

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)

OMB No 1545 0047 2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For the 2	2010 calen	dar year, or tax year beginning Apr 1 , 2010, and ending	Mar 31	, 2011
В	Check if ap	plicable	C Name of organization American Civil Liberties Union of New Mexico Foun	dation D Employ	yer Identification Number
	Addres	s change	Doing Business As	85-0	0275276
	Name	change	Number and street (or P O box if mail is not delivered to street addr) Room/suit		one number
	Initial	-	PO Box 566	(50)	5) 266-5915
	Termin		City, town or country State ZIP code + 4	(33.	37 200 3320
	Ħ	ied return	Albuquerque NM 87103	G	receipts \$ 1,088,311.
	Ħ		1	(a) Is this a group retur	
	Арриса	ation pending	l	(b) Are all affiliates incl	□
_			Peter Simonson FO BOX 300 Albuquelque NM 6/103	If 'No,' attach a list	
<u></u>		npt status	X 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527		
<u>J</u>	Websit	te: ► WW		(c) Group exemption no	
K		organization	X Corporation Trust Association Other ► L Year of Formation	1979 M s	State of legal domicile NM
Pa		Summar			
			be the organization's mission or most significant activities <u>To maintai</u>		
•			berties of the people of New Mexico in particula		
and	_U <u>S</u>	<u>A in g</u>	eneral, with particular emphasis on the freedom	of religion	n, speech, press,
ē			ion and assemblage, and rights to the franchise, due		
ŏ			x ► ☐ If the organization discontinued its operations or disposed of more	than 25% of its r	iet assets
ಷ			ting members of the governing body (Part VI, line 1a)		3 22
69			dependent voting members of the governing body (Part VI, line 1b)		4 22
ž			of individuals employed in calendar year 2010 (Part V, line 2a)		5 16 6 44
Activities & Governance			of volunteers (estimate if necessary) ed business revenue from Part VIII, column (C), line 12		6 44 7a 0.
•			business taxable income from Form 990-T, line 34		7a 0.
	D IVE	t uniterated	business taxable intollie from Form 990-1, line 34	Prior Year	· · -
	8 Co	ntributions	and grants (Part VIII, line 1h)	905,5	
9	E .		rice revenue (Part VIII, line 2g)	276,9	
Ē	1	_	icome (Part VIII, column (A), lines 3, 4, and 7d)		$\frac{374.}{292.}$ $\frac{32,830.}{2,990.}$
Revenue	1		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	53,9	
	1		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,243,7	
	1		milar amounts paid (Part IX, column (A), lines 1-3)	1/210/	1,011,013
			to or for members (Part IX, column (A), line 4)		
	1		er compensation, employee benefits (Part IX, column (A), lines 5-10)	683,7	748. 716,610.
9				003,	748. 710,010.
Expenses	1		fundraising fees (Part IX, column (A), line 11e)		* * * * * * * * * * * * * * * * * * * *
×pe	b To	tal fundrais	sing expenses (Part IX, column (D), line 25) RECEIV 95, 378		<u> </u>
ш	17 Ot	her expens	es (Part IX, column (A), lines 11a-11d 11 24i)	403,2	252. 423,360.
	18 To	tal expens	es Add lines 13-17 (must equal Part IX column (A) line (25) 2011	1,087,0	000. 1,139,970.
	19 Re	venue less	expenses Subtract line 18 from line 12 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	156,7	75162,421.
88			NITT I	Beginning of Currer	
Assets or Balancos	20 To	tal assets	(Part X, line 16) OGDEN, UT	1,327,4	
A B	21 To	tal liabilitie	s (Part X, line 26)	528,8	
Net /	22 Ne	t assets or	fund balances Subtract line 21 from line 20	798,5	
Pa		Signatur			
			 	hest of my knowledge	e and helief it is true, correct, and
com	plete Decla	ration of prepa	eclare that I have examined this return, including accompanying schedules and statements, and to the iter (other than officer) is based or all information of which preparer has any knowledge	book of my moundage	s and belief, it is true, contest, and
		>	Zellen X della		•
Sig	qn	Signatu	re of officer	Date	10-11
Не	ere		MEUIN LOOVER, BUARD MEMBER	9,	/ 22///
		Type or	print name and title		
		Print/Type :	preparer's name Preparer's signature Date	Check	if PTIN
Pa	id	Farley	vener tarley pres 19/22	self employ	-
	eparer	Firm's name			·
Us	e Only	Firm's addre		Firm's EIN	•
-		i min s audi	ALBUQUERQUE NM 87102		(505) 883-8788
NA-	v the IDS	discuss th	is return with the preparer shown above? (see instructions)	Phone no	X Yes No
_				0101 03/25/11	Form 990 (2010)

	11 930 (2010) American Civil Liberties Union of New Mexico Foundation 63-02/32/6	Page 2
r _a al	Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response to any question in this Part III	
1		
	To maintain and advance the cause of	
	civil liberties of the people of New Mexico in particular, and the people of the	
	See Form 990, Page 2, Part III, Line 1 (continued)	
2	Did the organization undertake any significant program services during the year which were not listed on the prior	١
	Form 990 or 990-EZ? Yes X	No
_	If 'Yes,' describe these new services on Schedule O	1
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	No
	If 'Yes,' describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 50 and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the expenses, and revenue, if any, for each program service reported.	total
48	a (Code) (Expenses \$865,014. including grants of \$0.) (Revenue \$\$52,	898.)
	The ACLU of NM undertakes litigation, advocacy and public education to	
	advance and defend constitutional rights with an emphasis on issues that have broad in	mpact.
	Our litigation and legal advocacy work seeks to establish case law and policy	<u>+</u>
	precedents that protect or expand civil liberties. In 2010-11 our legal program operated with thre	e staff
	attorneys and 25 volunteer cooperating attorneys who donated \$280,955 in legal services. Our team of at	
	represent ordinary people who have experienced an injustice and have decided to reclaim their rights. The	
	NM litigates over 50 cases annually. A large portion of the work of the ACLU of NM involves informing the	
	through media and community events about the importance of preserving individual rights and liberties. The organ	
	utilizes pro-active and strategic media communications and public education to insert civil liber	
	perspectives into dominant news media discourse in ways that energize the public's commitment to	
	See Form 990, Page 2, Part III, Line 4a (continued)	
	2001 2111 230,1 280 2,1 d. (11, 2110 1d 20111110 d)	
41	b (Code) (Expenses \$ including grants of \$) (Revenue \$	
71		
4	c (Code) (Expenses \$ including grants of \$) (Revenue \$))
4	d Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
1	e Total program service expenses ► 865, 014.	

