLY VESTED. COLUMN D INCLUDES NON-TAXABLE BENEFITS, SUCH AS HEALTH AND OTHER INSURANCE, AS WELL AS AMOUNTS SET ASIDE BY EMPLOYEES IN THE HEALTH AND/OR DEPENDENT CARE FLEXIBLE SPENDING PLANS, WHICH WE HAVE ADDED BACK TO PROVIDE THE FULLEST PICTURE POSSIBLE OF TOTAL COMPENSATION. |

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization  
AMERICAN CIVIL LIBERTIES UNION INC

**Employer identification number**

13-3871360

| Identifier | Return Reference                     | Explanation   |
|------------|--------------------------------------|---|
|            | FORM 990, PART VI, SECTION A, LINE 6 | THE BOARD MEMBERS OF THE ORGANIZATION'S 50 AFFILIATES, THE "AFFILIATE VOTING MEMBERS," ARE ELECTORS, ALONG WITH THE ORGANIZATION'S BOARD MEMBERS, IN THE ELECTION OF CERTAIN MEMBERS TO THE ORGANIZATION'S BOARD, AND EACH AFFILIATE APPOINTS ONE BOARD MEMBER TO THE NATIONAL ORGANIZATION'S BOARD THE NATIONAL ORGANIZATION'S GENERAL MEMBERS PARTICIPATE IN THE ELECTION OF THE BOARD MEMBERS OF THE ORGANIZATION'S 50 AFFILIATES FIFTY GENERAL MEMBERS MAY ALSO (I) PETITION THE BOARD TO AMEND ITS BYLAWS, WHICH PETITION MUST BE CONSIDERED BY THE ORGANIZATION'S BOARD AND (II) NOMINATE INDIVIDUALS TO RUN FOR THE ORGANIZATION'S BOARD |

| Identifier | Return Reference                      | Explanation               |
|------------|---------------------------------------|---------------------------|
|            | FORM 990, PART VI, SECTION A, LINE 7A | SEE RESPONSE TO # 6 ABOVE |

| Identifier | Return Reference                               | Explanation  |
|------------|--|--|
|            | FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7B | SEE RESPONSE TO # 6 ABOVE. THE ORGANIZATION'S AFFILIATE VOTING MEMBERS HAVE THE RIGHT TO VOTE TO APPROVE CERTAIN CHANGES TO THE ORGANIZATION'S BYLAWS AND VOTE TO OVERTURN A DECISION OF THE ORGANIZATION'S BOARD THAT IS SUBMITTED TO THE AFFILIATE VOTING MEMBERS FOR A VOTE BY PETITION OF THE ORGANIZATION'S AFFILIATES. UNDER D.C. LAW, THE AFFILIATE VOTING MEMBERS HAVE THE RIGHT TO APPROVE A DECISION BY THE BOARD TO DISSOLVE, MERGE/CONSOLIDATE WITH ANOTHER ORGANIZATION OR DISPOSE OR MORTGAGE ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS. |

| Identifier | Return Reference                      | Explanation  |
|------------|---------------------------------------|--|
|            | FORM 990, PART VI, SECTION B, LINE 11 | THE FORM 990 WAS PREPARED BY MANAGEMENT IN CONSULTATION WITH THE ORGANIZATION'S AUDITORS. THE ORGANIZATION'S AUDIT COMMITTEE AND ITS TREASURER REVIEWED A DRAFT OF THE 990 AND PROVIDED COMMENTS. A COMPLETE COPY OF THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT WAS FILED. |



