

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

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)

2009

Department of the Treasury Internal Revenue Service

SCANNED 0CT 2 5 2010

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

Open to Public Inspection

B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year		For th	e 2009 calen	dar year,	or tax year beginn	ning Apr 1	, 20	09, and	ending	Mar	31		,2010	
Name of the properties of the people of New Accounts Name of the properties Name of the pr												er Iden	tification Numb	er
Number of vision processes Number of visi		Add	dress change	Please use IRS label	American Civi	ıl Lıbertıes Ü	nion of New N	1exic	o Found	ation	85-	0275	276	
Tare-exemple status		Ħ	*	or print										
Tar-exempt status Name and address of procpal officer NM 87103 NM 871		 	-	See	PO Box 566					1				
Annoted return Albuquerque NM 87103 G Cress recents 5 1,259,336.		H		Instruc-	1	try	Sta	ite ZIP	code + 4		(50)	<u> </u>	.00 3713	
Secret Summary Name and address of purcopal officer Peeter's James non PO Box 566 Albuquerque NM 87103 No Name a group and state Yes Yes No Name and address on the peeter's James non PO Box 566 Albuquerque NM 87103 No Yes Name and address on the peeter's James Name and address on the peeter Name and address of the peeter Name a		Ħ		dons	l	•					G 0		e 1 250	226
Tax exempt status Solic 3 * (msert no) 4947(a)(1) or 527 ** ** ** ** ** ** **		Ħ		F Name :	` 		1/1	.1 0 <i>1</i>	· · · · · · · · · · · · · · · · · · ·	a) le thie :				
Tax-exempt status [X] SOICE (3) * (miser no) 4947(a)(1) or 527 Website: * WWW, ACLU-NM, ORG 14947(a)(1) or 527 Website: * WWW, ACLU-NM, ORG 14947(a)(1) or 14		☐ Api	plication pending	1			h.,	NIM O 7	1				⊢	
Website: WWW, ACLU-NM, ORG Lyceration Tinot Association Cheer Lycerat Formation Total Association Total Association Cheer Lycerat Formation Total Mission of Language	_	Tav	overnt state						103				structions)	165 110
Formation and procession Comparison Total Association Once* Liver of Formation 1979 M State of legal domois NM	-					(insert no)	1 4947(a)(1) or							
Summary						— <u> </u>								
Bereity describe the organization's mission or most significant activities. To maintain and advance the cause of country that is the people of New Mexico in Particular, and the people of the USA in general with particular emphasis on the freedom of religion, speech, press, association and assemblage, and rights to the franchise, due process and equal protection. If the organization discontinued is operations of disposed of more than 25% of its assets. 3 22 3 32 2 4 4 22 5 16 6 16 16 16 16 16					ation Trust	Association Other	er 🏲 📗	L Year o	of Formation	19/9) M s	State of	legal domicile	NM
Sign Here Balances of the people of, New Mexico in particular, and the people of the USA in general with particular emphasis on the freedom of reliation, speech, press, association and assemblage, and rights to the franchise, due process and equal protection. 2 Check this box * If the organization discontinued is operations or disposed of more than 25% of its assets. 3 202 Station and assemblage, and rights to the franchise, due process and equal protection. 3 2 Check this box * If the organization discontinued is operations or disposed of more than 25% of its assets. 3 2 2 Station and assemblage, and rights to the franchise, due process and equal protection. 4 Number of volunteers (estimate in the governing body (Part VI, line 1b) 5 Total number of employees (Part VI, line 1a) 4 Number of volunteers (estimate in facessary) 5 Total number of employees (Part VIII, line 1b) 5 Total number of employees (Part VIII, line 1b) 6 144 7 Total number of employees (Part VIII, line 1b) 8 Contributions and graphs (Part VIII, line 1b) 9 Programs enrice releable (Part VIII, line 1b) 9 Programs enrice releable (Part VIII, line 1b) 10 Investment income (Part VIII, colprin (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, colprin (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, colprin (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, colprin (A), lines 3, 4, and 7d) 11 Salanes, other compensation; employee benefits (Part IX, column (A), line 12) 12 Prodring the programs of the governing benefits (Part IX, column (A), lines 5-10) 13 Grahts-and-similar amounts participant (IX, column (A), line 1le) 14 Beneficiable of origin periphers (Part IX, column (A), line 1le) 15 Salanes, other compensation; employee benefits (Part IX, column (A), lines 5-10) 16 Total undraining expenses (Part IX, column (A), line 1le) 17 Other expenses (Part IX, column (A), line 1le) 18 Total expenses (Part IX, column (A), line 1le) 19 Total assets of fund balances subtract line 12 from line 20 1	Pa										1 1			
USA 1n general with particular emphasis on the freedom of religion, speech, press, association and assemblage, and rights to the franchise, due process and egual protection. 2 Check this box ► ☐ If the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part VI, line 2a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part VI, line 2a) 5 Total number of employees (Part VIII) 6 Total number of employees (Part VIII) 7 Total gross unrelated business revenue from Part VIII, Icolumn (C), ine 12 7 Total gross unrelated business stabile income from Form 990-T, line 34 8 Contributions and grants (Part VIII) line 1h) 9 Program/service revenue (Part VIII) (oblighin (A), lines 3, 4, and 7d) 10 Program/service revenue (Part VIII) (oblighin (A), lines 3, 4, and 7d) 11 Total revenue (Part VIII) (oblighin (A), lines 3, 4, and 7d) 12 Total revenue (Part VIII) (oblighin (A), lines 3, 4, and 7d) 13 Craits-and-similar amounts paid-fight IX, column (A), lines 1-3) 14 Benetics-field (b) or fight members of the governance of		' '	Briefly descri	be the org	janization's missio	on or most signific	ant activities	10 m	aintai	<u>n an</u>	<u>a adva</u>	n <u>ce</u>	the cau	<u>se_or_</u>
B Net unrelated business taxable income from Form 990-T, line 34 76	Çe	-	CT ATT TT	perme	s or the pe	obie or wew	Mexico in	<u>par</u>	<u>rrcnr</u>	<u>ar, a</u>	na the	_peg	obie or	tne
B Net unrelated business taxable income from Porm 990-T, line 34 776	nar	-	02 <u>4</u> III 4	ion and	with baiti	and rights	to the fram	_i_ie	egom c	21 Le	11010U	1, S	peecn, p	ress
B Net unrelated business taxable income from Form 990-T, line 34 76	Ve													ECCTOII.
B Net unrelated business taxable income from Form 990-T, line 34 76	ő							sposeu	or more	man 25	170 OI ILS a			
B Net unrelated business taxable income from Form 990-T, line 34 76	ళ							ne 1b)				-		
B Net unrelated business taxable income from Form 990-T, line 34 76	itie						,						1	
B Net unrelated business taxable income from Porm 990-T, line 34 776	<u>;</u>	6	Total number	of volunt	eers (estimate if n	ecessary)								
B Contributions and grants' (Part VIII line 1h) 800, 522. 905, 564. 905, 564. 907, 564. 10 Investment income (Part VIII, Coligrin (A), lines 3, 4, and 7d) 7, 165. 7, 292. 10 Investment income (Part VIII, Coligrin (A), lines 3, 4, and 7d) 7, 165. 7, 292. 12 Investment income (Part VIII, Coligrin (A), lines 3, 4, and 7d) 7, 165. 7, 292. 135, 192. 135, 192. 135, 192. 135, 192. 135, 192. 137, 192.	ĕ	7a	Total gross u	nrelated b	usiness revenue f	rom Part VIII, Ico	lumn (C), ine 12					7a		0.
South Sout		b	Net unrelated	business	taxable income fr	rom Form 990-T,	line 34					7b		
Program's service revenue (Part VIII) (in each of the program's service revenue (Part VIII) (a) line 2g)		_								Р	rior Year		Curre	nt Year
12 First revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 988, 762. 1,243,751. 13 Grahts-and-similar amounts paid*(Part IX, column (A), lines 1-3) 988, 762. 1,243,751. 14 Benefits-fadd folior for members (Part IX, column (A), lines 1-3) 14 Benefits-fadd folior for members (Part IX, column (A), lines 1-3) 15 Salaries-other-compensation, employee benefits (Part IX, column (A), lines 5-10) 650,169. 683,748. 15 Salaries-other-compensation, employee benefits (Part IX, column (A), lines 5-10) 650,169. 683,748. 16 Professional fundraising expenses (Part IX, column (D), line 25) 92,641.	0												Ç	05,564.
12 First revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 988, 762. 1,243,751. 13 Grahts-and-similar amounts paid*(Part IX, column (A), lines 1-3) 988, 762. 1,243,751. 14 Benefits-fadd folior for members (Part IX, column (A), lines 1-3) 14 Benefits-fadd folior for members (Part IX, column (A), lines 1-3) 15 Salaries-other-compensation, employee benefits (Part IX, column (A), lines 5-10) 650,169. 683,748. 15 Salaries-other-compensation, employee benefits (Part IX, column (A), lines 5-10) 650,169. 683,748. 16 Professional fundraising expenses (Part IX, column (D), line 25) 92,641.	ž	9 Program service revenue (Part VIII line 2g)										383.	2	76,974.
12 First revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 988, 762. 1,243,751. 13 Grahts-and-similar amounts paid*(Part IX, column (A), lines 1-3) 988, 762. 1,243,751. 14 Benefits-fadd folior for members (Part IX, column (A), lines 1-3) 14 Benefits-fadd folior for members (Part IX, column (A), lines 1-3) 15 Salaries-other-compensation, employee benefits (Part IX, column (A), lines 5-10) 650,169. 683,748. 15 Salaries-other-compensation, employee benefits (Part IX, column (A), lines 5-10) 650,169. 683,748. 16 Professional fundraising expenses (Part IX, column (D), line 25) 92,641.	eve											165.		
13 Grahts-and-similar amounts-paid*(Part IX, column (A), lines 1-3)	ш.	11 Quier revenue (Rati viri) chiunini(A), lines 5, 60, 80, 90, 100, and 11e)												
14 Benefit Spark Dear from members (Part IX, column (A), line 4) 15 Salariers, other-compensation, employee benefits (Part IX, column (A), lines 5-10) 650,169. 683,748. 16a Professional fundraising fees (Part IX, column (A), line 11e)		12	Total revénue	e – add lii	nes 8 through 11 (must equal Part \	/III, column (A),	line 12	2)		988,7	<u>762.</u>	1,2	43,751.
15 Selaries other compensation, employee benefits (Part IX, column (A), lines 5-10) 650, 169. 683, 748. 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 25) 92, 641. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,007, 663. 1,087,000. 19 Revenue less expenses Subtract line 18 from line 12 -18,901. 156,751. 20 Total assets (Part X, line 16) 1,046,268. 1,327,407. 21 Total liabilities (Part X, line 26) 435,535. 528,829. 22 Net assets or fund balances Subtract line 21 from line 20 610,733. 798,578. Part II Signature Block Under penalties of penalty declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is signature of officer Fart Ley Vener Preparer's signature Fart Ley Vener Fart Ley Vener Preparer's signature Fart Ley Vener Fart Ley Vener Preparer's signature Preparer's														
16a Professional fundraising fees (Part IX, column (A), line 11e) 92,641. 357,494. 403,252. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 357,494. 403,252. 1,007,663. 1,087,000. 1,007,663. 1,007,663. 1,007,000. 1,007,663. 1,007,000. 1,007,663. 1,007,000. 1,007,663. 1,007,66														
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Net assets or fund balances Subtract line 21 from line 20 24 Signature Block 25 Under penalties of peoptry. 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 of Microscopic Preparer's lightly of the penalties of peoptry. 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 of the penalties of peoptry. 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 of the penalties of peoptry. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is sufficiently reparer has any knowledge. 25 Jane 19 Jane	စ္	15 Salaries, other-compensation, employee benefits (Part IX, column (A), lines 5-10)										169.	- 6	83 , 748.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Net assets or fund balances Subtract line 21 from line 20 24 Signature Block 25 Under penalties of peoptry. 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 of Microscopic Preparer's lightly of the penalties of peoptry. 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 of the penalties of peoptry. 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 of the penalties of peoptry. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is sufficiently reparer has any knowledge. 25 Jane 19 Jane	nse	16a	Professional	fundraisin	draising fees (Part IX, column (A), line 11e)									
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Net assets or fund balances Subtract line 21 from line 20 24 Signature Block 25 Under penalties of peoptry. 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 or officer particles of peoptry. 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 or officer particles of peoptry. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is fell employed. 25 Signature of officer 26 Preparer's 27 Preparer's 28 Preparer's 29 Preparer's 29 Preparer's 20 Check if self employed address, and 21 per 12 per	Kpe	b ·	Total fundrais	sing exper	nses (Part IX, colu	ımn (D), line 25)	-	92,	641.	~		200		¥
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,007,663. 1,087,000. 19 Revenue less expenses Subtract line 18 from line 12 -18,901. 156,751. 20 Total assets (Part X, line 16) 1,046,268. 1,327,407. 21 Total liabilities (Part X, line 26) 435,535. 528,829. 22 Net assets or fund balances Subtract line 21 from line 20 610,733. 798,578. Part II Signature Block Index penalties of pegaters of the property declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is signature of officer Preparer's signature Farley Vener 9/21 Date Preparer's signature Farley Vener Preparer's signature Farley Vener 2500 9TH ST NW EIN ALBUQUERQUE NM 87102 Phone no (505) 883-8788 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	ω									357 494				03 252
19 Revenue less expenses Subtract line 18 from line 12 156,751.									t	1				
Beginning of Year 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 3 Reginning of Year 435,535. 3 S28,829. Part II Signature Block Under penalties of penery, 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 as there of officer Signature of officer Preparer's Use Only Paid Preparer's Use Only May the IRS discuss this return with the preparer shown above? (see instructions) Beginning of Year 1, 046, 268. 1, 327, 407. 435, 535. 528, 829. 610, 733. 798, 578. Preparer's identifying number (see instructions) Paid Preparer's identifying number (see instructions) Paid Preparer's identifying number (see instructions) Row 87102 Phone no (505) 883-8788						•	(,, 20)		İ					
Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 335,535. 328,829. 435,535. 528,829. 435,535. 528,829. 610,733. 798,578. Part II Signature Block Under penalties of pendry 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is signature of officer Signature of officer Signature of officer Type or print name and title Preparer's signature of officer Freparer's signature of officer Freparer's indentifying number (see instructions) Farley Vener Farley Vener Figure 1 self self employed of se	h S			, expense	3 0000000000000000000000000000000000000					D !-				
Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 335,535. 328,829. 435,535. 528,829. 435,535. 528,829. 610,733. 798,578. Part II Signature Block Under penalties of pendry 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is signature of officer Signature of officer Signature of officer Type or print name and title Preparer's signature of officer Freparer's signature of officer Freparer's indentifying number (see instructions) Farley Vener Farley Vener Figure 1 self self employed of se	500	20	Total assets	(Dart Y II	ne 16)				}					
Part Signature Block	Ae Ba			•	•				ł	1	.,		7	
Part Signature Block	ڙ ي			•	•	- 01 6 1 00			ł					
Under penalties of penalty declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and penalties of penalty declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and penalties of penalty						ie 21 from line 20					610,	/33.	<u>'</u>	98,578.
Signature of officer Signature of officer Date				,										
Signature of officer Signature of officer Date			true, correct, a	s of penary.	Declare that I have ex-	amined this return, inclination of the control of t	ding accompanying s based on all informat	schedules ion of wh	s and staten lich prepare	nents, and r has any	to the best of knowledge	of my k	nowledge and b	elief, it is
Paid Pre-parer's Signature of officer	Sic	ın	- ([]	ech V	XOV -				- 1	\mathcal{G}	7//	7/10	
Paid Preparer's Signature Farley Vener Proparer's Use Only May the IRS discuss this return with the preparer shown above? (see instructions) Preparer's JOALE VENER PC Date 9/21/10 Check if self employed Preparer's identifying number (see instructions)			Signature	of officer						Da	ite.	/ 	·/ · ·	
Paid Preparer's signature Farley Vener Proposed See instructions Proposed See instructions Proposed Preparer's Use Only Preparer's ALBUQUERQUE NM 87102 Phone no (505) 883-8788 May the IRS discuss this return with the preparer shown above? (see instructions) Date 9 21 10 Check if self employed Freparer's identifying number (see instructions)			 ▶ "	MA	FUILL F	town	BURRO	TIK	PAIN	RAC				
Paid Pre- parer's signature Farley Vener 9 Firm's name (or yours if self employed) ALBUQUERQUE NM 87102 Phone no (505) 883-8788 May the IRS discuss this return with the preparer shown above? (see instructions)			Type or pa	1 4		10007-) / 0 - 1	/·	45740-					
Paid Pre- parer's signature Farley Vener 9 Firm's name (or yours if self employed) ALBUQUERQUE NM 87102 Phone no (505) 883-8788 May the IRS discuss this return with the preparer shown above? (see instructions)			+		M			Date	1 1	10		1 F	Preparer's identi	fying number
Preparer's Use Only Figure Farley Vener Ve	Pa	id			ton le	, Vene	~	a	15.11	se se	elf	. [[seé instructions)
Parer's Use Only Firm's name (or yours if self employed), address, and ZiP + 4 ALBUQUERQUE NM 87102 Phone no	Pre	e-	Preparer's signature	P =	lov Voner	X'		1	/ ⁻ ' / ^{/\}	er	nployed	Ш		
Use Only Firm's name (or yours if self employed), address, and ZiP + 4 ALBUQUERQUE NM 87102 Phone no	pa	rer's	-			P P P C				-+				
Address, and ZIP + 4 ALBUQUERQUE NM 87102 Phone no ► (505) 883-8788 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	Us	е	yours if self			של דר								
May the IRS discuss this return with the preparer shown above? (see instructions) NM 8/102 Phone no ► (505) 883-8788 X Yes No	On	ıly	address, and					100				,	r\ 005	
			ZIP + 4					105	-	PI	hone no	(50		
	_							uation			TEEAOIOI	a		