			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? (see instructions)	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, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5_		
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_		Х
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	10	800 ********* **************************	Χ
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11a	Х	
١	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VII	11 b		X
•	c 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	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		Х
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	X	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
ı	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
	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, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 ь		

Form 990 (2010) American Civil Liberties Union of New Mexico Foundation

Part IV: Checklist of Required Schedules (continued)

			162	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		x
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		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
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		<u>x</u>
b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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 committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	40.45	Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X.
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
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	<u>X</u>	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	<u> </u>	X
а	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		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_		Х
			1	1
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	

Form 990 (2010) American Civil Liberties Union of New Mexico Foundation 85-0275276 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 16 16 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Χ (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 16 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3*a* Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a **b** If 'Yes,' enter the name of the foreign country à See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Х 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? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a solicit any contributions that were not tax deductible? Χ b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6b not tax deductible 7 Organizations that may receive deductible contributions under section 170(c). 32À a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7a Х services provided to the payor' b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year 7е e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f Х g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 q h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 9 Sponsoring organizations maintaining donor advised funds. Х a Did the organization make any taxable distributions under section 4966? 9 a **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9h Х 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 3 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b

c Enter the amount of reserves on hand

. 0

ڼ

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

13c

14a

14h

Χ

Form 990 (2010) American Civil Liberties Union of New Mexico Foundation Partivic 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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1b b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents 4 X since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Χ 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 72 X 7 b Х b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8Ь Х 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 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Does the organization have local chapters, branches, or affiliates? Χ b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 a Χ 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Χ b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Χ c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c Χ 13 Does the organization have a written whistleblower policy? 13 14 14 Does the organization have a written document retention and destruction policy? X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers of key employees of the organization 15b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a **b** If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b **Section C. Disclosure** 17 List the states with which a copy of this Form 990 is required to be filed ► New Mexico Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

►The Organization _____PO_Box_566 _____Albuquerque NM 87103 _____(505) 266-5915

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Form 990 (2010)	American Civil Liberties Union of New Mexico Foundation
01111 220 (2010)	American civil bibercies union of New Mexico roundaction

85-0275276

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

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

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

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

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

Check this box if neither the organization		related	d org			on con	nper			
(A)	(B)	(C) Position (check all that apply)					l. A	(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organiza tions in Schedule O)	or director	metitutional trustee	_	ĝ	High est compensated employee	ru.nei	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
(1) Peter Simonson, Exec.Dir. Albuquerque, NM	40.00			Х				69,476.	0.	12,577.
(2) Gary Mitchell, President Albuquerque, NM	2.00	х		Х				0.	0.	0.
(3) Theo Crevenna, VP Albuquerque, NM	2.00			Х				0.	0.	0.
(4) Ellen Lacayo, Sec. Albuquerque, NM	2.00			Х				0.	0.	0.
(5) Kevin Hoover, Treas. Albuquerque, NM	1.00			Х				0.	0.	0.
(6) Mark Ayers, Nat. Board Rep Albuquerque, NM	4.50			х				0.	0.	0.
_(7) John Briscoe Albuquerque, NM	2.00			Х				0.	0.	0.
(8) Ahmad Assed Albuquerque, NM	1.00	Х						0.	0.	0.
(9) Becca Kitson Albuquerque, NM	0.50	Х						0.	0.	0.
(10) Peter Falley Albuquerque, NM	5.00	Х						0.	0.	0.
(11) Bill Hudson Albuquerque, NM	5.00	Х		İ				0.	0.	0.
(12) Stanley Hordes Albuquerque, NM	1.00	Х						0.	0.	0.
(13) Tova Indritz Albuquerlque, NM	1.00	Х						0.	0.	0.
(14) Kendra Jimenez Albuquerque, NM	1.00	Х						0.	0.	0.
(15) Patricia Jones Albuquerque, NM	1.00	Х						0.	0.	0.
(16) Gabino Rendon Albuquerque, NM	1.00	Х						0.	0.	0.
(17) Frank Susman Albuquerque, NM	0.50	Х						0.	0.	0.
BAA			TEEA	0107	12	2/21/10			·	Form 990 (2010)

*Part VII Section A. Officers, Directors, Trus		ey	En			es,	and			oloyee		<u>11)</u>
(A)	(B)			(C) ion (check all that apply)				(D)	(E)		(F)	
Name and title	Average hours per week (describe hours for related organi zations in Sch O)		Institution	Officer		Highest compensated employee		Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo con org a	stimated unt of oth opensation the ganization of related anization	her on n d
(18) Joe Sackett	"									_		
Albuquerque, NM	4.00	Х						0.	0.	<u> </u>		0.
(19) Gene Grant												
Albuquerque, NM	0.50	X						0.	0.	ļ		0.
(20) John Salamcak	1 00											_
Albuquerque, NM	1.00	X	┝	-	-	_		0.	0.			0.
_(21) Michelle Brown-YazzieAlbuquerque, NM	1.00	v						0.	0.			0.
(22) Trish Steindler	1.00	^				_		0.	0.			<u> </u>
Albuquerque, NM	6.00	X						0.	0.			0.
(23) Gene Lindsay	10.00		<u> </u>									
Albuquerque, NM	0.50	X						0.	0.			0.
(24) Peter Ossorio												
Albuquerque, NM	1.00	Х					<u> </u>	0.	0.			0.
_(25)				l	ł					,		
				-	_							
_(26)												
(27)												•
(28)									-			
(29)												
1 b Sub-total		<u> </u>		<u> </u>	1	l	<u> </u>	69,476.	0	 	12 1	577.
c Total from continuation sheets to Part VII, Section	Α						•	03,170.		<u> </u>	12/	,,,,
d Total (add lines 1b and 1c)							•	69,476.	0.		12,5	577.
2 Total number of individuals (including but not limited	d to thos	se lis	sted	abo	ve)	who	rec	eived more than	\$100,000 in reporta	ible com	pensa	tion
from the organization • 0												
											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust	ee, k	кеу (emp	loye	e, o	r hiç	ghest compensate	d employee	3		X
•										ا ا	 -	<u> </u>
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the	portable nan \$15	con 0,00	npei 0? /	nsat If 'Y	ion es' a	and :om;	otne olete	er compensation t e <i>Schedule J for</i>	rom			
such individual										4	<u> </u>	X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or the organization of the organiz	ompens	ation	n fro	m a	iny i	ınre	late	d organization or i	individual	5		X
Section B. Independent Contractors	ompiete		ne ut	110 0	, 101	300	n pe	.13011				L_0_
1 Complete this table for your five highest compensation	ed indep	end	ent	con	trac	tors	that	received more th	an \$100,000 of			**
compensation from the organization												
(A) Name and business addres	s							(B Description	of services	Comp	C) ensatio	on
 	-											
2 Total number of independent contractors (including	but not	lımıt	ed t	o th	ose	liste	ed al	bove) who receive	ed more than			
\$100,000 in compensation from the organization												

× 49

29. 550

b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events **OTHER REVENUE** (not including \$ of contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events

9a Gross income from gaming activities

Miscellaneous Revenue

See Part IV, line 19 **b** Less direct expenses 29,550.

