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Form **990**

Department of the Treasury

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

2009

OMB No 1545-0047

Open to Public

## For the 2009 calendar year, or tax year beginning 04-01-2009 and ending 03-31-2010 ## Check floppion because be seen as Chemical organization (Liber Properties) ## Address change			
AMERICA CIPUL IDERNITES UNION INC 13-3871	dentification number		
Same change	260		
Take-exempt status Final Process Summary			
Temmated Application pending F Name and address of principal officer AnTHO N Y SO VERO 125 broad street lish floor new york, NY 10004 IT Tax-exempt status F Name and address of principal officer AnTHO N Y SO VERO 125 broad street lish floor new york, NY 10004 IT Tax-exempt status F Solic) (4) ◀ (nisert no) ☐ 4947(a)(1) or ☐ 527 Website: ▶ www aclu org I Tax-exempt status F Solic) (4) ◀ (nisert no) ☐ 4947(a)(1) or ☐ 527 Website: ▶ www aclu org I Tax-exempt status F Solic) (4) ◀ (nisert no) ☐ 4947(a)(1) or ☐ 527 Website: ▶ www aclu org I Briefly describe the organization's mission or most significant activities PRESERVATION AND PROMOTION OF CIVIL RIGHTS AND civil LIBERTIES PRESERVATION AND PROMOTION OF CIVIL RIGHTS AND civil LIBERTIES I Briefly describe the organization discontinued its operations or disposed of more than 25% of its not all number of violengements of the governing body (Part VI, line 1a) A Number of independent voting members of the governing body (Part VI, line 1a) A Number of independent voting members of the governing body (Part VI, line 1a) Total number of employees (Part VI, line 2a) Total organization status finecessary) Total for ossumeralated business revenue from Part VIII, column (C), line 12 B Contributions and grants (Part VIII, line 1h) Other revenue (Part VIII, column (A), lines 3, 4, and 7d) Other revenue—add lines 8 through 11 (must equal Part VIII, column (A), line Total investment income (Part VIII, column (A), lines 1a-1d, 116-24f) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 5- 5,238,174 B Professional fundraising fees (Part IX, column (A), lines 1a-1d, 116-24f) Total expenses (Part IX, column (A), lines 11a-1d, 116-24f) Total inventions and similar amounts paid (Part IX, column (A), line 25) Professional fundraising fees (Part IX, column (A), line 12 Total limbilities (Part X, line 16) Total limbilities (Part X, line 16) Total limbilities (Part X, line 16) Total limbilities (Part X, line 26) PRESERVATION AND	1-2500		
Terminated			
Part I Summary 1			
F. Name and address of principal officer ANTHONY ROMERO 125 broad street 18th floor new york, NY 10004 I Tax-exempt status			
ANTHONY ROMERO 125 broad street 18th floor new york, NY 10004 I Tax-exempt status			
ANTHONY ROMERO 125 broad street 18th floor new york, NY 10004 I Tax-exempt status	um for		
New york, NY 10004	TYes ▼ No		
Tax-exempt status Solic (4) (msert no) 4947(a)(1) or 527			
Tax-exempt slatus			
Website: ► www aclu org			
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Part I Summary Briefly describe the organization's mission or most significant activities PRESERVATION AND PROMOTION OF CIVIL RIGHTS AND civil LIBERTIES 2 Check this box fifthe organization discontinued its operations or disposed of more than 25% of its not all the promotion of the governing body (Part VI, line 1a). 4 Number of votting members of the governing body (Part VI, line 1a). 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary). 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34. 8 Contributions and grants (Part VIII, line 1h)			
PRESERVATION AND PROMOTION OF CIVIL RIGHTS AND civil LIBERTIES 2 Check this box Title organization discontinued its operations or disposed of more than 25% of its not all the promotion of voting members of the governing body (Part VI, line 1a)	M State of legal domicile DO		
PRESERVATION AND PROMOTION OF CIVIL RIGHTS AND civil LIBERTIES 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its new promotion of independent voting members of the governing body (Part VI, line 1a)			
2 Check this box			
A Number of Independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a)			
A Number of Independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a)			
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A Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a)	38		
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B Net unrelated business taxable income from Form 990-T, line 34	7a 61,59		
Prior Year 30,147,945 9 Program service revenue (Part VIII, line 1h)	7 a		
8 Contributions and grants (Part VIII, line 1h)	Current Year		
Program service revenue (Part VIII, line 2g)			
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,687,792		
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0		
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-162,206		
12)	72,252		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 152,146 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- 10) 5,238,174 16a Professional fundraising fees (Part IX, column (A), line 11e) 2,205,518 16a Professional fundraising expenses (Part IX, column (D), line 25) 2,743,836	32,597,838		
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e)	17,000		
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e)	0		
10 5,238,174			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,829,487		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	781,667		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			
19 Revenue less expenses Subtract line 18 from line 12	23,952,467		
Beginning of Current Year 20 Total assets (Part X, line 16)	29,580,621		
Beginning of Current Year 20 Total assets (Part X, line 16)	3,017,217		
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and			
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and	End of Year		
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and	20,313,086		
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and	28,353,784		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and	-8,040,698		
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which pre			
	arer has any knowledge		
Sign ******			
Here Signature of officer Date			
ANTHONY DOMEDO EVECUTIVE DIDECTOR			
ANTHONY ROMERO EXECUTIVE DIRECTOR Type or print name and title			
preparer's L Date Check if Preparer's ide	ntifying number		
signature ALAN WOGHIN self- (see instruction			
Paid empolyed F empolyed F			
Preparer's Firm's name (or yours RSM MCGLADREY INC			
Use Only of self-employed), address, and ZIP + 4 1185 AVENUE OF THE AMERICAS			
NEW YORK, NY 100362602 Phone no ▶	(212) 372-1000		
May the IRS discuss this return with the preparer shown above? (see instructions)	✓ Yes 「No		

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Form 990 (2009)