	antice Accomplishments	85-0275	1210	1	age z
	ervice Accomplishments				
1 Briefly describe the organization's missi To maintain and advance	+h				
ro maintain and advance	eople_of_New_Mexico_in_particular,_and_				
See Form 200 Roge 2 Part III Line 1	continued (continued)	rue beobie	5r - r 11 é	<u>-</u>	
See Form 990, Page 2, Part III, Line 1	(continued)	- 		-	
2 Dud the assessment and destrict any age					
Form 990 or 990-EZ?	nificant program services during the year which were not listed	on the prior	¬ _v	(v)	NI -
	Calladda O	L	Yes	[X]	No
If 'Yes,' describe these new services on		ا د	٦	Ω.	
J.	or make significant changes in how it conducts, any program s	services / [Yes	X	No
If 'Yes,' describe these changes on Sch			C1 E	017-74	. .
4 Describe the exempt purpose achievem and 501(c)(4) organizations and section expenses, and revenue, if any, for each	ents for each of the organization's three largest program servic n 4947(a)(1) trusts are required to report the amount of grants n program service reported	and allocations to	others, th	ne tota)
4a (Code) (Expenses \$	818,319. including grants of \$0.) (Revenue \$	2	76 , 9	74.)
The ACLU of NM undertake	s litigation, advocacy and public educa	tion_to_			
advance and defend consti	tutional rights with an emphasis on issu-	es that have	broad	ımp	act.
	advocacy work seeks to establish case				
	xpand civil liberties. In 2008-09 our legal pr				
attorneys and thirty volunteer of	cooperating attorneys who donated \$234,300 in legal	services. Our	team of	atto	rneys
represent ordinary people who h	ave experienced an injustice and have decided to re	eclaım their r	ights.	The AC	LU of
NM litigates over 50 cases annu	ally. A large portion of the work of the ACLU of N	Minvolves inf	orming	the p	ublic
	s about the importance of preserving individual right				
utilizes pro-active and stra	tegic media communications and public education	on to insert c	1 <u>v1l l1</u>	<u>bert</u> a	arıar
perspectives into dominant ne	ews media discourse in ways that energize the p	ublic's commi	.tment_t	ofre	eedom
See Form 990, Page 2, Part III, Line 4a	a (continued)				
		_			
Ab (Code) (Eypopee C	including grants of \$	\/Davanua			
		-			
					-
		·			
		·	- -		
		. 			
		. - - -	-	-	
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
		_			
		·			
			· -		
		- 	· -		
		- 	· -		
		· -			
		-			
					
4d Other program services (Describe in S	chedule O)				
(Expenses \$	including grants of \$) (Revenue	\$)	
4e Total program service expenses ▶	818,319.				