(II) Other

(i) Securities

c Rental income or (loss)

7a Gross amount from sales of assets other than inventory

d Net rental income or (loss)

23,817 10,762 13,055 13,055. 0

0

0

29, 550

c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold

c Net income or (loss) from sales of inventory **Business Code**

la Miscellaneous Income	541100	2,884.	2,884.	0.	0.
b					
c					
d All other revenue					
e Total. Add lines 11a-11d	•	2,884.			
2 Total revenue. See instructions	▶	1.077.549	55 782	0	15 595

1

▶

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)

Do . 6b,	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			i sa i	*
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			. ,	á · nás
3	Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16			*	
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	82,053.	65,987.	10,519.	5,547.
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	512,737.	392,431.	66,761.	53,545.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,169.	9,786.	1,561.	822.
9	_	59,468.	45,790.	7,731.	5,947.
10	' '	50,183.	38,641.	6,524.	5,018.
11	Fees for services (non-employees)	•	,	•	
	a Management				
ı	b Legal				
	c Accounting				
	d Lobbying	23,122.	23,122.	0.	0.
	e Professional fundraising services See Part IV, line 17		* * * * * * * * * * * * * * * * * * * *	* * *	
	Investment management fees	5.	5.	0.	0.
	g Other	34,248.	_23,305.	8,935.	2,008.
	Advertising and promotion	34,206.	17 714	10 554	2 020
14	Office expenses Information technology	22,808.	17,714. 17,562.	12,554. 2,965.	3,938. 2,281.
15	Royalties	22,000.	17,502.	2,903.	2,201.
16	Occupancy	52,702.	26,877.	19,733.	6,092.
17	Travel	56,949.	44,394.	11,919.	636.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			,	
19	Conferences, conventions, and meetings		<u> </u>		
20	Interest	27,545.	6,060.	18,455.	3,030.
	Payments to affiliates				
	Depreciation, depletion, and amortization	27,756.	21,372. 1,291.	3,608.	2,776.
	Insurance Other expenses Itemize expenses not	5,868.	1,291.	3,932.	645.
	covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)		· •		
		· 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	*		
	a Litigation services	107,459.	107,459.	0.	0.
	b Recruitment	2,008. 12,676.	1,546. 9,760.	261. 1,648.	201. 1,268.
	<pre>c Postage & printing d Staff Training</pre>	8,081.	6,222.	1,051.	808.
	e	0,001.	0,222.	1,001.	
	f All other expenses	7,927.	5,690.	1,421.	816.
	Total functional expenses. Add lines 1 through 24f	1,139,970.	865,014.	179,578.	95,378.
26	· · · · · · · · · · · · · · · · · · ·				Form 990 (2010)

Part®	X Balance Sheet					
				(A) Beginning of year		(B) End of year
1	Cash — non-interest-bearing			15,999.	1	205,665
2	2 Savings and temporary cash investments	495,501.	2	304,442		
;	Pledges and grants receivable, net		[3	
4	Accounts receivable, net			20,726.	4	73,391
,	Receivables from current and former officers, director and highest compensated employees. Complete Part	**************************************	5	** /*		
	Receivables from other disqualified persons (as defining persons described in section 4958(c)(3)(B), and control sponsoring organizations of section 501(c)(9) voluntations organizations (see instructions)		<u>^</u> 6	<u>*</u>		
A S S S S S S S S S S S S S S S S S S S	Notes and loans receivable, net				7	
Ē {	Inventories for sale or use		8			
s 9	Prepaid expenses and deferred charges			11,757.	9	4,125
10	Da Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	653,001.	*		* * , , ,
	b Less accumulated depreciation	10b	140,149.	498,508.	10c	512,852
1.				283,366.	11	115,865
1:	•			200,0001	12	120,000
1:					13	-
14	. 5				14	
1:	3			1,550.	15	1,550
10		34)		1,327,407.	16	1,217,890
1:		91,617.	17	76,357		
18	, 3				18	70,337
19	• •			52,873.	19	15,515
ا ا 20				52,075.	20	15,515
A 2	•	N/ of S	chadula D		21	
P ~	Escrow of custodial account liability Complete Part	10 01 3	Li ledule D	ν	21	· · · · · · · · · · · · · · · · · · ·
2 2	2 Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe of Schedule L	stees, rsons	key employees, Complete Part II	<u> </u>	22	A CONTRACTOR OF THE SECOND SEC
E 2		nird nar	ties	384,339.	23	375,528
2				304/333.	24	373,320
2		partic	3		25	
20	·			528,829.	26	467,400
-	Organizations that follow SFAS 117, check here	Y a	nd complete lines	320,023.	**	407,400
N E	27 through 29 and lines 33 and 34.	ıı uı	ia complete inics		8E .	
.	7 Unrestricted net assets			664,271.	27	658,823
ا ق	3 Temporarily restricted net assets			134,307.		91,667
ቼ 2				134,307.	29	91,007
R 2	Organizations that do not follow SFAS 117, check he	*		15		
F UND 3	lines 30 through 34.	**	*	* * * * *		
					30	
B 3	Paid-in or capital surplus, or land, building, or equipr	nent fu	nd		31	
	2 Retained earnings, endowment, accumulated income	, or oth	er funds		32	
ANCES 3	3 Total net assets or fund balances			798,578.	33	750,490
5 3	Total liabilities and net assets/fund balances			1,327,407.	34	1,217,890

BAA

٠. نه

Form **990** (2010)

	85 - 027527 <u>6</u>	Page 12
Pant XI Reconciliation of Net Assets		
Check if Schedule O contains a response to any question in this Part XI		
1 Total revenue (must equal Part VIII, column (A), line 12)	4	1 077 540
	1	1,077,549.
 Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 	2	1,139,970.
	3	-62,421.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	798,578.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	14,333.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	750,490.
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response to any question in this Part XII		
1 Accounting method used to prepare the Form 990		Yes No
b Were the organization's financial statements audited by an independent accountant?		2b X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	of the audit,	2c X
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	ssued on a	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3b
BAA	-	Form 990 (2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545 0047 2010