| Identifier | Return Reference                                | Explanation  |
|------------|---|--|
|            | FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | THE ORGANIZATION DISTRIBUTES ITS CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS TO EVERY KEY EMPLOYEE, OFFICER AND BOARD DIRECTOR AND REQUESTS DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST. THE CHIEF FINANCIAL OFFICER AND THE IN-HOUSE GENERAL COUNSEL/ASSISTANT SECRETARY OF THE ORGANIZATION REVIEW ANY DISCLOSURES MADE DURING THIS ANNUAL REVIEW. IF A MATTER IS RAISED THAT MAY BE A CONFLICT OF INTEREST INVOLVING A BOARD MEMBER OR AN OFFICER, THEY REFER THE MATTER TO THE BOARD PRESIDENT AND APPROPRIATE FOLLOW UP IS UNDERTAKEN AS SET FORTH IN THE POLICY. IF A MATTER IS RAISED THAT MAY BE A CONFLICT OF INTEREST INVOLVING A KEY EMPLOYEE, THEY REFER THE MATTER TO THE EXECUTIVE DIRECTOR OR HIS DESIGNEE AND APPROPRIATE FOLLOW UP IS UNDERTAKEN AS SET FORTH IN THE POLICY. BOARD DIRECTORS, OFFICERS AND KEY EMPLOYEES ALSO MAY REPORT TO THE BOARD ANY POTENTIAL CONFLICTS OF INTEREST THAT ARISE DURING THE YEAR. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES THAT INDIVIDUALS WITH CONFLICTS OF INTEREST WITH RESPECT TO A TRANSACTION OR ACTION MAY NOT PARTICIPATE IN THE DECISION-MAKING WITH RESPECT TO THAT TRANSACTION OR ACTION AND IN SOME CIRCUMSTANCES MAY NOT PARTICIPATE IN THE DISCUSSION. |

| Identifier | Return Reference                                | Explanation   |
|------------|---|---|
|            | FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15A | ON AN ANNUAL BASIS, A COMMITTEE OF THE BOARD OF THE ORGANIZATION REVIEWS THE EXECUTIVE DIRECTOR'S COMPENSATION. NO MEMBER OF THE COMMITTEE HAS A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT. THE COMMITTEE PERIODICALLY REVIEWS COMPENSATION STUDIES AND COMPARABLE COMPENSATION DATA FOR OTHER EXECUTIVE DIRECTORS AT SIMILARLY SITUATED ORGANIZATIONS. THE COMMITTEE CONTEMPORANEOUSLY DOCUMENTS AND RECORDS IN ITS MINUTES ITS DELIBERATIONS AND DECISIONS. NO ACLU OFFICER RECEIVES COMPENSATION IN HIS/HER CAPACITY AS OFFICER. COMPENSATION OF KEY EMPLOYEES, OTHER THAN THE EXECUTIVE DIRECTOR, IS SET BY THE ORGANIZATION'S EXECUTIVE DIRECTOR OR THE KEY EMPLOYEE'S MANAGER IF THE MANAGER IS NOT THE EXECUTIVE DIRECTOR. COMPENSATION DATA FOR FUNCTIONALLY COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS IS PERIODICALLY CONSIDERED AND DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED. |

| Identifier | Return Reference                      | Explanation  |
|------------|---------------------------------------|--|
|            | FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION'S FORM 990 FOR THE PAST THREE OR MORE YEARS, EXCLUDING SCHEDULE B, IS AVAILABLE ON THE ORGANIZATION'S WEBSITE. SCHEDULE B OF THE FORM 990 AND THE ORGANIZATION'S FORM 990-T ARE AVAILABLE UPON REQUEST. COPIES OF THE ORGANIZATION'S FORM 990 ARE ALSO AVAILABLE ON THE GUIDESTAR WEBSITE. THE ORGANIZATION'S IRS FORM 1024, BYLAWS, CONFLICT OF INTEREST POLICY AND ITS FINANCIAL STATEMENTS FOR THE PRIOR THREE YEARS ARE AVAILABLE ON ITS WEBSITE. THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE UPON REQUEST OR THROUGH THE DISTRICT OF COLUMBIA OFFICE OF THE SECRETARY, DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS. |

| Identifier                             | Return Reference          | Explanation   |
|--|---------------------------|---|
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED LOSSES ON INVESTMENTS -5,247 MINIMUM PENSION LIABILITY ADJUSTMENT -15,147,408 TOTAL TO FORM 990, PART XI, LINE 5 -15,152,655 |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
AMERICAN CIVIL LIBERTIES UNION INC

**Employer identification number**

13-3871360

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

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity                                  | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity   | (g)<br>Section 512(b)(13) controlled organization |    |
|--|--|--|----------------------------|---|------------------------------------|---|----|
|  |  |  |                            |   |                                    | Yes   | No |
| (1) AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC<br>125 BROAD STREET 18TH FLOOR<br>NEW YORK, NY 10004<br>13-6213516 | PRESERVATION AND PROMOTION OF CIVIL RIGHTS AND LIBERTIES | NY   | 501(C)(3)                  | 170(B)(1)(A)(VI)                                    | AMERICAN CIVIL LIBERTIES UNION INC | Yes   |    |
|  |  |  |                            |   |                                    |   |    |
|  |  |  |                            |   |                                    |   |    |
|  |  |  |                            |   |                                    |   |    |
|  |  |  |                            |   |                                    |   |    |
|  |  |  |                            |   |                                    |   |    |
|  |  |  |                            |   |                                    |   |    |