_	m 990 (2009) American Civil Liberties Union of New Mexico Foundation 85-02752	76	F	age :
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	x	
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		
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes, 'complete Schedule D, Part V	_		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, of X as applicable	r 11	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10° 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	۱		
	• 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	<u> </u>		ļ
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	X	
12	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No.	<u>></u>		
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional		ļ	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	<u> </u>	X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	X
	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? <i>If 'Yes,' complete Schedule F, Part I</i>	14b		Х
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 United States? If 'Yes,' complete Schedule F, Part II	15		Х
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 United States? If 'Yes,' complete Schedule F, Part III	16		X

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I

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

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

Х

Χ

17

18

19

20

Part IV Checklist of Required Schedules (continued)

			Yes	No
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		<u>X</u>
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		<u> </u>
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25 a	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		X
ł	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		X
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	İ	Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
(An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes, complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
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	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990	(2009)

orm	n 990 (2009) American Civil Liberties Union of New Mexico Foundation 85-0275	276	F	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1 a	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	0 ;	٠,	~ ~
ŧ	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	٠, ٥		
C	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	X	
2.	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the	10	1 1	
26	calendar year ending with or within the year covered by this return	16		
21	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		x
Ł	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
ŀ	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		3,	
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
ŀ	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	,	Х
(c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	50	:	
٠.			1	
0	a 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?	6a	1	Х
ł	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were deductible?	not 6L		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
ć	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	es 7	,	X
ı	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	71		1
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70	;	X
(d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
(e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76	,	Х
1	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	:	Х
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79	1	
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	71	_	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
	holdings at any time during the year?	8	ļ	X
9	Sponsoring organizations maintaining donor advised funds.		<u> </u>	ļ
	a Did the organization make any taxable distributions under section 4966?	98		X
1	b Did the organization make any distribution to a donor, donor advisor, or related person?	91	b	X
	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12			
-	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	a Gross income from other members or shareholders 11a		1	

BAA

Form 990 (2009)

12a

 ${\bf b}$ Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

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

	Schedule O. See Histractions.					
Sec	tion A. Governing Body and Management					
_				Yes	No	
	Enter the number of voting members of the governing body	1a 22		l		
	Enter the number of voting members that are independent	1b 22			ĺ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel officer, director, trustee or key employee?	ationship with any other	2		X	
3	Did the organization delegate control over management duties customarily performed by or ur of officers, directors or trustees, or key employees to a management company or other person	nder the direct supervision	3		<u>X</u>	
4	Did the organization make any significant changes to its organizational documents		4		Х	
5	since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization	'c accate?	5		Х	
6	Does the organization have members or stockholders?	3 033013	6		X	
	Does the organization have members, stockholders, or other persons who may elect one or m	ore members of the				
	governing body?		7a		X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other	ner persons?	7Ь		X	
8	Did the organization contemporaneously document the meetings held or written actions under the following:	taken during the year by				
а	The governing body?		8a	Х		
b	Each committee with authority to act on behalf of the governing body?		8ъ		Χ	
9	9 Is there any officer, director or 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					
Sec	tion B. Policies (This Section B requests information about policies not in	required by the Internal	ı			
Reve	nue Code)					
10-	Describe a second as her also deleted as her also as well as 2			Yes	No	
	Does the organization have local chapters, branches, or affiliates?		10a		X	
	If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?		10ь			
	Has the organization provided a copy of this Form 990 to all members of its governing body b	efore filing the form?	11	X		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		10-			
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests to	that apuld anyoning	12a		X	
	to conflicts?	•	12b			
C	Does the organization regularly and consistently monitor and enforce compliance with the pol Schedule O how this is done	ıcy? If 'Yes,' describe in	12c			
	Does the organization have a written whistleblower policy?		13		X	
	Does the organization have a written document retention and destruction policy?		14		X	
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and deciberation and deciberation and deciberation are contemporarily data.	approval by independent ision?				
а	The organization's CEO, Executive Director, or top management official		15a	Χ		
t	Other officers of key employees of the organization		15Ь			
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			`."		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?	arrangement with a taxable	16a		Х	
b	olf 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	to evaluate its participation the organization's exempt				
	status with respect to such arrangements?		16b			
	tion C. Disclosures					
	List the states with which a copy of this Form 990 is required to be filed ► <u>New Mexico</u>					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar inspection. Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) av	aılable	for p	ublic	
	Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docum statements available to the public	ents, conflict of interest police	y, and	l finar	ncıal	
	State the name, physical address, and telephone number of the person who possesses the be	•				
ı	The Organization PO Box 566 Albuquerque N	M 87103(5	<u>05)</u> <u>2</u>	266-	<u>5915</u>	

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

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 organizations'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. 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 employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did no	, ,,, ,	sale a	iy c			mcer,	uire			(F)
(A) Name and Title	(B) Average	Posi	tion (•	C) k all t	hat app	M	(D)	(E)	(F)
Name and Title	hours per week	or director	mshluhonal frustee	Offi a	Key amployee	Highest compensated employee	roine	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
Peter Simonson, Exec.Dir.										
Albuquerque, NM	40.00			X	Х			73,209.	0.	4,551.
Gary Mitchell, President Albuquerque, NM	2.00	x		Х				0.	0.	0.
Theo Crevenna, VP	1									
Albuquerque, NM	2.00	Х		Х				0.	0.	0.
Ellen Lacayo, Sec.										
Albuquerque, NM	2.00	Х		х				0.	0.	0.
Kevin Hoover, Treas.										
Albuquerque, NM	1.00	Χ		Х				0.	0.	0.
Mark Ayers, Nat. Board Rep										
Albuquerque, NM	4.50			Х				0.	0.	0.
John Briscoe	_									
Albuquerque, NM	2.00		_	Х				0.	0.	0.
James Chavez										
Albuquerque, NM	1.00	X			ļ	<u> </u>		0.	0.	0.
Nick Enquist								_		
Albuquerque, NM	0.50	X			<u> </u>			0.	0.	0.
Peter Falley		١							_	_
Albuquerque, NM	5.00	Х		<u> </u>				0.	0.	0.
Kate Ferlic		۱.,								^
Albuquerque, NM	5.00	<u> </u>		-				0.	0.	0.
Stanley Hordes Albuquerque, NM	1.00	l "						0.	0.	0
Tova Indritz	1.00	^		┢	-			U.	0.	0.
Albuquerlque, NM	1.00	v						0.1	0.	0.
C. Paulina Inigo	1.00				H			0.	0.	<u> </u>
Albuquerque, NM	1.00	l _x						0.	0.	0.
Patricia Jones	1.00							· ·	0.	<u> </u>
Albuquerque, NM	1.00	l x						0.	0.	0.
Gabino Rendon	1							,		
Albuquerque, NM	1.00	X	1					0.	0.	0.
Christina Rosado-Maher					Г			1		
Albuquerque, NM	0.50	x						0.	0.	0.
BAA			TEEA	0107	11	/10/09				Form 990 (2009)

Partivil Section A. Officers, Directors, Trus	tees, k	(ey	En	ıplo	oye	es,	an	d Highest Con	npensated Emp	loyees (cont.)
(A) Name and Title	(B) Average	tion (c) k all f	hat a	pply)	(D)	(E)	(F)	
	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
Joe Sackett Albuquerque, NM	4.00	X						0.	0.	0.
Tanıa Shahani Albuquerque, NM	0.50							0.	0.	0.
Becca Shreve Albuquerque, NM	1.00							0.	0.	0
Jack Steadman Albuquerque, NM	1.00							0.	0.	0
Trish Steindler Albuquerque, NM	6.00			-				0.	0.	0.
Gene Lindsay Albuquerque, NM	0.50							0.	0.	0
										-
								-		
							-			
1 b Total	J			·				73,209.	0.	4,551
2 Total number of individuals (including but not limited from the organization ► 0	d to thos	se lis	sted	abo	ve)	who	rec		100,000 in reportal	
 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in For any individual listed on line 1a, is the sum of reithe organization and related organizations greater the individual 	n <i>dividua</i> nortable	l con	nner	nsat:	ion :	and	othe	er compensation f	rom	Yes No
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens nedule J	ation for	n fro sucl	m a 1 pe	ny i rsor	unre 1	lated	d organization for	services	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization	ed indep	pend	ent	con	trac	tors	that	received more th	an \$100,000 of	
(A) Name and business addres	s							(B Description) of Services	(C) Compensation
			-			_				
2 Total number of independent contractors (including	but not	lımıt	ed t	o th	ose	liste	ed at	pove) who receive	d more than	