Open to Public Inspection

Name o	ame of the organization Employer identification number											
Ame	rı	can Civil Libe	rties Union o	f New Mexico Fo	oundat	ion			85-02	75276	5	
Par	1	Reason for Publi	ic Charity Status	(All organizations	must c	omple	te this	part.)	See ir	nstruct	ions	
The o	rga	nization is not a privat	e foundation because	e it is (For lines 1 throu	igh 11, c	heck on	ly one b	ox)				
1		A church, convention	of churches or assoc	iation of churches desc	ribed in	section	170(b)(1	I)(A)(i).				
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3												
4												
	name, city, and state											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
8				0(b)(1)(A)(vi). (Complet	e Part II)						
9		from activities related	l to its éxempt function and unrelated business	more than 33-1/3% of ons – subject to certain taxable income (less s mplete Part III)	exception	ons, and	(2) no	more th	an 33-1/	/3% of it	ts support fr	om gross
10		An organization organ	nized and operated ex	xclusively to test for pul	blic safe	ty See	section	509(a)(4	1).			
11		more publicly support	ted organizations des	xclusively for the benefi cribed in section 509(a) ion and complete lines	(1) or s	ection 5	09(a)(2)	tions of See s e	, or carr ection 5	y out the 09(a)(3).	e purposes Check the	of one or box that
		a Type I	b Type II	c Type III	l — Func	tionally	ıntegrat	ed		d 🗌	Type III -	Other
е		By checking this box,	I certify that the organizers and other	anization is not controlle than one or more publi	ed direct icly supp	ly or incorred or	lirectly b ganizati	y one o ons des	r more o scribed i	disqualifi n section	ied persons n 509(a)(1)	or
f		If the organization red check this box	ceived a written deter	mination from the IRS t	that is a	Type I,	Type II	or Type	III supp	orting or	rganızatıon,	
g		Since August 17, 200	6, has the organization	on accepted any gift or	contribi	ution fro	m any o	f the fol	lowing p	ersons?	,	
												Yes No
		below, the gove	rning body of the sup		together	with pe	rsons de	scribed	ın (ıı) a	nd (III)	11 g (i)	
		` '	er of a person describ	**							11 g (ii)	
		(iii) A 35% controlle	ed entity of a person of	described in (i) or (ii) at	oove?						11 g (ıii)	l
h		Provide the following	information about the	supported organization	n(s)		,					
		(f) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	s the tation in i) listed in overning ment?	the organ	ou notify lization in n (i) of upport?	organiz	s the ation in nn (i) ed in the 3.7	(vii) Amoun	t of support
					Yes	No	Yes	No	Yes	No		
(A)					.	ļ						
(B)							ļ					
(C)					,							
<u>(D)</u>												
<u>(E)</u>									j			
Total									۷			

Schedule A (Form 990 or 990-EZ) 2010 American Civil Liberties Union of New Mexico Foundation 85-0275276 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support					-		
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')	413,208.	770,814.	800,522.	905,564.	976,172.	3,866,280.	
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						<u>.</u>	
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	413,208.	770,814.	800,522.	905,564.	976,172.	3,866,280.	
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)						328,785.	
6	Public support. Subtract line 5 from line 4						3,537,495.	
Sec	tion B. Total Support							
Caleı begii	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
7	Amounts from line 4	413,208.	770,814.	800,522.	905,564.	976,172.	3,866,280.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,670.	19,777.	7,165.	7,292.	2,990.	57,894.	
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)	129,515.	151,441.	199,985.	346,480.	109,149.	936,570.	
11	Total support. Add lines 7 through 10			ii s			4,860,744.	
12	Gross receipts from related activ	ities, etc (see inst	tructions)	•		12	645,421.	
	First five years. If the Form 990 organization, check this box and	stop here		id, third, fourth, oi	r fifth tax year as	a section 501(c)(3	8) ▶ □	
	tion C. Computation of Pu						T	
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	e 11, column (f))		14	72.78%	
	Public support percentage from 2	,	,			15	%	
16 a	16a 33-1/3% support test − 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	b 33-1/3% support test — 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	17a 10%-facts-and-circumstances test − 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. □							
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization' meets and organization' meets and 'facts-and organization' meets and organi	meets the 'facts-a d-circumstances'	ind-circumstances test The organiza	s' test, check this ation qualifies as	box and stop here a publicly support	e. Explain in Part ed organization	IV how the ▶ □	
18 BAA	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a,			990 or 990-EZ) 2010	

Schedule A (Form 990 or 990-EZ) 2010 American Civil Liberties Union of New Mexico Foundation 85-0275276 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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support				-		
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 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, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)	Ŷ	15				
Sec	tion B. Total Support					, -	_
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
12	•				 		
	Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990	is for the organiza	I. ation's first, secon	l d, third, fourth, o	I r fifth tax year as	<u>l</u> a section 501(c)(3)	
Sec	organization, check this box and tion C. Computation of Pu		Percentage				-11
				o 12 column (6)		1.5	
	Public support percentage for 20			e 13, column (f))		15	8
	Public support percentage from :					16	96
	tion D. Computation of Inv					1:_1	
	Investment income percentage for	•	**	•	mn (f))	17	- 8
	Investment income percentage fi				nd line 15	18	%
	 33-1/3% support tests — 2010. If is not more than 33-1/3%, check 33-1/3% support tests — 2009. If 	this box and stop	here. The organ	ization qualifies a	is a publicly suppo	rted organization	▶ [_]
	line 18 is not more than 33-1/3%	, check this box a	and stop here. The	e organization qua	alifies as a publicly	y supported organiz	ation >
20	Private foundation. If the organi	zation did not che	ck a hox on line 1	4 19a or 19b c	heck this box and	see instructions	▶

Schedule A (Form 990 or 990-EZ) 2010 American Civil Liberties Union of New Mexico Foundation 85-0275276 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Other Income Part II, Line 10
Description: Miscellaneous
2006: 0.
2007: 534.
2008: 2031.
2009: 801.
2010: 2884.
Description: Program services
2006: 70379.
2007: 99287.
2008: 145883.
2009: 276974.
2010: 52898.
Description: Special events
<u>2006: 59136.</u>
2007: 26515.
2008: 22310.
2009: 36985.
<u>2010: 23817.</u>
Description: Rental
<u>2006: 0.</u>
<u>2007: 25105.</u>
2008: 29761.
2009: 31720.
2010: 29550.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.