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

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
|   |                         |  |                                  |  |                              |                                    |                             |
|   |                         |  |                                  |  |                              |                                    |                             |
|   |                         |  |                                  |  |                              |                                    |                             |
|   |                         |  |                                  |  |                              |                                    |                             |
|   |                         |  |                                  |  |                              |                                    |                             |
|   |                         |  |                                  |  |                              |                                    |                             |
|   |                         |  |                                  |  |                              |                                    |                             |
|   |                         |  |                                  |  |                              |                                    |                             |

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

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)

- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>1a</b> |     | No |
| <b>1b</b> | Yes |    |
| <b>1c</b> |     | No |
| <b>1d</b> |     | No |
| <b>1e</b> |     | No |
|           |     |    |
| <b>1f</b> |     | No |
| <b>1g</b> |     | No |
| <b>1h</b> |     | No |
| <b>1i</b> |     | No |
|           |     |    |
| <b>1j</b> |     | No |
| <b>1k</b> |     | No |
| <b>1l</b> |     | No |
| <b>1m</b> | Yes |    |
| <b>1n</b> | Yes |    |
|           |     |    |
| <b>1o</b> | Yes |    |
| <b>1p</b> | Yes |    |
|           |     |    |
| <b>1q</b> |     | No |
| <b>1r</b> |     | No |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a)<br>Name of other organization | (b)<br>Transaction type(a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----------------------------------|------------------------------|------------------------|--|
| (1) ACLU FOUNDATION INC           | M                            | 405,931                | FTE BASED ALLOCATION METHODOLOGY             |
| (2) ACLU FOUNDATION INC           | N                            | 9,548,382              | REVENUE BASED ALLOCATION METHOD              |
| (3) ACLU FOUNDATION INC           | O                            | 405,931                | FTE BASED ALLOCATION METHODOLOGY             |
| (4) ACLU FOUNDATION INC           | P                            | 9,548,382              | REVENUE BASED ALLOCATION METHOD              |
| (5)                               |                              |                        |  |
| (6)                               |                              |                        |  |