\$100,000 in compensation from the organization > 0

Pai	t VIII Statement 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
2.5	1 a Federated campaigns	1a				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b Membership dues	1 b				
Mg.	c Fundraising events	1c				
F A	d Related organizations	1d 540,707.				
S,G	e Government grants (contributions)	1 e				
NO SI	f All other contributions, gifts, grants, and					
골품	similar amounts not included above	1f 364,857.				
ž S	g Noncash contribns included in lns 1a-1f	\$				
8 ₹	h Total. Add lines 1a-1f	•	905,564.			
N.	• • • • • • • • • • • • • • • • • • • •	Business Code	076 074	07.6 07.4	*	**
Ē	2a Court Awarded Fees & Cos		276,974.	276,974.	0.	0.
빙	b					
Š	c					
A SE						
3RA	f All other program service revenue					
õ	q Total. Add lines 2a-2f		276,974.			
_	3 Investment income (including divide	ends interest and	2,0,3,1.		· · · · · · · · · · · · · · · · · · ·	
	other similar amounts)	ends, interest and	7,292.	0.	0.	7,292.
	4 Income from investment of tax-exe	mpt bond proceeds 🕒			_	
	5 Royalties	•				
	(ı) Real					,
	6a Gross Rents 31,7	720.	e s	nije.		2
	b Less rental expenses		**	34		**
	c Rental income or (loss) 31,7					
	d Net rental income or (loss)	• L () 011	31,720.	0.	0.	31,720.
	7a Gross amount from sales of (i) Securit	ties (ii) Other		*		
	assets other than inventory		•	<u> </u>		
	b Less cost or other basis and sales expenses		*	*	×	` !
	c Gain or (loss)					
	d Net gain or (loss)					·
	- ' '	.ata				
VENUE	8a Gross income from fundraising eve (not including \$	ints				#
, E	of contributions reported on line 1c	;)		*	\$ A.	*
2	See Part IV, line 18	a 36,985.				
OTHER RE	b Less, direct expenses	b 15,585.	<u> </u>			
0	c Net income or (loss) from fundraisi	ing events	21,400.	0.	0.	21,400.
	9a Gross income from gaming activitie See Part IV, line 19	es				
		a				
	b Less direct expenses c Net income or (loss) from gaming a	~				
	10a Gross sales of inventory, less retur and allowances	rns a l				-
	b Less cost of goods sold	Ь				
	c Net income or (loss) from sales of	inventory				
	Miscellaneous Revenue	Business Code				
	11a Miscellaneous Income	541100	801.	801.	0.	. 0.
	b		-			
	c		<u>. </u>		<u> </u>	
	d All other revenue					
	e Total. Add lines 11a-11d	•	801.	075 55-		
	12 Total revenue. See instructions	▶	1,243,751.	277,775.	0.	. 60,412.

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).

			··		<u> </u>
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
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	82,905.	49,744.	20,726.	12,435.
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	473,318.	381,797.	49,554.	41,967.
8	Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	29,048.	22,367.	3,776.	2,905.
9	Other employee benefits	50,478.	38,868.	6,562.	5,048.
10	Payroll taxes	47,999.	36,959.	6,240.	
	·	41,333.	30,333.	0,240.	4,800.
	Fees for services (non-employees)	_			
	Management				
ŧ	L egal				
(: Accounting	12,576.	1,614.	10,185.	777.
(i Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
	Investment management fees	20.	0.	20.	0.
	Other	18,132.	14,481.	2,063.	1,588.
-		10,132.	14,401.	2,003.	1,300.
	Advertising and promotion	40 174	00.050	16 207	4 000
13	Office expenses	42,174.	20,959.	16,307.	4,908.
14	Information technology	18,207.	14,019.	2,367.	1,821.
15	Royalties				
16	Occupancy	53,384.	25,635.	21,483.	6,266.
17	Travel	32,864.	28,962.	3,531.	371.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	29,099.	6,402.	19,496.	3,201.
21	Payments to affiliates		·		<u> </u>
22	Depreciation, depletion, and amortization	27.756.	21,372.	3,608.	2,776.
	Insurance	5,796.	1,275.	3,883.	638.
	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)	3,7730.	*	3,003.	4
í	Litigation services	142,973.	142,973.	0.	0.
	Recruitment	3,227.	2,485.	420.	322.
	Postage & printing	10,154.	4,569.	3,351.	2,234.
	Staff Training	2,300.	1,771.	299.	230.
		2,300.	1,111.	233.	230.
		4.500	0.005	2.102	
	All other expenses	4,590.	2,067.	2,169.	354.
	Total functional expenses. Add lines 1 through 24f	1,087,000.	818,319.	176,040.	92,641.
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				
BAA					Form 990 (2009)

BAA

				(A) Beginning of year		(B) End of year
T	1	Cash - non-interest-bearing		68,161.	1	15,999
	2	Savings and temporary cash investments	ĺ	209,886.	2	495,501
	3	Pledges and grants receivable, net	ĺ		3	
İ	4	Accounts receivable, net	[29,296.	4	20,726
		Receivables from current and former officers, directors, trustees, key and highest compensated employees Complete Part II of Schedule L			5	······································
	6	Receivables from other disqualified persons (as defined under section	1 4958(f)(1))			
۱		and persons described in section 4958(c)(3)(B) Complete Part II of S	chedule L		6	
S	7	Notes and loans receivable, net			7	
A S	8	Inventories for sale or use			8	
Ś	9	Prepaid expenses and deferred charges		6,426.	9	11,757
	10a	Land, buildings, and equipment cost or other basis 10a	616,099.		·	*
1		Complete Part VI of Schedule D				· · · · · · · · · · · · · · · · · · ·
		Less accumulated depreciation [10b]	117,591.	508,656.	10c	498,508
	11	Investments — publicly-traded securities		222,293.	11	283,366
	12	Investments – other securities See Part IV, line 11			12	
- 1	13	Investments – program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11	I	1,550.	15	1,550
4	16	Total assets Add lines 1 through 15 (must equal line 34)		1,046,268.	16	1,327,407
	17	Accounts payable and accrued expenses		50,540.	17	91,617
	18	Grants payable			18	
.	19	Deferred revenue			19	52,873
1	20	Tax-exempt bond liabilities			20	
A B	21	Escrow or custodial account liability Complete Part IV of Schedule I			21	
<u> </u>	22	Payables to current and former officers, directors, trustees, key empl highest compensated employees, and disqualified persons Complete	oyees, Part II			
I E S		of Schedule L			22	
s	23	Secured mortgages and notes payable to unrelated third parties		384,995.	23	384,339
1	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
4	26	Total liabilities. Add lines 17 through 25		435,535.	26	528,829
N E T		Organizations that follow SFAS 117, check here > X and comple 27 through 29 and lines 33 and 34.	ete lines		·#	<u> </u>
ASSET-S	27	Unrestricted net assets		548,233.	27	664,271
Ĕ	28	Temporarily restricted net assets		62,500.	28	134,307
- 1	29	Permanently restricted net assets			29	
R F.		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	d complete			
F 0 2 0	30	Capital stock or trust principal, or current funds			30	
Β	31	Paid-in or capital surplus, or land, building, and equipment fund		31	· · · · · ·	
<u> </u>	32	Retained earnings, endowment, accumulated income, or other funds	,	32		
AZCES	33	Total net assets or fund balances		610,733.	33	798,578
				020,700.		. 30,070

TEEA0111 01/30/10

Form 990 (2009)	American Civil Liberties Union of New Mexico Foundation

85-0275276

Page **12**

Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b Were the organization's financial statements audited by an independent accountant?	2b	Χ	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		·	
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 Consolidated basis X Both consolidated and 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		Х
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	3ь		

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

				of New Mexico Fo					85-02	2 <u>75276</u>	<u> </u>	
<u>Par</u>	t I	Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	See ii	nstruct	ions	
The o	orga	nization is not a priv	ate foundation becaus	se it is (For lines 1 throu	ıgh 11, c	heck on	ly one b	ox)		_		
1		A church, convention	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(1)(A)(i).				
2		A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	Ξ)							
3		A hospital or coope	rative hospital service	organization described	ın sectio	n 170(b)(1)(A)(ii	ii).				
4	П			d in conjunction with a hi					(БХ1ХА)	Xiii) Ent	ter the hospita	al's
	_	name, city, and sta								, ,	•	
5		An organization op 170(b)(1)(A)(iv). (C)	erated for the benefit of complete Part II)	of a college or university	owned o	or opera	ted by a	govern	mental	unit desc	cribed in sect	ion
6	Ш			jovernmental unit describ								
7		in section 170(b)(1))(A)(vi) . (Complete Pa				ernmen	tal unıt	or from	the gene	eral public de	scribed
8	닏			70(b)(1)(A)(vi). (Complet								
9	X	investment income	ed to its exempt funct	more than 33-1/3 % o nons — subject to certain ss taxable income (less somplete Part III)	excepti	ons, and	(2) no	more th	nan 33-1	/3 % of i	its support fro	om aross
10		An organization org	ganized and operated	exclusively to test for pul	blıc safe	ty See	section	509(a)(4	4).			
11		more publicly supp	orted organizations d	exclusively for the benefi escribed in section 509(a ation and complete lines	a)(1) or s	section 5	i09(a)(2)	tions of See s	, or carr section :	y out the 5 09(a)(3)	e purposes of L. Check the I	one or oox that
		a 🔲 Type I	b 🔲 Type II	с 🗌 Туре ІІ	I — Fund	tionally	integrat	ed		d 🗌	Type III- O	ther
е		By checking this both than foundation ma 509(a)(2)	ox, I certify that the organizers and other than	ganization is not controlle n one or more publicly su	ed direct ipported	lly or ind organiz	irectly bations d	y one c escribe	or more of	disqualifi tion 509(ied persons ((a)(1) or secti	other on
f		If the organization check this box	received a written dete	ermination from the IRS	that is a	Type I,	Type II (or Type	III supp	orting or	ganızatıon,	
g		Since August 17, 2	006, has the organiza	tion accepted any gift or	contribi	ution fro	m any o	f the fo	llowing p	persons?		res No
		(i) a person who below, the go	directly or indirectly overning body of the su	controls, either alone or tupported organization?	ogether	with per	sons de	scribed	ın (ıı) a	nd (III)	11 g (i)	<u>es 110</u>
		(ii) a family mem	ber of a person desc	rıbed ın (ı) above?							11 g (ii)	
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) at	oove?						11 g (III)	
h		Provide the following	ng information about t	he supported organizatio	ns							
	(ī	Name of Supported Organization	(ii) EIN	(ii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat	Is the tion in cold in your erning ment?	(v) Did y the organ col your su	ແzation ໂກ (î) of	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amount o	f Support
					Yes	No	Yes	No	Yes	No		
					<u> </u>	 			 	 	 -	
								_				
					 				**	ļ , —		
Γota!			*, '	* * * * * * * * * * * * * * * * * * * *		/		,	,	,		