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

2010

Operato Public inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

	$\frac{\partial}{\partial C} = \frac{\partial}{\partial C} $	rganizations complete rait in								
Name	Name of organization Employer identification number									
Ame	erican Civil Libert	<u>ies Union of New Mexico Fou</u>	ndation	85-027527						
	RartileAt Complete if the organization is exempt under section 501(c) or is a section 527 organization.									
1	1 Provide a description of the organization's direct and indirect political campaign activities in Part IV									
2	Political expenditures			▶ \$						
	Volunteer hours									
Pai	Part B Complete if the organization is exempt under section 501(c)(3).									
1	Enter the amount of any exc	ise tax incurred by the organization under s	section 4955	▶ \$						
2	Enter the amount of any exc	ise tax incurred by organization managers i	under section 4955	▶ \$						
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No					
4 8	Was a correction made?				Yes No					
	If 'Yes,' describe in Part IV									
Pai	rt I-C Complete if the o	rganization is exempt under section	on 501(c) , except							
1	Enter the amount directly exp	pended by the filing organization for section	n 527 exempt function	activities • \$						
2	Enter the amount of the filing function activities	g organization's funds contributed to other of	organizations for secti	on 527 exempt ► ş	;					
3	3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b									
4	4 Did the filing organization file Form 1120-POL for this year?									
5	organization made payments amount of political contribute	and employer identification number (EIN) of For each organization listed, enter the anions received that were promptly and directly action committee (PAC). If additional span	nount paid from the fi by delivered to a sepa	ling organization's fund rate political organization	s Also enter the					
	(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-					
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										

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

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010	O Amorican Civi	l Liberties Union	of Now Moves	Foundation 95-027	5276 Page 2				
Part II-A Complete if	the organization			nd filed Form 5768 (e					
section 501(h)).								
	A Check ▶ ☐ if the filing organization belongs to an affiliated group								
B Check ► If the filing	ng organization check	ed box A and 'limited cor	itrol' provisions appl	у					
(The term	Limits on Lobbyin 'expenditures' means	g Expenditures s amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals				
1 a Total lobbying expenditu	ures to influence publi	c opinion (grass roots lot	obying)	3,791.					
b Total lobbying expenditu	ures to influence a leg	islative body (direct lobby	ying)	28,564.					
c Total lobbying expenditu	ures (add lines 1a and	1b)		32,355.					
d Other exempt purpose e	expenditures			1,125,576.					
e Total exempt purpose e	xpenditures (add lines	1c and 1d)		1,157,931.					
f Lobbying nontaxable an both columns	nount Enter the amou	int from the following tab	le in	190,793.					
If the amount on line 1e, col	umn (a) or (b) is Th	e lobbying nontaxable a	mount is	* * * * *	***				
Not over \$500,000	20	1% of the amount on line 1e		1 . 4 se 🐠.j.					
Over \$500,000 but not over \$1,	,000,000 \$1	00,000 plus 15% of the excess	over \$500,000	***					
Over \$1,000,000 but not over \$	\$1,500,000 \$1	75,000 plus 10% of the excess	over \$1,000,000	~ *	4 10 10 10 18				
Over \$1,500,000 but not over \$	\$17,000,000 \$2	225,000 plus 5% of the excess of	ver \$1,500,000	, , ,					
Over \$17,000,000	\$,000,000							
g Grassroots nontaxable a	amount (enter 25% of	line 1f)		47,698.					
h Subtract line 1g from lir	ne 1a If zero or less,	enter -0-		0.					
i Subtract line 1f from lin	e 1c If zero or less, e	nter -0-		0.					
j If there is an amount ot section 4911 tax for this	her than zero on eithe s year?	r line 1h or line 1i, did th	e organization file F	orm 4720 reporting	Yes No				
(Som	ne organizations that	Year Averaging Period L made a section 501(h) el below. See the instruction	ection do not have t	to complete all of the five					
	Lobby	ng Expenditures During	4-Year Averaging P	Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total				
2a Lobbying non-taxable amount	148,941	. 175,766.	183,69	3. 190,793.	699,193.				
		j. 1. 1.	3 g 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	* 4 * 4					

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a Lobbying non-taxable amount	148,941.	175,766.	183,693.	190,793.	699,193.	
b Lobbying ceiling amount (150% of line 2a, column (e))				de ug	1,048,790.	
c Total lobbying expenditures	24,405.	4,480.	1,528.	32,355.	62,768.	
d Grassroots nontaxable amount	37,235.	43,942.	45,923.	47,698.	174,798.	
e Grassroots ceiling amount (150% of line 2d, column (e))					262,197.	
f Grassroots lobbying expenditures	23,185.	2,913.	572.	3,791.	30,461.	

BAA

Schedule **C** (Form 990 or 990-EZ) 2010

(b)

Part II-B	Complete if	the organization	n is exempt	under section	501(c)(3) a	and has NOT	filed F	orm !	5768
	(election un	der section 50°	(h)).		, , , ,				

	Yes	No	Amour	ıt
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	1	7,5		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			40 8 48	
b If 'Yes,' enter the amount of any tax incurred under section 4912	No.			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	9	. ***		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			INK	医器 第 3
Rantill: A Complete if the organization is exempt under section 501(c)(4), section 50)1(c)(5)	, or		
section 501(c)(6).				
			Y	es 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	
Rartill Ba Complete if the organization is exempt under section 501(c)(4), section 50)1(c)(5)), or		
section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if I is answered 'Yes.'	Part III-	A, lir	ie 3	
1 Dues, assessments and similar amounts from members		1	-	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
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		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
expenditure next year?	iilicai	4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Partily Supplemental Information				
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5,	and Part	II-B, I	ine 1i	
Also, complete this part for any additional information				
				- -
				- - -
				

schedule (folill and of and-fr) folil American Civil Piperfies Outon of New Mexico Londorfion 92-07/27/9	Page 4
Rartiva 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.

OMB No 1545 0047

Employer identification number

	erican Civil Liberties Union o		85-0275276
Рä	tili Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	nds or Accounts. Complete if
	the organization answered 'Yes' t	o 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 dor funds are the organization's property, subject	nor advisors in writing that the assets held in do to the organization's exclusive legal control?	onor advised Yes No
6	used only for charitable purposes and not for purpose conferring impermissible private benefits		r any other Yes No
Pa	Conservation Easements. Complete	lete if the organization answered 'Yes	s' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply)	
	Preservation of land for public use (e g , r	ecreation or education) Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in	the form of a conservation easement on the
	and the same same same same same same same sam		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation ease	ments	2b
	Number of conservation easements on a certif		2c
	Number of conservation easements included in	` '	
_	structure listed in the National Register	•	2d
3	Number of conservation easements modified, tax year ►	_	ited by the organization during the
4	Number of states where property subject to co	onservation easement is located >	
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, hants it holds?	andling of violations, Yes No
6	Staff and volunteer hours devoted to monitorin	ng, inspecting, and enforcing conservation easi	ements during the year
7	Amount of expenses incurred in monitoring, in ► \$	nspecting, and enforcing conservation easemen	nts during the year
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection Yes No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue are to the organization's financial statements that o	nd expense statement, and balance sheet, and describes the organization's accounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, of wered 'Yes' to Form 990, Part IV, line	or Other Similar Assets. e 8.
1	a If the organization elected, as permitted under art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its finan	s held for public exhibition, education, or resea	enue statement and balance sheet works of arch in furtherance of public service, provide,
1	o If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenue ld for public exhibition, education, or research	e statement and balance sheet works of art, in furtherance of public service, provide the
	(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 a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets 116 (ASC 958) relating to these items	for financial gain, provide the following
	Revenues included in Form 990, Part VIII, line	, ,	► \$
	Assets included in Form 990, Part X		►\$