**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

**Identifier****Return Reference****Explanation****Schedule R (Form 990) 2011**

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

| (A)<br>Name and Title                     | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ACEVES WILLIAM<br>DIRECTOR                | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| AHMED KEMAL<br>DIRECTOR                   | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ALLISON CHERRI<br>DIRECTOR                | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| AL-QATAMI LAILA<br>DIRECTOR               | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ALVARADO LI YUN<br>DIRECTOR               | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ALVARADO RICHARD<br>DIRECTOR              | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ANGELOS CLAUDIA<br>DIRECTOR               | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ANTHONY KELLY<br>DIRECTOR                 | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ARCHER DEBORAH<br>DIRECTOR, NATIONAL AAAO | 2 00                          | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| AYERS MARK<br>DIRECTOR                    | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| BARTH JAY<br>DIRECTOR                     | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| BEEM MARC<br>DIRECTOR                     | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| BENDICH JUDITH<br>DIRECTOR                | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| BENNETT LAURIE<br>DIRECTOR                | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| BEREANO PHIL<br>DIRECTOR                  | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| BESHERSE TAMMY<br>DIRECTOR                | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| BLAKESLEE JOHN<br>DIRECTOR                | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| BOBROW DAVIS<br>DIRECTOR                  | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| BODDIE JOHN<br>DIRECTOR                   | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| BORGMANN CAITLIN<br>DIRECTOR              | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| BROWN ANTONIO<br>DIRECTOR                 | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| BUITRAGO LUZ<br>DIRECTOR                  | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| CARLSON M SUSAN<br>DIRECTOR               | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| CHEN RONALD<br>DIRECTOR                   | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| CHESTER ROBERT<br>DIRECTOR                | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title                         | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| COYNE RANDALL<br>DIRECTOR                     | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| CRUZ DAVID<br>DIRECTOR / GENERAL COUNSEL      | 2 00                          | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| DANELO PETER<br>DIRECTOR                      | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DURGIN-CLINCHARD EILEEN<br>DIRECTOR           | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DWORKIN JEFF<br>DIRECTOR                      | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| EARLS LINDSAY<br>DIRECTOR                     | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ESTES MILTON<br>DIRECTOR / VICE PRESIDENT     | 2 00                          | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| ESTES SUSAN<br>DIRECTOR                       | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| FONSECA ROGER<br>DIRECTOR                     | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| FRANK SALLY<br>DIRECTOR                       | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| FRIDELL LORIE<br>DIRECTOR                     | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| GALE MARY ELLEN<br>DIRECTOR                   | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| GILCHRIST LIZ<br>DIRECTOR                     | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| GOYAL MADAN<br>DIRECTOR                       | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| GREENWOOD SCOTT<br>DIRECTOR / GENERAL COUNSEL | 2 00                          | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| GUNNING ISABELLE<br>DIRECTOR                  | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| HERMAN SUSAN<br>DIRECTOR / PRESIDENT          | 2 50                          | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| HERRON AUNDRE<br>DIRECTOR                     | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| HILL EVE<br>DIRECTOR                          | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| HOSSAIN IQBAL<br>DIRECTOR                     | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| HSIEH MARINA<br>DIRECTOR / VICE PRESIDENT     | 2 00                          | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| JOSEPH SHELAN<br>DIRECTOR                     | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| KAPLAN ARTHUR<br>DIRECTOR                     | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| KASHANI HAMID<br>DIRECTOR                     | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| KASSAM-REMTULLA ALY<br>DIRECTOR               | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title                                    | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| KENNEDY JACK JR<br>DIRECTOR                              | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| LASKOWSKI JOAN<br>DIRECTOR                               | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| LAWSON JAMES JR<br>DIRECTOR                              | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| LEWIS M CALIEN<br>DIRECTOR                               | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| LITMAN ROSLYN<br>DIRECTOR / GENERAL COUNSEL              | 2 00                          | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| MAHONEY CARLOS<br>DIRECTOR                               | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MCKAY ALEXANDRA<br>DIRECTOR                              | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MIGGINS HENRY<br>DIRECTOR                                | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| NEAL FRED<br>DIRECTOR                                    | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| NIBLACK MARK<br>DIRECTOR                                 | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| NIMEH-LEWIS NAHLA<br>DIRECTOR                            | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| PAINE GALEN<br>DIRECTOR                                  | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| PAZ R SAMUEL<br>DIRECTOR                                 | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| QUEEN JULIE<br>DIRECTOR                                  | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| RAND REBECCA<br>DIRECTOR                                 | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| RANADE AMIT<br>DIRECTOR                                  | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| REMAR ROBERT<br>DIRECTOR / VICE PRESIDENT /<br>TREASURER | 2 50                          | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| REVELES ROBERTO<br>DIRECTOR                              | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| RODBARD JAMES<br>DIRECTOR                                | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| RUBIO SIGFREDO<br>DIRECTOR                               | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| RUSSELL MARGARET<br>DIRECTOR                             | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| SCHATZ ANDY<br>DIRECTOR                                  | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| SCHERR ALBERT<br>DIRECTOR                                | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| SELF ELEANOR<br>DIRECTOR                                 | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| SHEINBERG JILL<br>DIRECTOR                               | 2 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title                                      | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|  |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| SINGH PREETMOHAN<br>DIRECTOR                               | 2 00                          | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| STEINER ALISON<br>DIRECTOR                                 | 2 00                          | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| STRINE PEGGY<br>DIRECTOR                                   | 2 00                          | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| STRONG SIMONE<br>DIRECTOR                                  | 2 00                          | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| STRONG TONY<br>DIRECTOR                                    | 2 00                          | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| STRUM PHILIPPA<br>DIRECTOR / VICE PRESIDENT /<br>SECRETARY | 2 00                          | X                                      |                       | X       |              |                              | 0       | 0  | 0   |   |
| SWEAT JOSEPH<br>DIRECTOR                                   | 2 00                          | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| THURAU-GRAY LISA<br>DIRECTOR                               | 2 00                          | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| TOY ALAN<br>DIRECTOR / SECRETARY                           | 2 00                          | X                                      |                       | X       |              |                              | 0       | 0  | 0   |   |
| TULLER BRIGITTE<br>DIRECTOR                                | 2 00                          | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| TYLER RONALD<br>DIRECTOR                                   | 2 00                          | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| WASHINGTON JACQUELIN<br>DIRECTOR                           | 2 00                          | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| WELLS CAROLE<br>DIRECTOR                                   | 2 00                          | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| WENDELBERGER JERALYN<br>DIRECTOR                           | 2 00                          | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| WILLIAMS GARY<br>DIRECTOR / VICE PRESIDENT                 | 2 00                          | X                                      |                       | X       |              |                              | 0       | 0  | 0   |   |
| WILSON RON<br>DIRECTOR                                     | 2 00                          | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| ASKIN FRANK<br>GENERAL COUNSEL                             | 2 00                          |  |                       | X       |              |                              | 0       | 0  | 0   |   |
| ANTHONY ROMERO<br>EXECUTIVE DIRECTOR/CEO                   | 35 00                         |  |                       | X       |              |                              | 382,339 | 0  | 23,882  |   |
| ALMA MONTCLAIR<br>DIR OF ADMIN & FIN/ASST TREAS            | 35 00                         |  |                       | X       |              |                              | 285,692 | 0  | 135,006   |   |
| TERENCE DOUGHERTY<br>GENERAL COUNSEL/ASST SECRETARY        | 35 00                         |  |                       | X       |              |                              | 233,704 | 0  | 29,052  |   |
| DOROTHY M EHRlich<br>DEPUTY EXEC DIRECTOR                  | 35 00                         |  |                       |         | X            |                              | 302,214 | 0  | 71,807  |   |
| LAURA W MURPHY<br>DIRECTOR OF WASHINGTON LEG               | 35 00                         |  |                       |         | X            |                              | 273,430 | 0  | 18,873  |   |
| CAROLINE GREENE<br>CHIEF FINANCIAL OFFICER                 | 35 00                         |  |                       |         | X            |                              | 242,875 | 0  | 56,719  |   |
| DONNA MCKAY<br>DIR INST ADVANCEMENT/SPECIAL<br>PROJ        | 35 00                         |  |                       |         | X            |                              | 0       | 249,042  | 24,601  |   |
| GERI ROZANSKI<br>DIR AFFILIATE SUPPORT/ADVOCACY            | 35 00                         |  |                       |         | X            |                              | 0       | 255,688  | 53,824  |   |