Part III Statement of Program Service Accomplishments

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 as focused as ever on the overarching goals set by its founders nearly 90 years 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	the prior Form 990 c		ant program se	ervices during the year where the second in		Yes ✓ No
	If "Yes," describe th	ese new services on S	chedule O			
3	services?	cease conducting, or ese changes on Sched		nt changes in how it condi		Yes 🔽 No
4	Describe the exemp Section 501(c)(3) a	t purpose achievemen nd 501(c)(4) organiza	ts for each of th tions and secti	-	gest program services by ex required to report the amoun vice reported	•
4a	(Code) (Expenses \$	11,941,533	ıncludıng grants of \$	17,000) (Revenue \$)
	and host educational fo with affiliates in accord- specific initiatives and p	orums throughout the year ance with a detailed policy projects that have been ider	The national ACLU Through its Affiliat ntified as involving	coordinates fundraising efforts te Support Department, the nat	es handle requests for legal assista with its affiliates and shares the pi ional ACLU also provides grants to and national significance The Affili	oceeds of fundraising efforts affiliates to support work on
	(Code) (Expenses \$	10,935,696	including grants of \$) (Revenue \$)
	workshops conducted in the public at large with free speech, association	n collaboration with its affilia respect to a wide range of n and assembly, among oth	ates throughout the civil liberties issue ners, the right to e	e US, the ACLU provides ongoir s and concerns The organizatio qual protection under the law,	lia interviews, publications, and nuing education to approximately 500, on's educational campaign emphasisthe right to due process and to fair intrusion into personal and private	000 of it's members and to ze First Amendment rights to treatment when the loss of
 4с	(Code) (Expenses \$	2,206,292	ıncludıng grants of \$) (Revenue \$)
	ACLU's Washington, DC liberties goals of the or in specific civil liberties	office, the organization's le ganization Working in colla	egislative policy tea boration with staff esearch, publishes	am works to ensure that propos from ACLU affiliates across the	legislatures working to address civised legislation moves towards rathe country and in coalition with other for the public and meets with key l	er than away from the civil groups with a shared interes
	Other program serv	vices (Describe in Sch	nedule O) See	also Additional Data for I	Description	
	(Expenses \$	610,884 inc	cluding grants o	of\$) (Revenue \$)
4e	Total program serv	ice expenses►\$	25,694,40	15		

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	CHE	-KIISL	UI.	Reduired	Scheu	uie

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		l No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	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? If "Yes," complete Schedule F, Part II	15		Νο
16	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</i> " <i>Yes,"</i> complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	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? If "Yes," complete Schedule I, Parts I and III	22		No
23	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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	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? If "Yes," complete Schedule L, Part II	26		No
27	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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νο
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Form	990 (2009)			Page 5		
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable					
	1a)				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b					
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	3				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes			
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?					
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5h		Νο		

125 broad street 18th floor new york, NY 10004 (212) 549-2500

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.

Se	ection A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body 1a 81						
ь	Enter the number of voting members that are independent 1b 81	1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	1					
_	other officer, director, trustee, or key employee?	2		Νo			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο			
6	Does the organization have members or stockholders?	6	Yes				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		Νo			
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)						
	,		Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes				
b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?						
11							
	1A Describe in Schedule O the process, if any, used by the organization to review the Form 990						
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes				
13	Does the organization have a written whistleblower policy?	13	Yes				
14	Does the organization have a written document retention and destruction policy?	14	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?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b		Νο			
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?						
_		16b					
<u>Se</u> 17	ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed AK, AR, AZ, CA, CO, CT, DC, FL, G		TI K	- VV			
17	LA, MA, MD, ME, MN, MO, MS, NC, NY, OH, OK, OR, PA, RI, SC, TN, U	ND,	NH,NJ	,NM,			
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 make these available. Check all that apply of which website. Another's website.						
19	Describe in Schedule O whether (and if so, how), the organization makes 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 CAROLINE GREENE CFO	ne orga	ınızatıor	n ►			

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b Total	 1,799,694	1,165,243	502,986

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►18

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	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? If "Yes," complete Schedule J for such individual	_		
	marviada	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
GRASSROOTS CAMPAIGN INC PO BOX 120557 BOSTON, MA 02112	CANVASSING	3,045,780
PRINT MAIL COMMUNICATIONS INC 7201 LOCKPORT PLACE LORTON, VA 22079	PRINTING	1,934,193
TELEFUND INC 1532 N MILWAUKEE AVE SUITE 206 CHICAGO, IL 60622	TELEMARKETING	1,220,968
SHARE GROUP 73 CHAPEL STREET NEWTON, MA 02458	TELEMARKETING	891,142
CHERRY LANE PRINTING & MAILING 15 EAST BETHPAGE ROAD PLAINVIEW, NY 11803	PRINTING	863,447
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►21) who received more than	

Form 99								Page 9
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
# \$ # s	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es 1b					
s, g	С	Fundraising eve	ents 1c					
<u>a</u> a	d	Related organiz	ations 1d					
īm.	e	Government grants	s (contributions) 1e					
ition er s	f	All other contribution	ons, gifts, grants, and 1f	32,687,792		İ		
rië F	g		butions included in					
nd it				_	22 697 702			
ें व	h	Total. Add lines	s 1a-1f		32,687,792			
a la				Business Code				
Program Service Revenue	2a 							
-0 7≟	b c							
Ģ,	d							
33	e							
ran	f	All other progra	am service revenue					
ું.	•							
	g		s 2a-2f					
	3		ome (including dividendar ar amounts)	 	39,276			39,276
	4		tment of tax-exempt bond	<u>-</u>	,			
	5			` ` . F				
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	949,950					
		assets other than inventory						
	ь	Less cost or other basis and	1,151,432					
	c	sales expenses Gain or (loss)	-201,482					
	d		s)	▶	-201,482			-201,482
	8a	Gross income f						
ne		events (not inc	luding					
Other Revenue			reported on line 1c)					
Re		See Part IV, lin						
<u> </u>	ь	Lass direct av	a penses b					
o t	c		loss) from fundraising	events 🟲				
	9a	Gross income f	rom gaming activities					
		See Part IV, lin	e 19 a					
	ь	less directex	penses b					
	с		(loss) from gaming acti	vities►				
	10a	Gross sales of returns and allo						
	ь	Less cost of a	oods sold b					
	с		(loss) from sales of inve	entory 📂				
		Miscellaneous	Revenue	Business Code				
	11a	list rentals		532,000	61,595		61,595	
	ь	pamphlet & boo	k sales	900,099	10,657	10,657		
	С							
	d	All other reven						
	е	Total. Add lines	s 11a-11d		72,252			
	12	Total revenue	See Instructions .	▶├				
	I				32,597,838	10,657	61,595	-162,206