Schedule D (Form 990) 2010 Americ Part III Organizations Mainta				85-027 Other Similar Ass		Page 2 nued)
3 Using the organization's acquisitivems (check all that apply)	on, accession, and	other records, che	eck any of the following	that are a significant us	e of its collec	ction
a Public exhibition		d 🔲 Loan	or exchange programs			
b Scholarly research		e 🗌 Other				
c Preservation for future gener						
4 Provide a description of the organ Part XIV					ın ın	
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or receiv	e donations of art	, historical treasures, or	other similar	Yes	□No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangements	. Complete if	organization answei			
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or c	ther intermediary	for contributions or othe	r assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV and cor	mplete the following	ng table			
					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), Part X, line 21?			Yes	∐ No
b If 'Yes,' explain the arrangement			10/ 11 5	000 5 1871		
Part V Endowment Funds. Co					1	
1 - Day	(a) Current year	(b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four ye	ears back
1 a Beginning of year balance					 	
b Contributions				** * * /	* 9 * 0 (
c Net investment earnings, gains, and losses						**'
d Grants or scholarships				₩ ₹ Ø • • • •	14 / 🚜 🔻	* .
 Other expenditures for facilities and programs 				* * *	Ø : 1 ·	
f Administrative expenses		<u> </u>			P 18	
g End of year balance	<u> </u>	<u> </u>		* * *	₩ 5 ₩ 5	
2 Provide the estimated percentage	•	lance held as				
a Board designated or quasi-endow		⁰				
b Permanent endowment ►	%					
c Term endowment	જ					
3a Are there endowment funds not a organization by	n the possession of	the organization	that are held and admini	stered for the	Yes	No
(i) unrelated organizations					3a(i)	10
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(ii), are the related of	vrganizations listed	as required on Sc	hedule R2		3b	
4 Describe in Part XIV the intended					30	
Part VI Land, Buildings, and						
Description of investment	(a) Co	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land			73,500.	* .	7	3,500.
b Buildings			421,240.	96,885.		4,355.
c Leasehold improvements			82,932.	15,128.		7,804.
d Equipment			75,329.	28,136.		7,193.
e Other						
Total. Add lines 1a through 1e (Column	n (d) must equal Fo	rm 990, Part X, c	olumn (B), line 10(c))	•	51	2,852.
ВАА				Sched	lule D (Form	

Book VIII I Investment - Other Convities Con	Les Union of New Mexic	- 10	75276 Page 3
Part VII Investments—Other Securities. See			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	ition rket value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other	-		
(A)			
(B)			
(C)			
(D)			
(Ē)			
<u>(F)</u>			
<u>(G) </u>			
<u>(H)</u> 			
_(<u>)</u>			··· -
(5) (2)	•	6 4 3 3 3	* * *
Part VIII Investments-Program Related. (See		line 13)	
(a) Description of investment type	(b) Book value	(c) Method of valua	ation
(1)		Cost or end-of-year ma	rket value
(2)			·
(3)		-	
(4)	-		<u> </u>
(5)			······································
(6)	- 		
(7)			
(8)			
(9)			
(10)			
	•		. * *
Part IX Other Assets. (See Form 990, Part X	(, line 15)	00 000 000 000	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column		_	·
Part X Other Liabilities. (See Form 990, Part X	rt X, line 25)		
(a) Description of liability	(b) Amount		* * *
(1) Federal income taxes			* * * *
(2)		-	. , »
(3)			* .
(4)			
(5)			`
(6)		_	
(7)			
(8)			
(9)		_	
(10)		\dashv	
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	▶		
2. FIN 48 (ASC 740) Footnote In Part XIV, provide the tex organization's liability for uncertain tax positions under FIN	kt of the foothole to the or N 48 (ASC 740)	ganization's iinancial statements that	reports the

		0275276 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	
1	Total revenue (Form 990, Part VIII,column (A), line 12)	1,077,549.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,139,970.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-62,421.
4	Net unrealized gains (losses) on investments	14,335.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	14,335.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-48,086.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	
1	Total revenue, gains, and other support per audited financial statements	1 1,372,833.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
	Net unrealized gains on investments 2a 14,335.	
	Donated services and use of facilities 280, 955.	
c	Recoveries of prior year grants	
	Other (Describe in Part XIV)	
	Add lines 2a through 2d	2e 295,290.
	Subtract line 2e from line 1	3 1,077,543.
-	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1,011,013.
	Investments expenses not included on Form 990, Part VIII, line 7b	
	O Other (Describe in Part XIV)	
	Add lines 4a and 4b	4c 5.
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5 1,077,548.
	t'XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	2/011/0101
	Total expenses and losses per audited financial statements	1 1,420,922.
	Amounts included on line 1 but not on Form 990, Part IX, line 25	1,420,322.
	Donated services and use of facilities 280,955.	. 33
		3
	· · · · · · · · · · · · · · · · · · ·	>
		200.057
	Add lines 2a through 2d	2e 280,957.
3	Subtract line 2e from line 1	3 1,139,965.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: I Investments expenses not included on Form 990, Part VIII, line 7b 4a 5.	- ? 1
	Investments expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) 4a 5.	*
	Add lines 4a and 4b	4c 5.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5 1,139,970.
	t XIV Supplemental Information	2/203/3.00
Com Part any	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete that additional information	ies 1b and 2b, iis part to provide
<u>Pt</u> .	X FIN 48 Footnote: The implementation of FIN 48 had no	
	impact on NM ACLU's financial statements. Management of	
	NM ACLU does not believe there are any material uncerta	<u>in</u>
	tax positions and, accordingly, it did not recognize an	·Y
	liability for unrecognized tax benefits as of April 1,	2010,
	nor any interest or penalities for the year ended March	31, 2011.
<u>Pt</u>	XIII Line 2d rounding	
BAA	TEEA3304 02/11/11 S	Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 American Civil Liberties Union of New Mexico Foundation	8 <u>5-</u> 02752 <u>76</u>	Page 5
Schedule D (Form 990) 2010 American Civil Liberties Union of New Mexico Foundation Part XIV: Supplemental Information (continued)		
±		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<b></b> -
	<del>-</del> -	
		- <b>-</b>
	<del>-</del>	
		- <b>-</b>