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

| (A)<br>Name and Title                                | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| STEVEN SHAPIRO<br>LEGAL DIRECTOR                     | 35 00                         |  |                       |         | X            |                              |        | 0  | 299,777   | 54,963  |
| EMILY TYNES<br>DIR OF COMMUNICATIONS                 | 35 00                         |  |                       |         | X            |                              |        | 0  | 251,008   | 62,776  |
| DAVID S BAIRD<br>DIRECOR OF OPERATION                | 35 00                         |  |                       |         |              | X                            |        | 148,782  | 0   | 37,143  |
| MICHAEL W MACLEOD-BALL<br>CHIEF COUNSEL - LEGIS & PO | 35 00                         |  |                       |         |              | X                            |        | 149,077  | 0   | 38,283  |
| GERALDINE LYNN ENGEL<br>DEPUTY DIRECTOR OF DEVELOP   | 35 00                         |  |                       |         |              | X                            |        | 146,564  | 0   | 34,962  |
| CHRISTOPHER E ANDERS<br>SENIOR LEGISLATIVE COUNSEL   | 35 00                         |  |                       |         |              | X                            |        | 153,639  | 0   | 42,858  |
| ADRIENNE STEIN<br>DIRECTOR OF INFORMATION TE         | 35 00                         |  |                       |         |              | X                            |        | 137,498  | 0   | 41,735  |

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 13-3871360  
**Name:** AMERICAN CIVIL LIBERTIES UNION INC

## Form 990, Special Condition Description:

### Special Condition Description

## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

### 4d. Other program services

(Code ) (Expenses \$ 454,421 including grants of \$ ) (Revenue \$ )

THE BOARD OF DIRECTORS OF THE ACLU WORKS THROUGH ITS STANDING AND SPECIAL COMMITTEES TO ANALYZE CIVIL LIBERTIES ISSUES AND, WHERE APPROPRIATE, TO DEVELOP POLICIES THAT WILL SERVE AS THE FRAME OF REFERENCE FOR LEGISLATIVE, EDUCATIONAL AND CASE-SPECIFIC WORK AT THE NATIONAL LEVEL