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations ma	•			
	ll other organizations must complete column (A) but are not required to		(B), (C), and (B)	(D). (C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$	17,000	17,000		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	429,443	172,499	243,781	13,163
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,236,526	2,656,262	171,398	408,866
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	330,178	259,932	38,003	32,243
9	Other employee benefits	530,029	417,265	61,006	51,758
10	Payroll taxes	303,311	238,781	34,911	29,619
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	92,082		92,082	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	781,667			781,667
f	Investment management fees				
g	Other	3,576,214	3,039,144	387,915	149,155
12	Advertising and promotion				
13	Office expenses	5,298,218	4,360,443	40,544	897,231
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	166,813	132,125	3,160	31,528
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,029	10,537		1,492
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of				
	total expenses shown on line 25 below)				
_	shared portion of membe	8,636,518	8,636,518		
Ь	publishing/printing exp	1,937,631	1,744,127		193,504
c	SHARED PORTION OF BEQUE	1,481,577	1,481,577		
d	special affiliate subsi	1,151,860	1,151,860	27 725	00.015
e	ALLOTHER	1,014,219	893,166	37,738	83,315
f ar	All other expenses	585,306	483,169	31,842	70,295
25	Total functional expenses. Add lines 1 through 24f	29,580,621	25,694,405	1,142,380	2,743,836
26	Joint costs. Check here ► If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		493,819	1	3,201,905
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	2,280,482
	5	Receivables from current and former officers, directors, trustees, key e highest compensated employees Complete Part II of	nployees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4 persons described in section 4958(c)(3)(B) Complete Part II of	958(f)(1)) and			
		Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use			8	
٧	9	Prepaid expenses and deferred charges		167,754	9	279,674
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>				
	ь	Less accumulated depreciation 10b			10c	
	11	Investments—publicly traded securities		1,951,317	11	1,535,787
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		13,350,294	15	13,015,238
	16	Total assets. Add lines 1 through 15 (must equal line 34)		15,963,184	16	20,313,086
	17	Accounts payable and accrued expenses .		1,063,979	17	841,894
	18	Grants payable			18	
	19	Deferred revenue			19	
_	20	Tax-exempt bond liabilities			20	
es es	21	Escrow or custodial account liability $\it Complete Part IV of Schedule D$.	•		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
77		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		28,227,801	25	27,511,890
	26	Total liabilities. Add lines 17 through 25		29,291,780	26	28,353,784
Fund Balances		Organizations that follow SFAS 117, check here ▶	es 27			
an	27	Unrestricted net assets		-13,413,713	27	-9,620,815
<u>е</u>	28	Temporarily restricted net assets		85,117	28	1,580,117
Ξ	29	Permanently restricted net assets			29	
Fil		Organizations that do not follow SFAS 117, check here ▶ ┌ and comp	ete			
ē		lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net	33	Total net assets or fund balances		-13,328,596	33	-8,040,698
	34	Total liabilities and net assets/fund balances		15,963,184	34	20,313,086

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
3a	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?	3a		No
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	3b		

Form **990** (2009)

Additional Data

Software ID: Software Version:

EIN: 13-3871360

Name: AMERICAN CIVIL LIBERTIES UNION INC

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

4d. Other program s	ervices				
(Code) (Expenses \$	610,884	including grants of \$) (Revenue \$)
	-	-	•	nalyze cıvıl lıbertıes ıssues and, where cational and case-specific work at the	

Compensated Employees, an	d Independ	lent C	ontr	act	ors					
(A) Name and Title	(B) Average hours per		tion (that a	(che	/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
DEBORAH ARCHER DIRECTOR	1 50	Х						0	0	0
ANDY SCHATZ DIRECTOR	1 50	X						0	0	0
JACQUELIN WASHINGTON DIRECTOR	1 50	Х						0	0	0
RON WILSON DIRECTOR	1 50	Χ						0	0	0
WILLIAM ACEVES DIRECTOR	1 50	X						0	0	0
SUSAN ADELMAN DIRECTOR	1 50	X						0	0	0
KEMAL AHMED DIRECTOR	1 50	Χ						0	0	0
LAILA AL-QATAMI DIRECTOR	1 50	Χ						0	0	0
KELLY ANTHONY DIRECTOR	1 50	Χ						0	0	0
ADRIENNE ASCH DIRECTOR	1 50	Χ						0	0	0
JAY BARTH DIRECTOR	1 50	Χ						0	0	0
MARC O BEEM DIRECTOR	1 50	Χ						0	0	0
JUDITH BENDICH DIRECTOR	1 50	Χ						0	0	0
LAURIE BENNETT DIRECTOR	1 50	Χ						0	0	0
PHIL BEREANO DIRECTOR	1 50	Χ						0	0	0
VIVIAN BERGER DIRECTOR	1 50	Χ						0	0	0
EVE BIGELOW-BAXLEY DIRECTOR	1 50	Χ						0	0	0
JOHN BLAKESLEE DIRECTOR	1 50	Χ						0	0	0
JOHN BODDIE DIRECTOR	1 50	Χ						0	0	0
LUZ BUITRAGO DIRECTOR	1 50	Х						0	0	0
M SUSAN CARLSON DIRECTOR	1 50	Х						0	0	0
ROBERT N CHESTER DIRECTOR	1 50	Х						0	0	0
DAVID CRUZ GENERAL COUNSEL	1 50	Х		X				0	0	0
EILEEN DURGIN-CLINCHARD DIRECTOR	1 50	Х						0	0	0
JEFF DWORKIN DIRECTOR	1 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, an		ent Co			ors					ı
(A) Name and Title	(B) A verage hours		tion ((che				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MICHAEL ELSNER DIRECTOR	1 50	Х						0	0	0
MILTON ESTES DIRECTOR	1 50	X						0	0	0
ELLEN FEINGOLD DIRECTOR	1 50	X						0	0	0
MARY ELLEN GALE DIRECTOR	1 50	Х						0	0	0
SALLY FRANK DIRECTOR	1 50	Х						0	0	0
BETTY GARTMAN DIRECTOR	1 50	Χ						0	0	0
ANTHONY DON GEORGE DIRECTOR	1 50	X						0	0	0
LIZ GILCHRIST DIRECTOR	1 50	Х						0	0	0
SALLY T GRANT DIRECTOR	1 50	X						0	0	0
SCOTT GREENWOOD GENERAL COUNSEL	1 50	X		Х				0	0	0
LAWRENCE A HAMERMESH DIRECTOR	1 50	Χ						0	0	0
SUSAN N HERMAN DIRECTOR/PRESIDENT	1 50	Χ		Х				0	0	0
AUNDRE M HERRON DIRECTOR	1 50	Х						0	0	0
JEFFREY HONG DIRECTOR	1 50	Х						0	0	0
MARINA HSIEH DIRECTOR/VICE PRESIDENT	1 50	Х		X				0	0	0
SHELAN JOSEPH DIRECTOR	1 50	Χ						0	0	0
ALY KASSAM-REMTULLA DIRECTOR	1 50	X						0	0	0
HAMID R KASHANI DIRECTOR	1 50	Χ						0	0	0
JOAN LASKOWSKI DIRECTOR	1 50	Х						0	0	0
REV JAMES M LAWSON JR DIRECTOR	1 50	Х						0	0	0
M CALIEN LEWIS DIRECTOR	1 50	Х						0	0	0
ROSLYN LITMAN GENERAL COUNSEL	1 50	Х		Χ				0	0	0
WENDY C NAKAMURA DIRECTOR	1 50	Х						0	0	0
FRED R NEAL DIRECTOR	1 50	X						0	0	0
NAHLA NIMEH-LEWIS DIRECTOR	1 50	Х						0	0	0