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

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

Employer identification number

ZU I U

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

American Civil Liberties	Union of 1	New Me	xico Fo	oundation	85-027527	6
Partition Fundraising Activities. Complete Form 990-EZ filers are not required.	ete if the organ uired to comple	iization an ete this pa	iswered 'Y irt	es' to Form 990, Part IV	/, line 17	
<ul> <li>Indicate whether the organization rate</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written employees listed in Form 990, Part</li> </ul>	or oral agreem VII) or entity II	ough any nent with a n connect	of the folloge f gany individuon with pr	Solicitation of non- Solicitation of gove Special fundraising ual (including officers, cofessional fundraising s	all that apply government grants rnment grants events directors, trustees or ke ervices?	Yes No
b If 'Yes,' list the ten highest paid ind compensated at least \$5,000 by the	organization	ities (iuna	raisers) pu	ursuant to agreements u	inder which the fundrais	ser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						
3 List all states in which the organiza or licensing						

	dule <b>G</b> (Form 990 or 990-EZ) 2010 American				
Pai	reported more than \$15,000 of fu and 6a. List events with gross res	indraising event conf	tributions and gro	orm 990, Part IV, li oss income on Form	ne 18, or 1 990-EZ, lines 1
		(a) Event #1 BORC Dinner	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
R E		(event type)	(event type)	(total number)	throught column (c))
¥ N U	1 Gross receipts	19,680.			19,680.

2 Less Charitable contributions 19,680. 19,680. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes DIRECT 6 Rent/facility costs 1,114. 1,114. 7 Food and beverages 4,165. 4,165. EXPENSES 8 Entertainment 500. 500. Other direct expenses 2,438 2,438. 10 Direct expense summary Add lines 4- through 9 in column (d) 8,217. Net income summary Combine line 3, column (d), and line 10 11,463. Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant (c) Other gaming (d) Total gaming REVENUE bingo/progressive bingo (add column (a) through column (c)) 1 Gross revenue 2 Cash prizes D P E N S E S T S 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and line 7 9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? No **b** If 'No,' explain Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? No **b** If 'Yes,' explain

Schedule G (Form 990 of 990-E2) 2010 American Civil Liberties Union of New Mexico Foundation 85-U2/52/6 Pag	<u>e 3</u>
11 Does the organization operate gaming activities with nonmembers?  Yes No	,
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	)
13 Indicate the percentage of gaming activity operated in	
a The organization's facility	<u>5</u>
b An outside facility	ğ
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?	٥V
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the amount	
of gaming revenue retained by the third party  \$	
c If 'Yes,' enter name and address of the third party	
Name ►	
Address ►	
16 Gaming manager information	
Name ►	
Gaming manager compensation ► \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	)
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
organization's own exempt activities during the tax year \sim \\$ <b>Rartival Supplemental Information.</b> Complete this part to provide the explanations required by Part I, line 2b,	—
columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	
	_
	—
	_
	_
	—
	—

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

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2010

Open to Public

linspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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 reguest.	
Pt VI-A, Line 5 unrealized loss on investments	
Pt VI-B, Line 12c Board members and key employees are given a copy	of the
Policy at the beginning of their service and ann	ually
thereafter. Each member or key employee shall ackr	nowledge having received,
read and understood the policy and if they have	a matter,
they are required to disclose under this policy	at that
time, shall disclose that matter.	
	<del>-</del>
	· <b></b>

SCHEDULE R (Form 990)

2010

OMB No 1545-0047

Open to Public® Inspection

(f)
Direct controlling
entity Part II Identification of Related Tax-Exempt Organizations (Complete of 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.) Employer identification number 85-0275276 (e) End-of-year assets Part I Identification of Disregarded Entities (Complete If the organization answered 'Yes' to Form 990, Part IV, line 33.) Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37, Partach to Form 990. • See separate instructions. (d) Total income Related Organizations and Unrelated Partnerships (c) Legal domicile (state or foreign country) (b) Primary activity American Civil Liberties Union of New Mexico Foundation (a) Name, address, and EIN of disregarded entity Department of the Treasury Internal Revenue Service Name of the organization **€** 윽 3 **£** 6 ତ୍ର

	,		4	,	Ş	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(r) Direct controlling entity	Sec 512(b)(13) controlled entity?
						Yes No
(1) ACLU New Mexico 85-0197858	Protection of					
PO Box 566, Albuquerque NM 87103 Clvil Rights	Civil Rights	NM	501(c)(4)		None	
(2) ACLU (National) 13-3871360	Protection of					
125 Broad St, 18th Floor, New York NY 10004 Civil Rights	Civil Rights	NY	501(c)(4)		None	
(3) ACLU Foundation (National) 13-6213516 Protect	Protection of					
125 Broad St, 18th Floor, New York NY 10004 Civil R	Civil Rights	NY	501(c)(3)	509(a)(1)	None	
(4)						
(5)						
			i			
<del>-</del>						
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	tions for Form 990.		TEEA5001 12/22/10		Schedule R (F	Schedule R (Form 990) 2010

Page:2

85-0275276

Schedule R (Form 990) 2010 American Civil Liberties Union of New Mexico Foundation

**Partition** Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 per legals if had one or more related organizations treated as a partnership during the tax year.)

Decause It liad of Hole lefated of gallizations fleated as a partitle ship duffing the tax year.)		מובת חותם	IIIZationis treat	eu as a paririer	allib dullig dile	lax year.)				
(a) Name, address, and EIN of	(b) Primary activity	(c) Legal	(c) (d) Legal Direct	(e) Predominant	(f) Share of total	<b>(g)</b> Share of	(h) Dispropor-	Code V-UBI	(j) General or	(k) Percentage
	<b>,</b>	domicile (state or	controlling entity	income (related, unrelated, excluded	Income		tionate allocations?	amount in box 20 of Schedule	managing partner?	ownership
		foreign country)		from tax under sections 512-514)			Yes No	K-1 (Form 1065)	Yes No	
	_									
1 1 1										
-										
	•									
1										
			_							

Ine 34 because it had one or more related organizations taxable as a Corporation or Trust (Complete if the organization answer.)	axable as a Cor	poration or Tr treated as a c	<b>ust</b> (Complete or the	of the organizations of the control	ation answered 'Ye tax year.)	as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, nizations treated as a corporation or trust during the tax year.)	rt Ⅳ,
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(n) Share of total income	Legal domicile Direct (Corpt) Share of total income Share of end-of-year (Percentage state or foreign controlling entity (Corpt), Scorp, Corpt.)	(h) Percentage ownership
σ		(famo)					
(2)							
		-					,
(8)							
				į			
ВАА		TEEA5002 12/07/10	07/10			Schedule R (Form 990) 2010	1 990) 2010