BAA

Schedule A (Form 990 or 990-EZ) 2009

	dule A (Form 990 or 990-EZ) 2009						
Par	til Support Schedule for C (Complete only if you checke	_			ox i x(A)(iv) and	a 170(b)(1)(A)(VI)
Sec	tion A. Public Support	d the box on line	3, 7, 0, 0 0, 1 arc	.,		_	
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')				,		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf		_				
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			*			
6	Public support. Subtract line 5 from line 4			* ** ?	'		
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on					_	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			-			
11	Total support. Add lines 7 through 10				Ş	`	
12	Gross receipts from related activ	ities, etc (see ins	structions)	·		12	
13	First five years. If the Form 990 organization, check this box and		ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3	3) ▶ □
Sec	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 20	•	•	e 11, column (f)		14	<u>%</u>
15	Public support percentage from 2	2008 Schedule A,	, Part II, line 14			15	
16	a 33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a put	d not check the bo blicly supported or	x on line 13, and ganization	the line 14 is 33-	1/3 % or more, ch	eck this box
I	b 33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pul	d not check a box oblicly supported or	on line 13, or 16a, ganization	and line 15 is 33	3-1/3% or more, ch	neck this box ►
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	test, check this t	oox and stop her	e. Explain in Part	IV how
	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstances	s' test, check this t	oox and stop her	e. Explain in Part	
18	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a	, or 17b, check th	iis box and see ins	structions -

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

SAC	tion A. Public Support					<u>-</u>	
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(0 Tatal
		(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	312,045.	413,208.	770,813.	800,522.	905 , 564	. 3,202,152.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the						
	organization's tax-exempt purpose	51,679.	70,379.	99,287.	145,883.	276,974	. 644,202.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	39,464.	59,136.	51,620.	52,071.	68,705	. 270,996.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		,	,			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons	403,188.	542,723.	921,720.	998,476.	1,251,243	4,117,350.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
8	Public support (Subtract line		,				
	7c from line 6)	`\$			₹₩.		4,117,350.
Sec	tion B. Total Support	······································	•				, ,, , , , , , , , , , , , , , , , , , ,
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	403,188.	542,723.	921,720.	998,476.	1,251,243	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	0.	20,670.		·		
b	. Havalakad busanasa kanabia	0.	20,670.	19,777.	7,165.	7,292	54,904.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0.	20,670.	19,777.	7,165.	7,292	. 54,904.
	income (less section 511 taxes) from businesses acquired after June 30, 1975	0.	20,670.	19,777.	7,165.	_7,292	. 54,904.
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 : Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	0.	20,670.	19,777. 534.	7,165. 2,031.	7,292 801	. 3,366.
11 12 13	Income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12)			534.	2,031.	801	. 3,366. 4,175,620.
11 12 13 14	Income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (add lns 9, 10c, 11, and 12). First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, second	534.	2,031.	801	. 3,366. 4,175,620.
11 12 13 14 Sec	income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	is for the organiza stop here blic Support P	tion's first, second	534.	2,031.	801	. 3,366. 4,175,620.
11 12 13 14 Sec 15	Income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and etion C. Computation of Pul Public support percentage for 20	is for the organiza stop here blic Support P 09 (line 8, column	tion's first, second ercentage (f) divided by line	534.	2,031.	801 a section 501(d	. 3,366. 4,175,620. (3) ► □
11 12 13 14 Sec 15 16	Income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20	is for the organiza stop here blic Support P 09 (line 8, column 2008 Schedule A,	tion's first, second ercentage (f) divided by line Part III, line 15	534.	2,031.	801 a section 501(c	. 3,366. 4,175,620. (3) ► □
11 12 13 14 Sec 15 16 Sec	Income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20. Public support percentage from 2.	is for the organiza stop here blic Support P 09 (line 8, column 2008 Schedule A, estment Incon	tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage	534. , third, fourth, o	2,031. r fifth tax year as	801 a section 501(d	. 3,366. 4,175,620. (3) ► □
11 12 13 14 Sec 15 16 Sec	Income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20	is for the organiza stop here blic Support P 09 (line 8, column 2008 Schedule A, estment Incon	tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage	534. , third, fourth, o	2,031. r fifth tax year as	801 a section 501(d	. 3,366. 4,175,620. (3) ► □ 5 98.60% 6 98.21%
11 12 13 14 Sec 15 16 Sec 17 18	Income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income percentage from Investment Income Investment In	us for the organiza stop here blic Support P 09 (line 8, column 2008 Schedule A, estment Incon or 2009 (line 10c, rom 2008 Schedule	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1	534. , third, fourth, o 13, column (f)) by line 13, colum	2,031. r fifth tax year as	801 a section 501(c	3,366. 4,175,620. 2)(3) ► □ 5 98.60 % 6 98.21 % 7 1.31 % 1.71 %
11 12 13 14 Sec 15 16 Sec 17 18 19a	Income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 2 Public support percentage from 2 Investment income percentage from 33-1/3 support tests — 2009. If the more than 33-1/3%, check this box in the support tests — 2009. If the more than 33-1/3%, check this box in the support tests — 2009. If the more than 33-1/3%, check this box in the support tests — 2009. If the more than 33-1/3%, check this box in the support tests — 2009. If the more than 33-1/3%, check this box in the support tests — 2009. If the more than 33-1/3%, check this box in the support tests — 2009. If the support tests —	us for the organiza stop here blic Support P 09 (line 8, column 2008 Schedule A, estment Incon or 2009 (line 10c, rom 2008 Schedule ne organization did ox and stop here.	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1 I not check the bo	534. , third, fourth, o 13, column (f)) by line 13, column 7 x on line 14, and qualifies as a pul	2,031. r fifth tax year as nn (f)) d line 15 is more olicly supported o	801 a section 501(c) 15 16 17 18 than 33-1/3%, arganization	3,366. 4,175,620. 3(3) 5 98.60 % 6 98.21 % 7 1.31 % 7 1.31 % 8 1.71 % 1 1.31 %
11 12 13 14 Sec 15 16 Sec 17 18 19a	Income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pullic support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage for 133-1/3 support tests — 2009. If the same process acquired tests acquired to the support tests — 2009. If the same process acquired tests acquired to the same percentage for 133-1/3 support tests — 2009. If the same process acquired after the same percentage for 133-1/3 support tests — 2009. If the same percentage for 133-1/3 support tests — 2009. If the same percentage for 133-1/3 support tests — 2009.	is for the organiza stop here blic Support P 09 (line 8, column 2008 Schedule A, estment Incomor 2009 (line 10c, for 2008 Schedule ne organization did and stop here. The organization did this box and stop this box and stop	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided a A, Part III, line 1 I not check the bo The organization I not check a box here. The organiz	534. , third, fourth, of third, fourth, of third, fourth, of third, column (f)) by line 13, column (f) x on line 14, and qualifies as a pullon line 14 or 19a ation qualifies as	2,031. r fifth tax year as nn (f)) d line 15 is more blicly supported o , and line 16 is m s a publicly suppo	a section 501(c	3,366. 4,175,620. 3)(3) 98.60 % 98.21 % 7 1.31 % 3 1.71 % and line 17 is not %, and line 18

Schedule A (Form 990 or 990-EZ) 2009	American Civi	l Liberties U	nion of New	Mexico Foundati	on 85-0275276	Page 4
Part II, line 17a or 17b	tion. Complete	this part to	provide the	e explanations	required by Part II.	line 10;
Other Income Part III, Lı	ne 12					
Description: Miscellaneou	s					
2007: 534.					- 	
2008: 2031.						
2009: 801.			- -			-
						-
-						
						
					 -	
						
_						
				-		
				-		
				-		
- -				-		
			· -			
		- 				
				-		
			· 			
			. 			
			- -			
						.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

USA in general with particular emphasis on the freedom of religion, speech, press, association and assemblage, and rights to the franchise, due process and equal protection. These objectives are pursued without political partisanship.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4a (continued)

and offers ways to exert influence on critical public policy debates. The organization is active at the state legislature working to pass legislation that protects civil liberties and defeat legislation that rolls back fundamental freedoms.