Compensated Employees, and I	ndepende	nt Co	ntra	cto	rs					
(A) Name and Title	(B) Average hours per		tion that a				ı	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
R SAMUEL PAZ	1 50	×	•	Х			•	0	0	0
DIRECTOR/VICE PRESIDENT MITCHELL PEARL DIRECTOR	1 50	X						0	0	0
MICHAEL E PHENEGER DIRECTOR	1 50	X						0	0	0
KELLEY PUTMAN DIRECTOR	1 50	X						0	0	0
JULIE L FERGUSON QUEEN DIRECTOR	1 50	X						0	0	0
REBECCA RAND DIRECTOR	1 50	X						0	0	0
ROBERT B REMAR ESQ DIRECTOR/VP/TREASURER	1 50	X		Х				0	0	0
FLORENCE ROISMAN DIRECTOR	1 50	X						0	0	0
MARGARET RUSSELL DIRECTOR	1 50	X						0	0	0
BRUCE W SATTLER DIRECTOR	1 50	X						0	0	0
ALBERT E SCHERR DIRECTOR	1 50	X						0	0	0
JILL SHEINBERT DIRECTOR	1 50	Χ						0	0	0
PREETMOHAN SINGH DIRECTOR	1 50	X						0	0	0
CHUCK E SMITH DIRECTOR	1 50	Χ						0	0	0
CHERRY SPENCER-STARK DIRECTOR	1 50	X						0	0	0
ALISON STEINER DIRECTOR	1 50	X						0	0	0
PEGGY STRINE DIRECTOR	1 50	X						0	0	0
TONY STRONG DIRECTOR	1 50	Χ						0	0	0
PHILIPPA STRUM DIRECTOR/SECRETARY	1 50	Χ		Х				0	0	0
JOSEPH SWEAT DIRECTOR	1 50	X						0	0	0
LISA THURAU-GRAY DIRECTOR	1 50	X						0	0	0
ALAN TOY DIRECTOR	1 50	X						0	0	0
BRIGITTE TULLER DIRECTOR	1 50	X						0	0	0
CAROLE WELLS DIRECTOR	1 50	Χ						0	0	0
JERALYN WENDELBERGER DIRECTOR	1 50	Χ						0	0	0

Compensated Employees, and	d Independe	ent Co	ntra	cto	rs					
(A) Name and Title	(B) Average hours		tion (that a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
GARY WILLIAMS DIRECTOR/VICE PRESIDENT	1 50	Х		Χ				0	0	0
RON TYLER DIRECTOR	1 50	Х						0	0	0
CAITLIN BORGMANN DIRECTOR	1 50	Х						0	0	0
LISA HONIG DIRECTOR	1 50	X						0	0	0
ARTHUR M KAPLAN ESQ DIRECTOR	1 50	Х						0	0	0
GALEN PAINE DIRECTOR	1 50	Х						0	0	0
AMIT RANADE DIRECTOR	1 50	Х						0	0	0
ELEANOR SELF DIRECTOR	1 50	X						0	0	0
LISA WATSON DIRECTOR	1 50	X						0	0	0
MARK AYERS DIRECTOR	1 50	X						0	0	0
RANDALL COYNE DIRECTOR	1 50	X						0	0	0
RICHARD ALVARADO DIRECTOR	1 50	X						0	0	0
CLAUDIA ANGELOS DIRECTOR	1 50	X						0	0	0
ANTONIO BROWN DIRECTOR	1 50	X						0	0	0
JIM RODBARD DIRECTOR	1 50	X						0	0	0
RICHARD ZACKS DIRECTOR	1 50	Χ		Х				0	0	0
ANTHONY ROMERO Executive Director/CEO	35 00			X				329,206	0	21,026
ALMA MONTCLAIR DIR OF ADMIN/FIN & ASST	35 00			Х				265,472	0	98,449
TERENCE DOUGHERTY IN-HOUSE GEN COUNSEL & A	35 00			X				204,728	0	16,611
FRANK ASKIN GENERAL COUNSEL	1 50			Х				0	0	0
DOROTHY M EHRLICH deputy executive directo	35 00				Χ			279,165	0	56,307
EMILY TYNES DIR OF COMMUNICATIONS	35 00				Χ			0	233,689	43,048
DONNA MCKAY DIRECTOR OF DEVELOPMENT	35 00				Χ			0	243,415	22,332
GERI ROZANSKI DIRECTOR OF AFFILIATE SU	35 00				Χ			0	213,411	43,189
STEVEN SHAPIRO LEGAL DIRECTOR	35 00				Х			0	275,395	48,066