Page 3

85-0275276

Schedule R (Form 990) 2010 American Civil Liberties Union of New Mexico Foundation

85-0275276

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

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	ટ
During the tax year did the organization engage in any of the	lions listed in Parts II-I	^>			
a Receipt of (1) interest (11) annuities (111) royalites (117) rent from a controlled entity			a	1	×
<b>b</b> Gift, grant, or capital contribution to other organization(s)			1 p		×
c Gift, grant, or capital contribution from other organization(s)			10	×	
d Loans or loan quarantees to or for other organization(s)			PL		×
e Loans or loan guarantees by other organization(s)			1e		×
f Sale of assets to other organization(s)			11		×
g Purchase of assets from other organization(s)			1g		×
			1h	_	×
i Lease of facilities, equipment, or other assets to other organization(s)			11		×
j Lease of facilities, equipment, or other assets from other organization(s)			l-		×
k Performance of services or membership or fundraising solicitations for other organization(s)			<del>,</del> =		×
I Performance of services or membership or fundraising solicitations by other organization(s)			=	×	
m Sharing of facilities, equipment, mailing lists, or other assets			1m	×	
n Sharing of paid employees			1n	X	
					<b>E3</b>
o Reimbursement paid to other organization for expenses			10		$\times$
p Reimbursement paid by other organization for expenses			1p	×	à
					2:
			=		× :
		:	-	1	×
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.	g covered relationships	and transaction thresh	olds.	i	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	I) letermii involve	a d
(1) American Civil Liberties Union Foundation (National)	ပ	581,847.	FMV		
(2)					
(3)				'	
(4)					
(5)					
(9)					
BAA TEEA5003 12/23/10		Sche	Schedule R (Form 990) 2010	(066 1	2010

# Rand 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 assets or gross

(d) (e) (f) (g) (g) (g) (e) (e) (foreign address, and EIN of entity (state or foreign section assets and EIN of entity (foreign activity (foreign assets and EIN of entity (foreign approximate assets) (foreign approximate assets and EIN of entity (foreign approximate assets and EIN of entity (foreign approximate assets) (foreign approximate assets and EIN of entity (foreign approximate assets and EIN of entity (foreign approximate assets) (foreign appr	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Are all partners section 501(c)(3)	ortners on (3)	(e) Share of end-of-year assets	(f) Disproportionate	(g) Code V-UBI amount in box 20 of Schedille K-1	(h) General or managing	ral or aging
		(famo)	organizal Yes	No S		Yes	Form (1065)	Yes	Š
(ι)									
(2)									
						-			
(3)									
(4)									
( <u>5</u>									
(9)	i								
						•			
	_		_						
	-								
ВАА		TEEA5004 12/23/10					Schedule R (Form 990) 2010	rm 990	) 2010

S'chedule R	(Form 990) 2010	American Civil	Liberties Unior	of New Mexico E	Foundation	85-027527	6 Page <b>5</b>
Part VII	Supplementa	l Information				<u> </u>	
	Complete this	part to provide	additional info	rmation for res	ponses to ques	tions on Schedule	R
-	(000 111011100111	5,1107.	<del></del>				
				<b></b> _			. <b></b>
							<b></b>
							·
	<b></b>						· <b></b>
			<b></b>				
							· <b></b>
							- <del>-</del>
						<b></b>	. <del></del> .
							· <b></b>
							<del>-</del> -
							<b>-</b>
					<b></b>		

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.

# Form **8868**(Rev January 2011)

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

Form 8868 (Rev 1-2011)

<ul><li>If you are</li></ul>	e filing for an Automatic 3-Month Extension, com	plete only	Part I and check this box		<b>►</b> X	
-	e filing for an Additional (Not Automatic) 3-Month		, , , , , , , , , , , , , , , , , , , ,	- /		
Do not comp	<i>plete Part II unless</i> you have already been granted	d an automa	atic 3-month extension on a previously fil	ed Form 8868		
corporation r request an e Associated V	ing (e-file). You can electronically file Form 8868 equired to file Form 990-T), or an additional (not xtension of time to file any of the forms listed in Filth Certain Personal Benefit Contracts, which ming of this form, visit www irs gov/efile and click o	automatic) Part I or Pai ist be sent i	3-month extension of time You can elec rt II with the exception of Form 8870, Info to the IRS in paper format (see instructio	tronically file Form 8 ormation Return for 1	868 to Fransfers	
Part I A	utomatic 3-Month Extension of Time.	nly subm	ut original (no copies needed).			
	n required to file Form 990-T and requesting an a			omplete Part I only	<b>&gt;</b>	
All other corp income tax r	porations (including 1120-C filers), partnerships, i eturns	REMICS, ar	nd trusts must use Form 7004 to request	an extension of time	to file	
	Name of exempt organization			Employer identification number		
Type or print  File by the due date for filing your return See instructions						
	American Civil Liberties Union of New Mexico Foundation 85-0			85-0275276		
	Number, street, and room or suite number. If a P.O. box, see instructions					
	PO_Box 566					
	City, town or post office, state, and ZIP code. For a foreign address, see instructions					
	Albuquerque NM 87103					
Enter the Return code for the return that this application is for (file a separate application for each return)						
Application Is For		Return Code	Application Is For		Return Code	
Form 990		01	Form 990-T (corporation)			
Form 990-BL		02	Form 1041-A			
Form 990-EZ		03	Form 4720		09	
Form 990-PF		04	Form 5227			
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069		11	
Form 990-T (trust other than above)		06	Form 8870		12	
Telephor  If the org  If this is check this	te are in the care of The Organization  The No (505) 266-5915  Janization does not have an office or place of bus for a Group Return, enter the organization's four is box  If it is for part of the group, check asion is for	iness in the digit Group		this is for the whole nd EINs of all memb	•	
	est an automatic 3-month (6 months for a corpora	tion require	d to file Form 990-T) extension of time			
until Nov 15 , 20 11 _, to file the exempt organization return for the organization named above						
The extension is for the organization's return for						
calendar year 20 or						
► X tax year beginning Apr 1 , 20 10 _, and ending Mar 31 _ , 20 11 _						
	ax year entered in line 1 is for less than 12 month ange in accounting period	ns, check re	ason. Initial return Fin	aal return		
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.					0.	
c Balanc EFTPS	c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions					
Caution. If y payment ins	ou are going to make an electronic fund withdraw tructions	al with this	Form 8868, see Form 8453-EO and Form	m 8879-EO for		

**BAA** For Paperwork Reduction Act Notice, see Instructions.