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B

• Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C

Section 527 organizations complete Part I-A only

OMB No 1545 0047

2009

Open to Public

Schedule C (Form 990 or 990-EZ) 2009

	-	to Form 990, Part IV, line 4, or Form 990-les that have filed Form 5768 (election under			
• 8	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	s that have NOT filed Form 5768 (election t		•	•
		' to Form 990, Part IV, line 5 (Proxy Tax), t	hen		
	•	rganizations: Complete Part III			
	of organization	<u>*</u>		Employer identifica	tion number
Ame	rican Civil Libert	ies Union_of New Mexico Fou	indation	85-0275276	6
		rganization is exempt under section		section 527 organiz	ation.
1	Provide a description of the o	organization's direct and indirect political ca	ampaign activities in f	Part IV	
2	Political expenditures		, -	► \$	
3	Volunteer hours			•	
Par	t I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exci	ise tax incurred by the organization under s	section 4955	►ş	
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	► ș	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?	•	Yes No
4 a	Was a correction made?		-		Yes No
b	If 'Yes,' describe in Part IV				
Par	t I-C Complete if the or	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities > \$	
2	Enter the amount of the filing function activities	g organization's funds contributed to other o	organizations for sect	ion 527 exempt ► \$	
3	Total of exempt function exp line 17b	enditures Add lines 1 and 2 Enter here ar	nd on Form 1120-POL	., ►\$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	made For each organization contributions received that w	and employer identification number (EIN) of listed, enter the amount paid from the filingere promptly and directly delivered to a sepace (PAC) If additional space is needed, pro-	g organization's fund: parate political organi	s Also enter the amoun zation, such as a separa	t of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter 0
		L			

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

Schedule C (Form 990 or 990-F7) 2009	American Civil	Liberties Union	of New Mexico	Foundation 8	85-0275276

Page 2

	on is exempt under section 501(c)(3)	and filed Form 5768 (ele	ection under
e e e e e e e e e e e e e e e e e e e	elongs to an affiliated group secked box A and 'limited control' provisions ap	ply	
Limits on Lobb (The term 'expenditures' m	ying Expenditures – eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence p	oublic opinion (grass roots lobbying)	572.	
b Total lobbying expenditures to influence a	legislative body (direct lobbying)	956.	
c Total lobbying expenditures (add lines 1a	and 1b)	1,528.	
d Other exempt purpose expenditures		1,085,400.	
e Total exempt purpose expenditures (add	lines 1c and 1d)	1,086,928.	
f Lobbying nontaxable amount. Enter the a both columns	mount from the following table in	183,693.	
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		*

i Subtract line 1f from line 1c If zero or less, enter -0 j 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?

\$1,000,000

Yes No

45,923.

0.

0.

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.)

\$225,000 plus 5% of the excess over \$1,500,000

	Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total					
2a Lobbying non-taxable amount	0.	148,941.	175,766.	183,693.	508,400.					
b Lobbying ceiling amount (150% of line 2a, column (e))	c			•	762,600.					
c Total lobbying expenditures	0.	24,405.	4,480.	1,528.	30,413.					
d Grassroots nontaxable amount	0.	37,235.	43,942.	45,923.	127,100.					
e Grassroots ceiling amount (150% of line 2d, column (e))		* **			190,650.					
f Grassroots lobbying expenditures	0.	23,185.	2,913.	572.	26,670.					

BAA

Over \$1,500,000 but not over \$17,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

Over \$17,000,000

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 American Civil Liberties Union of New Mexico Foundation 85-0275276 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)).

	(6	1)	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local			• /
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			. *
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV			
j Total Add lines 1c through 1i	- 13		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912	3,	?4	
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	2.2	3,	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part IIIA Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5)	or s	
	\-/\ /	,	- (, // /
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50	1/c¥5)	ors	ection 501(cV6)
if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line	3 is a	nswe	ered 'Yes.'
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year		2a	
b Carryover from last year		2b	
c Total		2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	<u> </u>
		\$ A	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pol			
expenditure next year?	iticai	4_	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information			
<u></u>			
omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a	nd Part	II-B, I	ine 1i
complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a liso, complete this part for any additional information.	nd Part	II-B, I	ine 1i
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a also, complete this part for any additional information.	nd Part	II-B, I	ine 1ı
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a also, complete this part for any additional information.	nd Part	II-B, I	ne 1ı
complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a also, complete this part for any additional information.	nd Part	II-B, I	ne 1ı
complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a also, complete this part for any additional information.	nd Part	II-B, I	ne 1ı
complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a also, complete this part for any additional information.	nd Part	II-B, I	ne 1ı
omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a lso, complete this part for any additional information.	nd Part	II-B, I	ne 1ı
omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a iso, complete this part for any additional information.	nd Part	II-B, I	ne 1ı
omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a lso, complete this part for any additional information.	nd Part	II-B, I	ne 1ı
omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a so, complete this part for any additional information.	nd Part	II-B, I	ne 1:

Scriedule C (Form 990 or 990-EZ) ZOUS American CIVII Liberties Union of New Mexico Foundation 85-02/52/6	age 4
Parelly Supplemental Information (continued)	
	_
	-

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 Attach to Form 990.
 See separate instructions 2009

OMB No 1545 0047

Open to Public Inspection

Employer Identification number

American Civil Liberties Union of New Mexico Foundation 85-0275276 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. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 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? No 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 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$ 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)(i)? Yes 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 Maintai	ning Colle	ections	of Art, Histo	<u>orical</u>	Treasures, or	Other Sim	ilar Asse	ets (co	ntınu	<u>ed) _</u>
3 Using the organization's acquisition items (check all that apply)	on accession	and othe		-	-	nat are a sign	ificant use	of its co	llection	า
a Public exhibition			d Loan	or exc	hange programs					
b Scholarly research			e Other							
c Preservation for future genera										
4 Provide a description of the organ Part XIV			-	•	_			ın		
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to	be maint	ained as part c	of the o	organization's colle	ection?		Yes		No
Part IV Escrow and Custodia 9, or reported an amount	Arranger unt on For	nents C m 990,	omplete if o Part X, line	rgan 21.	ızatıon answer	ed 'Yes' to ————	Form 99	90, Paı ——–	t IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?						er assets not	[Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV a	and comp	lete the followi	ng tab	le	r				
								Amount		
c Beginning balance						1c				
d Additions during the year						1d				
e Distributions during the year						1 e				
f Ending balance						1f]				
2a Did the organization include an a		orm 990, F	Part X, line 21?					Yes	L	No
b If 'Yes,' explain the arrangement						0 5 107	1 10			
Part V Endowment Funds Co										
	(a) Curren	nt year	(b) Prior yea	ir _	(c) Two years back	((d) Three	years back	(e) F	our year	s back
1 a Beginning of year balance	ļ				<u> </u>			<u> </u>		
b Contributions					***			<u> </u>	<u> </u>	
c Net Investment earnings, gains, and losses					*		*			*
d Grants or scholarships							/*/ .			* 30, *
 Other expenditures for facilities and programs 					*	* ¾~				*
f Administrative expenses					***		₩	<u> </u>		
g End of year balance								<u> </u>		
2 Provide the estimated percentage	e of the year	end balar	nce held as			-				
a Board designated or quasi-endow	vment ►		%							
b Permanent endowment ►		8								
c Term endowment	<u> </u>									
3a Are there endowment funds not i	n the posses	ssion of th	e organization	that a	re held and admin	ustered for th	e.	_		
organization by.	n the pesses	33.011 07 111	o organization	that a	re ricia aria aariii				Yes	No
(i) unrelated organizations								3a(i)		<u> </u>
(ii) related organizations								3a(ii)		
b If 'Yes' to 3a(II), are the related of	organizations	s listed as	required on So	chedul	e R?			3b		<u> </u>
4 Describe in Part XIV the intended	d uses of the	organiza	tion's endowme	ent fur	nds					
Part VI Investments-Land, B	uildings, a	and Eզւ	i ipment. Se	e For	m 990, Part X	, line 10.				
Description of investment	t	(a) Cost	or other basis vestment)) Cost or other basis (other)	(c) Accum Depreci		(d) E	Book V	alue
1 a Land				<u> </u>	73,500.				73	,500
b Buildings		<u> </u>		L	421,240.	7	<u>8,631.</u>		342	<u>, 609</u>
c Leasehold improvements					61,785.	1	0,839.		50	,946
d Equipment					40,936.	2	8,121.		12	,815
e Other					18,638.		0.		18	,638
Total. Add lines 1a through 1e (Colum	n (d) must e	qual Form	990, Part X, c	olumr	(B), line 10(c))		•		498	,508
ВАА							Sched	lule D (F	orm 99	90) 200

Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	(c) Method of valuation Cost or end-of-year market value 3) (c) Method of valuation Cost or end-of-year market value
Closely-held equity interests Other Total. (Column (b) must 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 Total. (Column (b) must equal Form 990, Part X, col (B) line 13) [Part IX Other Assets (See Form 990, Part X, line 15) (a) Description Prepaid Security Deposits Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	3) (c) Method of valuation
Other Total. (Column (b) must equal Form 990 Part X, col (B) line 12) (a) Description of investment type (b) Book value Total. (Column (b) must equal Form 990, Part X, Col (B) line 13) Part IX Other Assets (See Form 990, Part X, line 15) (a) Description Prepaid Security Deposits Total. (Column (b) must equal Form 990, Part X, col (B), line 15) (a) Description Prepaid Security Deposits Total. (Column (b) must equal Form 990, Part X, col (B), line 15) (a) Description	(c) Method of valuation
Total. (Column (b) must equal Form 990 Part X, col (B) line 12) Part VIII Investments—Program Related (See Form 990, Part X, line (b) Book value Total. (Column (b) must equal Form 990, Part X, Col (B) line 13) Part IX Other Assets (See Form 990, Part X, line 15) (a) Description	(c) Method of valuation
Investments—Program Related (See Form 990, Part X, line (a) Description of investment type (b) Book value	(c) Method of valuation
Investments—Program Related (See Form 990, Part X, line (a) Description of investment type (b) Book value	(c) Method of valuation
Investments—Program Related (See Form 990, Part X, line (a) Description of investment type (b) Book value	(c) Method of valuation
Investments—Program Related (See Form 990, Part X, line (a) Description of investment type (b) Book value	(c) Method of valuation
Investments—Program Related (See Form 990, Part X, line (a) Description of investment type (b) Book value	(c) Method of valuation
Investments—Program Related (See Form 990, Part X, line (a) Description of investment type (b) Book value	(c) Method of valuation
Investments—Program Related (See Form 990, Part X, line (a) Description of investment type (b) Book value	(c) Method of valuation
Part Investments—Program Related (See Form 990, Part X, line (a) Description of investment type (b) Book value	(c) Method of valuation
Investments—Program Related (See Form 990, Part X, line (a) Description of investment type (b) Book value (b) Book value (column (b) must equal Form 990, Part X, Col (B) line 13) Part IX Other Assets (See Form 990, Part X, line 15) (a) Description (a) Description (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount Reserved (c) Method of valuation	
Investments—Program Related (See Form 990, Part X, line (a) Description of investment type (b) Book value (b) Book value (column (b) must equal Form 990, Part X, Col (B) line 13) Part IX Other Assets (See Form 990, Part X, line 15) (a) Description (a) Description (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount Reserved (c) Method of valuation	
(a) Description of investment type (b) Book value Fotal. (Column (b) must equal Form 990, Part X. Col (B) line 13) Part IX Other Assets (See Form 990, Part X, line 15) (a) Description Prepaid Security Deposits Fotal. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	(c) Method of valuation
Total. (Column (b) must equal Form 990, Part X. Col (B) line 13) Part IX Other Assets (See Form 990, Part X, line 15) Prepaid Security Deposits Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	(c) Method of valuation Cost or end-of-year market value
Part IX Other Assets (See Form 990, Part X, line 15) (a) Description Prepaid Security Deposits Fotal. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	Cost or end-of-year market value
Part IX Other Assets (See Form 990, Part X, line 15) (a) Description Prepaid Security Deposits Fotal. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	
Part IX Other Assets (See Form 990, Part X, line 15) (a) Description Prepaid Security Deposits Fotal. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	
Part IX Other Assets (See Form 990, Part X, line 15) (a) Description Prepaid Security Deposits Fotal. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	
Part IX Other Assets (See Form 990, Part X, line 15) (a) Description Prepaid Security Deposits Fotal. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	
Part IX Other Assets (See Form 990, Part X, line 15) (a) Description Prepaid Security Deposits Fotal. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	
Part IX Other Assets (See Form 990, Part X, line 15) (a) Description Prepaid Security Deposits Fotal. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	
Part IX Other Assets (See Form 990, Part X, line 15) (a) Description Prepaid Security Deposits Fotal. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	
Part IX Other Assets (See Form 990, Part X, line 15) (a) Description Prepaid Security Deposits Fotal. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	
Part IX Other Assets (See Form 990, Part X, line 15) (a) Description Prepaid Security Deposits Fotal. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	
Part IX Other Assets (See Form 990, Part X, line 15) (a) Description Prepaid Security Deposits Fotal. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	
Part IX Other Assets (See Form 990, Part X, line 15) (a) Description Prepaid Security Deposits Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	
(a) Description Prepaid Security Deposits Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25)	
Prepaid Security Deposits Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	
Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	(b) Book value
Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	1,550.
Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	
Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	
Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	
Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	
Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	
Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	
Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	
Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	
Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	
(a) Description of Liability (b) Amount	1 ,550.
ederal Income Taxes	
I I	
otal. (Column (b) must equal Form 990, Part X, col (B) line 25) L. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's final processing the provider FIN 48.	

		-0275	5276 Page 4
Par	tXI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)	F	1,243,751.
2	Total expenses (Form 990, Part IX, column (A), line 25)	F	1,087,000.
3	Excess or (deficit) for the year Subtract line 2 from line 1	F	156,751.
4	Net unrealized gains (losses) on investments	 -	31,094.
5	Donated services and use of facilities	L	
6	Investment expenses	L	
7	Prior period adjustments	L	
8	Other (Describe in Part XIV)	L	
9	Total adjustments (net) Add lines 4 through 8	L	31,094.
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		187,845.
Par	t:XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements	1	1,943,729.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2 2a 31,096.		
	Donated services and use of facilities 2b 668,902.		
	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	699,998.
3	Subtract line 2e from line 1	3	1,243,731.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investments expenses not included on Form 990, Part VIII, line 7b 4a 20.	337	
t	Other (Describe in Part XIV)	7 7 1	
C	: Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,243,751.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn
1	Total expenses and losses per audited financial statements	1	1,755,884.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a 668,902.		
t	Prior year adjustments 2b		
C	Other losses 2c		
C	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	668,902.
3	Subtract line 2e from line 1	3	1,086,982.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b 4a 18.		
t	Other (Describe in Part XIV)		
(Add lines 4a and 4b	4c	18.
5_	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	1,087,000.
Pai	t XIV∮ Supplemental Information		
line -	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this par mation	lines 1 t to pro	b and 2b, Part V, ovide any additional
<u>Pt</u> .	X FIN 48 Footnote: The implementation of FIN 48 had no		
	impact on NM ACLU's financial statements. Management of	<u>f</u> .	
- - ·	NM ACLU does not believe there are any material uncert	<u>ain</u>	
	tax positions and, accordingly, it did not recognize a	iny_	
- - ·	liability for unrecognized tax benefits as of April 1,	<u> 200</u>)9 <u>,</u>
- -	nor any interest or penalities for the year ended Marc	:h_31	
		- 	-

Schedule D (Form 990) 2009	American Civil_Liberties Union of New Mexico Foundation	85-0275276	Page 5
Part XIV Supplemental	American Civil Liberties Union of New Mexico Foundation Information (continued)		
			.
			- -
		- 	

TEEA3305 07/10/09

Schedule **D** (Form 990) 2009

BAA

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

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 Form990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization					Employer identifica	ton number
•	** . *	N		3.1	' '	
American Civil Liberties [Fundraising Activities. Comp					85-027527 	0
Part I Form 990EZ filers are not req	ured to comple	ete this par	t	es to roini 990, Part IV	/, mie 1/	
1 Indicate whether the organization Mail solicitations				wing activities. Check a		
Internet and email solicitations	\$			Solicitation of gove	-	
Phone solicitations				Special fundraising	=	
In-person solicitations				opcolar randralolling	CVOINS	
2a Did the organization have written of	or oral agreeme	ent with an	y individua	ıl (ıncludıng officers, dir	ectors, trustees or key	
employees listed in Form 990, Pai	t VII) or entity i	ın connecti	ion with pr	ofessional fundraising s	services?	∐ Yes ☐ No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or ent ne organization	tities (fund	raisers) pu	rsuant to agreements u	under which the fundrais	ser is to be
	(") A -1 - 1	(m) Did	fundrager		(v) Amount paid to	(vi) Amount poul to
(i) Name of Individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			 :
		}				
		 	_			
		!				
		 				
		}			·	
						
		ŀ				
			<u> </u>			
Total			•			
3 List all states in which the organiz or licensing	ation is registe	red or lices	nsed to sol	icit funds or has been i	notified it is exempt from	n registration
				· -	-	
				. -		
						
			. 			
			. – – – –			

Sche	dule	G (Form 990 or 990-EZ) 2009 American	Civil Liberties Un	nion of New Mexico I	Foundation 85-027	75276	P	age 2
Par	<u>t II </u>	Fundraising Events. Complete if reported more than \$15,000 on F	the organization ar orm 990-EZ. line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, lii gross receipts grea	ne 18, or eter than S	\$5.00	0.
R	•		(a) Event #1 BORC Dinner (event type)	(b) Event #2 CLE (event type)	(c) Other Events 1 (total number)	(d) Total (Add col (col.	Even	ts
MCZM <m2< th=""><td>1</td><td>Gross receipts</td><td>26,560.</td><td>5,325.</td><td>5,100.</td><td></td><td>36<u>,</u>9</td><td>85.</td></m2<>	1	Gross receipts	26,560.	5,325.	5,100.		36 <u>,</u> 9	85.
	2	Less Charitable contributions	-					
	3	Gross income (line 1 minus line 2)	26,560.	5,325.	5,100.		36,9	85.
	4	Cash prizes						
D	5	Noncash prizes						
DIRECT	6	Rent/facility costs	2,980.	675.	500.		4,1	55.
	7	Food and beverages	5,004.	711.	230.		5,9	45.
X P	8	Entertainment	800.				. 8	00.
EXPENSES	9	Other direct expenses	3,737.	802.	146.		4,6	<u>85.</u>
5	10	Direct expense summary. Add lines 4- th	rough 9 in column (d)		-		15,5	85.
Dar	11	Net income summary Combine lines 3, c	olumn (d) and line 10	-11- F 000 B	▶		21,4	00.
<u>rai</u>	CIII	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	alion answered Te	s to Form 990, Par	t IV, line 19, or rep	oortea mo	re th	an
REVENDE			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total (Add col (col	gamıı a) thro (c))	าg วugh
£	1	Gross revenue						
D X	2	Cash prizes						
D-RECT	3	Non-cash prizes			<u> </u>			
S	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes %	Yes % No	Yes%			
	7	Direct expense summary Add lines 2 three	ough 5 in column (d)		•			
	8	Net gaming income summary. Combine li	nes 1, column (d) and l	line 7				
	ls th	er the state(s) in which the organization op ne organization licensed to operate gaming lo,' explain	• •			9a	YES	NO
		e any of the organization's gaming license	s revoked, suspended c	or terminated during the	tax year?	10a		
11	 Doe	s the organization operate gaming activitie	s with nonmembers?					
	ls th	ne organization a grantor, beneficiary or tru		mber of a partnership or	other entity formed to			
	adn	ninister charitable gaming?				12		

Schedule G (Form 990 or 990-EZ) 2009 American Civil Liberties Union of New Mexico Foundation 85-027	5276	Ρ	age 3
		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	용		
b An outside facility 13b	용		
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 contact 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 \$	15a		
c If 'Yes,' enter name and address of the third party			
Name •			* ,
Address			
16 Gaming manager information			
Name			` >>
Gaming manager compensation ► \$			4,4
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?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in to organization's own exempt activities during the tax year	the		
BAA TEEA3703 02/05/10 Schedule G (Form	n 990 or 9	<u>' </u>	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

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.