(A) Name and Title	(B) A verage hours		((tion (•		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
CAROLINE GREENE CHIEF FINANCIAL OFFICER	35 00	•			×	•		0	199,333	22,303
GEORGIA ANN NOONE DEPUTY DIRECTOR OF WLO	35 00					х		154,877	0	35,313
MICHAEL MACLEOD-BALL CHIEF LEGISLATIVE AND PO	35 00					Х		145,847	0	32,946
GERALDINE ENGEL DIRECTOR MEMBERSHIP	35 00					Х		144,081	0	30,780
SHAWN COX ASSOC DIR IT DATABASE PR	35 00					Х		138,750	0	14,898
CAROLINE FREDRICKSON DIRECTOR WLO	35 00					Х		137,568	0	17,718

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
shared portion of membe	8,636,518	8,636,518		
publishing/printing exp	1,937,631	1,744,127		193,504
SHARED PORTION OF BEQUE	1,481,577	1,481,577		
special affiliate subsi	1,151,860	1,151,860		
ALLOTHER	1,014,219	893,166	37,738	83,315

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DLN: 93493322006080

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

	ce FAttach to Fo	orm 990. F See separate instructions.		Inspection
Name of the AMERICAN CIVIL	organization _ LIBERTIES UNION INC		Employer identific	ation number
		1	13-3871360	- 6
	rganizations Maintaining Donor Ac ganization answered "Yes" to Form 99		unds or Accounts	s. Complete if the
01	ganization answered Tes to Form 99	(a) Donor advised funds	(b) Funds and	other accounts
. Total nun	nber at end of year		,	
	e contributions to (during year)			
	e grants from (during year)			
. Aggregat	e value at end of year			
	rganization inform all donors and donor advi	-	nor advised	┌ Yes ┌ No
used only	rganization inform all grantees, donors, and y for charitable purposes and not for the ben g impermissible private benefit		•	┌ Yes
Part II C	onservation Easements. Complete	ıf the organızatıon answered "Yes"	to Form 990, Part I	V, line 7.
☐ Pres ☐ Prot ☐ Pres ☐ Complete	(s) of conservation easements held by the or ervation of land for public use (e g , recreating ection of natural habitat ervation of open space e lines 2a-2d if the organization held a qualing on the last day of the tax year	on or pleasure) Preservation of a Preservation of a		cture
				e End of the Year
_	mber of conservation easements		2a	
	reage restricted by conservation easements		2b	
_	of conservation easements on a certified his	• •	2c	
d Number	of conservation easements included in (c) a	equired after 8/17/06	2d	
the taxal	of conservation easements modified, transfe ple year - of states where property subject to conserva		ed by the organization	during
Does the	organization have a written policy regarding nent of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of violations, an	d 「Yes 「No
Staff and	volunteer hours devoted to monitoring, insp	ecting and enforcing conservation ease	ments during the year	-
A mount	of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easemen	ts during the year 🟲 \$	
	ch conservation easement reported on line 2 (B)(I) and 170(h)(4)(B)(II)?	(d) above satisfy the requirements of se	ection	┌ Yes
balance :	IV, describe how the organization reports co sheet, and include, if applicable, the text of t nization's accounting for conservation easen	he footnote to the organization's financia		
art III O	rganizations Maintaining Collectio omplete if the organization answered '	ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	, or Other Similar	Assets.
art, histo	panization elected, as permitted under SFAS vrical treasures, or other similar assets held in Part XIV, the text of the footnote to its fin	for public exhibition, education or resea	rch in furtherance of pi	
historica	panization elected, as permitted under SFAS I treasures, or other similar assets held for p he following amounts relating to these items	public exhibition, education, or research		•
(i) Reve	nues included in Form 990, Part VIII, line 1		► \$	
(ii) _{Asse}	ts included in Form 990, Part X			
If the org	panization received or held works of art, historian amounts required to be reported under SFA			<u>.</u>
a Revenue	s included in Form 990, Part VIII, line 1		► \$	

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	<u>llections of Art,</u>	<u>, His</u>	tori	<u>cai ir</u>	<u>easur</u>	es, or c	tne	Simila	IT ASSE	ets (c	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any	ofth	e fol	owing t	hat are	a signific	ant us	se of its o	ollectio	n	
а	Public exhibition		d	Γ	Loan	or excha	ange prog	ams				
b	Scholarly research		e	Γ	Other							
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	ın hov	v the	y furthe	r the or	ganızatıor	ı's ex	empt pur	pose in		
	Part XIV	·			•							
5	During the year, did the organization solicit o								ılar	_	Yes	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	te ıf	the	organı	zation			es" to Fo			, 140
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						other ass	ets n	ot	Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the f	follow	ıng t	able		Г					
							-			A mou	ınt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year						-	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo		: 21?							Γ	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV				1 11							
Pa	rt V Endowment Funds. Complete	f the organization (a)Current Year		were)Prior			orm 990 Years Back		T IV, line Three Years		N Eour V	ears Back
1a	Beginning of year balance	36,581,995		J ETIOI	i Cai	(C) WO	rears back	(4)	Tillee Tears	Back (e	yı our ı	ears back
b	Contributions	362,722										
c	Investment earnings or losses	13,265,164										
d	Grants or scholarships											
e	Other expenditures for facilities and programs	1,805,854										
f	Administrative expenses											
g	End of year balance	48,404,027										
2	Provide the estimated percentage of the yea	r end balance held a	ıs			•				•		
а	Board designated or quasi-endowment 🕨	%										
ь	Permanent endowment ► 100 000 % %											
с	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation t	hata	are held	and ad	mınıstere	d for t	:he			
	organization by										Yes	No
	(i) unrelated organizations			•				•		3a(i)	-	No
ь	(ii) related organizations									3a(ii) 3b	<u> </u>	No I
4	Describe in Part XIV the intended uses of the	•						•		טכ	1	<u> </u>
	t VI Investments—Land, Buildings					90, Par	t X, line	10.				
					a) Cost o		(b)Cost or		(c) Acci	umulated	(4)	Pools : li
	Description of investment				isis (inve		basıs (ot			ciation	(a) [Book value
1a	Land											
b	Buildings											
	Leasehold improvements											
С												
	Equipment		•									
d e	Equipment		· -									