Open to Public Inspection

Name of the organization	Employer identification number
American Civil Liberties Union of New Mexico Foundation	85-0275276
Pt VI-A, Line 8b Only the full board is vested with the authority	to act
on behalf of the organization.	
Pt VI-B, Line 11A The Executive Committee and the Finance Committee	e of the board
review the Form 990 with staff and the firm prep	aring the 990,
prior to filing with the IRS.	
Pt VI-B, Line 15 (a) The Personnel Committee of the board determi	nes_the
compensation of the Executive Director through c	omparison
with other ACLU affiliates, local salary surveys	and job
performance.	
Pt_VI-B, Line_15 (b) The Executive Director determines compensati	on for other
officers_and_key_employees_through_comparison_wi	th other
ACLU affiliates, local salary surveys and job pe	rformance.
Pt VI-C, Line 19 The documents are available upon request.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

Parti Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.)

American Civil Liberties Union of New Mexico Foundation

OMB No 1545-0047

2009

Employer identification number 85-0275276 (F)
Direct controlling
entity (F)
Direct controlling
entity **parally** Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) None None None (E)
Public charity status (if section 501(c)(3)) (E) End-of-year assets 509(a)(2) (D) Exempt Code section (**D)** Total income 501(c)(4) 501(c)(3) 501(c)(4) (C) Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) Σ ΝX Ν (B)
Primary activity (B) Primary activity Protection of Protection of Protection of Civil Rights Clv1l Rights Civil Rights 125 Broad St, 18th Floor, New York NY 10004 New York NY 10004 ACLU Foundation (National) 13-6213516 Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity PO Box 566, Albuquerque NM 87103 ACLU New Mexico 85-0197858 ACLU_(Nat10nal)_13-3871360 18th Floor, Broad St, 125

Schedule R (Form 990) (2009)

TEEA5001 02/05/10

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

Schedule R (Form 990) 2009 American Civil Liberties Union of New Mexico Foundation

Page 2

85-0275276

(J) General or managing partner? ٤ Yes **Partition** Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (H) Qisproportionate allocations? £ Yes (F) (G)
Share of total income Share of end-of-year assets Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) (D)
Direct
controlling entity (C)
Legal
domicile
(state or
foreign (B) Primary Activity (A)
Name, address, and EIN of related organization

rt IV,	(H) Percentage ownership						
s' to Form 990, Pa	(G) Share of end-of-year assets						
ation answered 'Ye tax year.)	(B) (C) (Direct Type of entity Share of total income Share of end-of-year (C corp, S corp, country) (C corp, S corp, or trust)						
of the organizations the	(E) Type of entity (C corp, S corp, or trust)						
rust (Complete	(D) Direct controlling entity						
rporation or Ti treated as a c	(C) Legal domicile (state or foreign country)						
axable as a Co l d organizations	(B) Primary Activity						
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, Ine 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		;		 		

Schedule R (Form 990) (2009)

TEEA5002 02/05/10

Page 3

85-0275276

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule			Voc	2
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				2
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		l e l	^ 	$ \times$
b Gift, grant, or capital contribution to other organization(s)		1 b	_	$ _{\times}$
c Gift, grant, or capital contribution from other organization(s)		10	×	
d Loans or loan guarantees to or for other organization(s)		P L	\vdash	×
e Loans or loan guarantees by other organization(s)		- 1	^	×
		``		Г
f Sale of assets to other organization(s)		1	<u> ^</u>	×
g Purchase of assets from other organization(s)		19	_	×
h Exchange of assets		1 4	_	$ _{\times}$
i Lease of facilities, equipment, or other assets to other organization(s)		:=	^	$ _{\times} $
			-	
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)		٦ ۲	$\hat{-}$	×
1 Performance of services or membership or fundraising solicitations by other organization(s)		=	×	-
m Sharing of facilities, equipment, mailing lists, or other assets		1 3	×	- 1
n Sharing of paid employees		1	×	ſ
		· · · · · · · · · · · · · · · · · · ·	+	
o Keimbursement paid to other organization for expenses	-	10	7	$_{\times}$
p Reimbursement paid by other organization for expenses		1 p	×	ſ

q Other transfer of cash or property to other organization(s)		19		\times
		-	$\stackrel{\sim}{\parallel}$	\times
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.	nd transaction thresho	lds.		
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	volved	
(1) American Civil Liberties Union Foundation (National)		200,	707,0	;
(2)				
(6)				
(4)				
(6)				
(9)				[
BAA TEEA5003 02/05/10	Scheduk	Schedule R (Form 990) (2009)	0) (500	[ନୁ

. . .

Schedule R (Form 990) 2009 American Civil Liberties Union of New Mexico Foundation

Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to 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 asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

(B) (C) (C) (D) Name, address, and EIN of entity Primary activity (state or foreign 501(c)(c)(c)(c)	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount In box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	al or ging er?
			Yes No		Yes No	,	Yes	۶
					_			
							-	
1								
	_							
			<u> </u>					
					_	_		
			_					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							_	
	_							
			-					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
1								
		_						
					_			
			-					
					_			
							-	
	_							
							-	
			_					
					_			
							_	
ВАА		TEEA5004 02/05/10				Schedule R (Form 990) (2009)	z) (066 r	(600

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545 1709

If you are	filing for an Automatic 3-Month	Extension, comple	ete only Part I and c	heck this box				► X
If you are	filing for an Additional (Not Aut	tomatic) 3-Month E	xtension, complete	only Part II (on	page 2 of this	form)		
Do not comp	plete Part II unless you have alrea	ady been granted a	n automatic 3-month	extension on a	previously fil	ed Form 88	68	
	Automatic 3-Month Extens							
A corporation	required to file Form 990-T and	requesting an auto	matic 6-month exter	nsion – check th	nis box and co	mplete Par	t I only	▶
All other corp income tax re	porations (including 1120-C filers eturns), partnerships, REi	MICS, and trusts mu	st use Form 70	04 to request	an extensio	n of time to f	ile
returns noted the additiona Form 990-T	ling (e-file). Generally, you can e I below (6 months for a corporati I (not automatic) 3-month extens Instead, you must submit the full it www irs gov/efile and click on	on required to file F sion or (2) you file F ly completed and si	orm 990-T) Howeve orms 990-BL, 6069, gned page 2 (Part II	er, you cannot for or 8870, group	le Form 8868 returns, or a	electronica	ily if (1) you v or consolidate	want ed
_	Name of Exempt Organization					Employer ide	ntification numbe	er
Type or								
print	American Civil Liber	ties Union o	of New Mexico	Foundatio	on	85-0275	5276	
File by the Number, street, and room or suite number. If a P.O. box, see instructions								
due date for filing your return See	PO Box 566							
instructions	City, town or post office, state, and ZIP co	ode For a foreign address	, see instructions					
	Albuquerque					NM	87103	
Check type of	of return to be filed (file a separa	ite application for e	ach return)	-				
X Form 990)	Form 990-T (cor	poration)		Form 472	20		
Form 990	o-BL	Form 990-T (sec	tion 401(a) or 408(a) trust)	Form 522	27		
Form 990)-F <i>Z</i>		st other than above)	•	Form 606			
Form 990		Form 1041-A	or outlor than above,		Form 887			
<u></u>					1 1 0 , 00 /			
The book	is are in the care of The Ore	ganizatıon _			· -			
Telenhon	e No ►_(505) _266-5915 _		FAX No ► (505	\ 266 - 5916				
	anization does not have an office							▶ □
	for a Group Return, enter the org					thic ic for t	he whole grou	un Li
	s box F I If it is for part of							ıμ,
	sion will cover	the group, check th	is box . [] and a	attacii a iist witi	i ule Hairies a	IIU EIINS OI	all members	
	st an automatic 3-month (6 mont	the for a corporation	required to file For	m 990 T) extens	non of time			
	Nov 15 , 20 10 _ , to file			•				
	tension is for the organization's r		zation return for the	organization na	illed above			
► □	J	Ctarr for						
▶ 😾	calendar year 20 or tax year beginning Apr 1_	20 09 a	nd ending Mar	31 20 1	10			
(C)	tax year beginning _APT_IT_	,20 _05_,0		_				
2 If this to	ax year is for less than 12 month	ns, check reason	Initial return	Fınal retu	urn C	hange in a	ccounting per	nod
	application is for Form 990-BL, 99 undable credits. See instructions	90-PF, 990-T, 4720,	or 6069, enter the	tentative tax, les	ss any	3 a \$		0.
b If this a made	application is for Form 990-PF or Include any prior year overpaym	990-T, enter any reent allowed as a cre	efundable credits and edit	d estimated tax	payments	3b \$		0.
deposit	e Due. Subtract line 3b from line with FTD coupon or, if required, structions					3c \$		0.
Caution. If yo	ou are going to make an electron	nic fund withdrawal	with this Form 8868	see Form 8453	-EO and Forr		for	

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

Form 8868 (Rev 4-2009)