Part VII Investments—Other Securities. See (a) Description of security or category	Form 990, Part X, line 12 T		d of valuation
(including name of security)	(b) Book value		year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation - year market value
		Cost or ena-of	- year market value
-			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, Im			/h) Bash walus
(a) Descrip	tion		(b) Book value
DUE FROM AFFILIATES			5,819,442
DUE FROM RELATED PARTY (ACLU FDTN - 501(C)(3))			7,195,796
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		13,015,238
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X			13,015,238
			13,015,238
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		13,015,238
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		13,015,238
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ACCRUED PENSION LIABILITY	, line 25. (b) A mount 25,256,676		13,015,238
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ACCRUED PENSION LIABILITY	, line 25. (b) A mount		13,015,238
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ACCRUED PENSION LIABILITY	, line 25. (b) A mount 25,256,676		13,015,238
Part X Other Liabilities. See Form 990, Part X	, line 25. (b) A mount 25,256,676		13,015,238
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ACCRUED PENSION LIABILITY	, line 25. (b) A mount 25,256,676		13,015,238
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PENSION LIABILITY	, line 25. (b) A mount 25,256,676		13,015,238
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ACCRUED PENSION LIABILITY	, line 25. (b) A mount 25,256,676		13,015,238
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PENSION LIABILITY	, line 25. (b) A mount 25,256,676		13,015,238
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ACCRUED PENSION LIABILITY	, line 25. (b) A mount 25,256,676		13,015,238
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ACCRUED PENSION LIABILITY	, line 25. (b) A mount 25,256,676		13,015,238
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ACCRUED PENSION LIABILITY	, line 25. (b) A mount 25,256,676		13,015,238
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ACCRUED PENSION LIABILITY	, line 25. (b) A mount 25,256,676		13,015,238
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PENSION LIABILITY	, line 25. (b) A mount 25,256,676		13,015,238
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ACCRUED PENSION LIABILITY	, line 25. (b) A mount 25,256,676		13,015,238
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PENSION LIABILITY	, line 25. (b) A mount 25,256,676	•	13,015,238

Schedule D (Form 990) 2009

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	32,597,838
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	29,580,621
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,017,217
4	Net unrealized gains (losses) on investments	4	700,203
5	Donated services and use of facilities	5	-832,066
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	2,402,544
9	Total adjustments (net) Add lines 4 - 8	9	2,270,681
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,287,898
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	180,229,921
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		, ,
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 91,060,300		
e	Add lines 2a through 2d	2e	147,632,083
3	Subtract line 2e from line 1	3	32,597,838
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	32,597,838
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	110,692,036
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	81,111,415
3	Subtract line 2e from line 1	3	29,580,621
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	29,580,621

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

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	TEMPORARILY RESTRICTED NET ASSETS ARE TO BE USED FOR SPECIFIC PROGRAM PURPOSES
Part XI, Line 8 - Other Adjustments		mınımum pension liability adjustment 2402544
		PART XII, LINE 2D MINIMUM PENSION LIABILITY ADJUSTMENT \$2,402,544 REVENUES AND ELIMINATIONS INCLUDED ON COMBINED FINANCIAL STATEMENTS \$93,279,978 PART XIII, LINE 2D EXENSES AND ELIMINATIONS INCLUDED ON COMBINED FINANCIAL STATEMENTS \$80,279,349 FIN 48 FINANCIAL STATEMENT FOOTNOTE THERE ARE NO UNCERTAIN TAX POSITIONS BEING TAKEN BY THE ORGANIZATION

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DLN: 93493322006080

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization AMERICAN CIVIL LIBERTIES UNION INC

Employer identification number

13-3871360

Solicitation of government grants

Special fundraising events

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
	Form 990-EZ filers are not required to complete this part.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply e 🔽 Solicitation of non-government grants
- Mail solicitations
- ✓ Internet and e-mail solicitations
- Phone solicitations
- ▼ In-person solicitations
- 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 activities?

- **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 of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribi Yes	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
CAROL ENTERS LIST COMPANY INC	FUNDRAISING STRATEGY/CONSULTING		No	0	383,317	-383,317
OMPINC	FUNDRAISING STRATEGY/CONSULTING		No	0	373,802	-373,802
BULLY PULPIT INTERACTIVE LLC	FUNDRAISING STRATEGY/CONSULTING		No	0	13,500	-13,500
TARGET ANALYSIS GROUP INC	FUNDRAISING STRATEGY/CONSULTING		No	0	11,048	-11,048
Total					781,667	-781,667

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	(d) To	otal Eve ol (a) th ol (c))	
Revenue	1 2 3	Gross receipts Less Charitable contributions Gross income (line 1 minus line 2)	(event type)		(total number)			
	4	Cash prizes						
Ses	5 6	Non-cash prizes				+		
Expenses	7	Food and beverages						
Direct B	8	Entertainment						
ឨ	9	Other direct expenses .				<u> </u>		
	10 11	Direct expense summary Add line Net income summary Combine lii			. 			
Par	t III		ganızatıon answered		irt IV, line 19, or repo	rted mo	re thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	otal gam I (a) th ol (c))	
	1 (Gross revenue						
Ses	2 (Cash prizes				<u> </u>		
Expenses	s 1	Non-cash prizes				<u> </u>		
Direct E	4 F	Rent/facility costs						
<u></u>	5 (Other direct expenses						
	6 \	Volunteer labor	∀es	│	Г Yes			
		Direct expense summary Add lines			.			
	8	Net gaming income summary Com	bine lines 1, column d, a	ind line 7	<u> . .</u>		Yes	No
9 a	Is th	er the state(s) in which the organiza ne organization licensed to operate				· 9a		
b		lo," Explain				_		
10a b		e any of the organization's gaming l es," Explain	ıcenses revoked, suspe	nded or terminated during	the tax year?	10a	3	
11		s the organization operate gaming a					.	
12		ne organization a grantor, beneficia ied to administer charitable gaming				. .,		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter 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?	,	
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			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
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 ▶ \$	1	

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Part I General Information on Grants and Assistance

Schedule I (Form 990)

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

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

► Attach to Form 990

OMB No 1545-0047

DLN: 93493322006080

2009

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

Form 990, Part IV	, line 21 for any i	Governments and received	more than \$5,000.	Check this box if no	o one recipient rece	ved more than \$5,0	00. Use
Part IV and Sched	ule 1-1 (Form 99	0) if additional space i	s needed				▶ ┌
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE KALAMAZOO490 WEST SOUTH STREET KALAMAZOO,MI 49007	270648427	501(c)(4)	5,000				A FFILIA TE PRO GRA M
ACLU of Colorado400 Corona Street Denver, CO 80218	840437750	501(c)(4)	1,200				A FFILIA TE PRO GRA M
ACLU of Florida4500 Biscayne Blvd Suite 340 Miami, FL 33137	590883831	501(c)(4)	1,200				A FFILIA TE PRO GRA M
ACLU of Illinois 180 N Michigan Ave Suite 2300 Chicago, IL 60601	362070060	501(c)(4)	1,200				A FFILIA TE PRO GRA M
ACLU OF MASSACHUSETTS 211 CONGRESS STREET BOSTON, MA 02110	041180450	501(c)(4)	1,200				A FFILIA TE PRO GRA M
ACLU OF MICHIGAN2966 WOODWARD AVENUE DETROIT, MI 48201	381643182	501(c)(4)	1,200				A FFILIA TE PRO GRA M
ACLU OF MONTANAPO BOX 1317 HELENA,MT 59624	810431527	501(c)(4)	1,200				A FFILIATE PRO GRA M
ACLU OF NORTHERN CALIFORNIA 39 DRUMM STREET SAN FRANCISCO, CA 94111	942151925	501(c)(4)	1,200				A FFILIATE PRO GRA M
ACLU OF SOUTHERN CALIFORNIA 1313 WEST 8TH STREET LOS ANGELES, CA 90017	950490250	501(c)(4)	1,200				A FFILIATE PRO GRA M
ACLU OF TEXASPO BOX 12905 AUSTIN,TX 78711	760343140	501(c)(4)	1,200				A FFILIATE PRO GRA M
NEW YORK CLU125 BROAD STREET 19TH FLOOR NEW YORK, NY 10004	135628799	501(c)(4)	1,200				A FFILIATE PRO GRAM

Enter total number of section 501(c)(3) and government organizations

0

	(* ***** / =		
Part III	Grants and Other Assistance to Individuals in the United States	Complete if the organization answered "Yes" to Form 990, F	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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Suppleme	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					
Ident if ier	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, in the case of grants issued and overseen by the Affiliate Support Department, supported by a written agreement that specifies the purpose of the grant, the specific outcomes to be achieved, and 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 documents the affiliate's commitment to using the funds provided to pursue specific strategies in addressing program goals and target outcomes. Affiliates who receive grant awards are required to provide both quantitative and qualitative reports, and these reports are used to determine whether additional funding may be required and/or to enhance future grant programs.				

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DLN: 93493322006080

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

AME	RICAN CIVIL LIBERTIES UNION INC					
			13-3871360			
Pa	rt I Questions Regarding Compensation					
			,		Yes	Νo
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to p					
	First-class or charter travel	Housing allowance or residence for	personal use			
	Travel for companions	Payments for business use of perso	onal residence			
	▼ Tax idemnification and gross-up payments	Health or social club dues or initiat	ion fees			
	Discretionary spending account	Personal services (e.g., maid, chau	ffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organize reimbursement orprovision of all the expenses described			1b	Yes	
2	Did the organization require substantiation prior to reimb officers, directors, trustees, and the CEO/Executive Dire	<u> </u>		2	Yes	
3						
4	During the year, did any person listed in Form 990, Part or a related organization	VII, Section A, line 1a with respect to t	the filing organization			
а	Receive a severance payment or change-of-control paym	nent?		4a	Yes	
Ь	Participate in, or receive payment from, a supplemental r	nonqualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-based	compensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide		ın Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must co	omplete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	1a, did the organization pay or accrue a	ny			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	1a, did the organization pay or accrue a	iny			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," descr		n-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, paid of subject to the initial contract exception described in Regin Part III			8		No

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
ANTHONY ROMERO	(I) (II)	319,815 0	0 0	9,391 0	11,197 0	9,829 0	350,232 0	
ALMA MONTCLAIR	(I)	245,113 0	0 0	20,359 0	88,643 0	9,806 0	363,921 0	
TERENCE DOUGHERTY	(ı) (ıı)	204,728 0	o 0	0	7,142 0	9,469 0	221,339 0	
DOROTHY M EHRLICH	(ı) (ıı)	278,100 0	0 0	1,065 0	32,995 0	23,312 0	335,472 0	
EMILY TYNES	(ı) (ıı)	0 220,306	0	0 13,383	0 34,157	0 8,891	0 276,737	
DONNA MCKAY	(ı) (ıı)	0 243,415	0	0	0 12,526	0 9,806	0 265,747	
GERI ROZANSKI	(ı) (ıı)	0 212,180	0	0 1,231	0 24,782	0 18,407	0 256,600	
STEVEN SHAPIRO	(ı) (ıı)	0 274,069	0	0 1,326	0 29,481	0 18,585	0 323,461	
CAROLINE GREENE	(ı) (ıı)	0 189,333	0 10,000	0	0	0 22,303	0 221,636	
GEORGIA ANN NOONE	(ı) (ıı)	154,877 0	0	0	7,082 0	28,231 0		
MICHAEL MACLEOD- BALL	(ı) (ıı)	145,584	0	263 0	15,130 0	17,816 0	178,793 0	
GERALDINE ENGEL	(ı) (ıı)	140,519 0	0	3,562 0	12,353 0	18,427 0	174,861 0	
SHAWN COX	(ı) (ıı)	123,600	0	15,150 0	5,992 0	8,906	153,648 0	
CAROLINE FREDRICKSON	(I) (II)	117,762 0	0	19,806 0	6,961 0	10,757 0	155,286 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

Ident if ier	Ret urn Ref erence	Explanation
	Part I, Line 1a	GROSS-UP PAYMENTS TO EMPLOYEES WITH DOMESTIC PARTNER COVERAGE, ALL TREATED AS TAXABLE INCOME
Supplemental Information	1	PART I, LINE 4 INFORMATION ON FILE (QUESTIONS 4A AND 4B) - ALL OTHER REPORTABLE COMPENSATION AMOUNTS ARE INCLUDED IN PART II, COLUMN B(III)

Schedule J (Form 990) 2009

OMB No 1545-0047

Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Supplemental Information to Form 990

Name of the organization AMERICAN CIVIL LIBERTIES UNION INC **Employer identification number**

13-3871360

ldentifier	Return Reference		Explanation	
Form 990, Part VI, Section A, Iine 6		with the Organization's board members, in a Voting Members also vote on certain proporagainst actions of the board of directors surficed affiliates. The Organization's General Organization's 50 local affiliates, and each Fifty General Members may also (i) petition	O local affiliates, the "Affiliate Voting Members, the election of certain members to the organization sed amendments to the organization's bylaws are britted to the Affiliate Voting Members by petit Members participate in the election of the board local affiliate appoints one board member to the the board to amend its bylaws, which petition individuals to run for the Organization's board	tion's board Affiliate and vote in favor of or ion of the Organization's I members of the Organization's board
Form 990, Part VI, Section A, line 7a		·	ganization's 50 local affiliates appoints one boa members are elected in an election whose elec liate Voting Members	
Form 990, Part VI, Section A, Inne 7b		changes to the Organization's bylaws and to the Affiliate Voting Members for a vote b affiliate voting members have the right to ap	on's Affiliate Voting Members have the right to vote to overturn a decision of the Organization's petition of the Organization's local affiliates oprove a decision by the board to dissolve, mer e all or substantially all of the organization's as	s board that is submitted Inder D C law , the ge/consolidate w ith
Form 990, Part VI, Section B, line 11			nt in consultation with the Organization's audito d a draft of the 990 and provided comments. A ng body before it was filed	•
Form 990, Part VI, Section B, Iine 12c		board director and requests disclosure of a house general counsel/assistant secretary review. If a matter is raised that may be a comatter to the Board President and appropriate that may be a conflict of interest involving a appropriate follow up is undertaken as set may report to the board any potential conflicit interest policy requires that individuals with	nterest policy on an annual basis to every key of any potential conflicts of interest. The chief fination of the Organization review any disclosures may conflict of interest involving a Board member or late follow up is undertaken as set forth in the parkey employee, they refer the matter to the Exert forth in the policy. Board directors, officers and cots of interest that arise during the year. The Organization of interest with respect to a transact ect to that transaction or action and in some circumstants.	ncial officer and the in- ade during this annual an officer, they refer the olicy If a matter is raised cutive Director and d Key employees also rganization's conflict of ion or action may not
Form 990, Part VI, Section B, Iine 15a		the board has a conflict of interest with rest thereof periodically review's comparable co- organizations and a compensation study. The deliberations and decisions. No ACLU office of Key Employees other than the Executive Employee's manager if the manager is not the	nization reviews the Executive Director's composed to the compensation arrangement. The bounders are presented as a for other executive directors he board contemporaneously documents and represences compensation in his/her capacity at Director is set by the Organization's Executive the Executive Director compensation data for five and decisions are contemporaneously documents.	ard or a subcommittee at similarly situated ecords in its minutes its s officer Compensation Director or the Key unctionally comparable
Form 990, Part VI, Section C, Iine 19		w ebsite Schedule B of the Form 990 and to Organization's Form 990 for the past two y received its original exemption determination Code in 1928, at which time the FOrm 1024 its financial statements for the prior three y	iree years, excluding Schedule B, is available on the organization's Form 990-T is available upon ears is also available on the Guidestar wiebsite in under the predecessor of Section 501(C)(4) did not exist. The Organization's bylawis, configers are available on its wiebsite. The Organization through the District of Columbia Office of the State in the Organization of	request The The Organization of the Internal Revenue ict of interest policy and attion's articles of
or Danorwork Bod	uction Act Notice	ee the Instructions for Form 990	Cat No 51056K	Schedule O (Form 990) 200

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DLN: 93493322006080

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ 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.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization **Employer identification number** AMERICAN CIVIL LIBERTIES UNION INC 13-3871360

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

Name, address, and EIN of disregarded entity

(b) Primary activity

(c) Legal domicile (state or foreign country)

Total income

(e) End-of-year assets

(f) Direct controlling entity

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)
Name, address, and EIN of related organization

Primary activity

(c) Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3))

(f) Direct controlling entity

AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC

125 broad street 18th floor

new york, NY 10004 13-6213516

preservation AND PROMOTION of civil rights and liberties

NY

501(c)(3)

170(b)(1)(a)(vi) N/A

(j)

General or

managing

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) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

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)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(5)

(6)

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

No

Yes

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

1 D	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity					
b	Gift, grant, or capital contribution to other organization(s)					
c	c Gıft, grant, or capıtal contribution from other organization(s)					
d	Loans or loan guarantees to or for other organization(s)					
е	e Loans or loan guarantees by other organization(s)					
f	Sale of assets to other organization(s)	1f		No		
g	Purchase of assets from other organization(s)	1 g		No		
h	Exchange of assets	1h		No		
i	i Lease of facilities, equipment, or other assets to other organization(s)					
j	j Lease of facilities, equipment, or other assets from other organization(s)					
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No		
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No		
n	n Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes			
n	Sharing of paid employees	1n	Yes			
0	Reimbursement paid to other organization for expenses	10	Yes			
р	Reimbursement paid by other organization for expenses	1р	Yes			
q	O ther transfer of cash or property to other organization(s)	1q		No		
r	O ther transfer of cash or property from other organization(s)	1r		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) (b) Transaction Are		(c) : involve	ed -		
(1 \ A	type(a-r)					
	li e e e e e e e e e e e e e e e e e e e		78	34,000		
(2) A	N N		4,09	7,310		
(3) ACLU FOUNDATION INC (ESTIMATED)				34,000		
(4) ACLU FOUNDATION INC (ESTIMATED)				7,310		

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

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No