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Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Open to Public Inspection

<u>A F</u>	or th	e 2012 calendar year, or tax year beginning APR 1, 2012 and e	ending M	<u>IAR 31, 2013</u>	<u> </u>				
В	heck if			D Employer identifi	cation number				
	pplicab	AMERICAN CIVIL LIBERTIES UNION -							
	_Addre	e NJ FOUNDATION							
	]Name	Doing Business As		22-2	010593				
	]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er				
	Termi ated	PO BOX 32159		(973	)642-2086				
	Amen return	City, town, or post office, state, and ZIP code		G Gross receipts \$ 816,651					
	Application	L NEWARK, NO 0/102	H(a) is this a group re						
	pendi	F Name and address of principal officer UDI OFER		for affiliates?	Yes X No				
	_	SAME AS C ABOVE		H(b) Are all affiliates in					
1.7	ax-ex	empt status: X 501(c)(3)	r 527	If "No," attach a	list (see instructions)				
JV	Vebsi	te: ► WWW.ACLU-NJ.ORG		H(c) Group exemption	•				
KF	orm o	forganization: X Corporation Trust Association Other	L Year		M State of legal domicile: NJ				
	rt I	Summary							
	1	Briefly describe the organization's mission or most significant activities: PROVI	DE AS	SISTANCE TO	THOSE				
Activities & Governance		DENIED THEIR CIVIL LIBERTIES							
E E	I	Check this box  If the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets				
ē.	l	Number of voting members of the governing body (Part VI, line 1a)		3	20				
ၓ	l	Number of independent voting members of the governing body (Part VI, line 1b)		4	20				
•ර ග	I	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	•	5	14				
itie	l	Total number of volunteers (estimate if necessary)		6	100				
츷	I	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
¥	I	Net unrelated business taxable income from Form 990-T, line 34		<u>7a</u> 7b					
	В	Tret unleiated business taxable income from Form 990-1, line 34			0.				
		Contributions and grants (Part VIII line 1b)	-	Prior Year	Current Year				
ಲಿಲ್ರೆ Revenue	I	Contributions and grants (Part VIII, line 1h)	•	<u>1,289,083.</u>	505,065.				
62 E	I	Program service revenue (Part VIII, line 2g)	·	0.	0.				
Ž &	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	$\vdash$	65,765.	64,745.				
Curricus Heve	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	$\vdash$	338,157.	240,629.				
<del>-</del>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,693,005.	810,439.				
Ħ	,	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
AUN Senses	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	1,147,143.	1,203,287.				
V //UIN Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
> Å	b	Total fundraising expenses (Part IX, column (D), line 25) ► 221, 61	5.						
- Э Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	324,681.	332,125.				
•	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>1,471,824.</u>	1,535,412.				
j	19	Revenue less expenses Subtract line 18 from line 12		221,181.	<724,973.				
Assets or Balances			Be	ginning of Current Year	End of Year				
asets	20	Total assets (Part X, line 16)		4,234,331.	3,654,407.				
	21	Total liabilities (Part X, line 26)		44,209.	7,353.				
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		4,190,122.	3,647,054.				
Pa	ırt II	Signature Block							
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is				
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.					
		Med of		10/16/	13				
Sigi	n	Signature of officer		Date /					
Her		■ UDI OFER, EXECUTIVE DIRECTOR							
*		Type or print name and title							
		Print/Type preparer's name Prepa/er's signature		ate Check	X PTIN				
Paid	l	JAMES M. WOOD	- lo	9/16/13 of self-employ					
Prep		Firm's name JAMES M. WOOD, CPA		Firm's EIN	22-3604710				
Use		Firm's address 603B OMNI DRIVE							
	J.11.5	HILLSBOROUGH, NJ 08844		Phone no /	908)431-1700				
	, tha II	RS discuss this return with the preparer shown above? (see instructions)	_	Phone no. (					
				<del></del>	Yes No				
2320	01 12-1	0-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	15.		Form <b>990</b> (2012)				

	1990 (2012) NJ FOUNDATION 22-2010593 Page 2
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
	PROMOTE AND DEFEND CIVIL LIBERTIES PRINCIPLES.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	if "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$1,029,168. including grants of \$) (Revenue \$)
	1. PROVIDE LEGAL ADVOCACY AND REPRESENTATION TO 50-100 PEOPLE EACH
	YEAR.
	2. EDUCATE OUR MEMBERS AND THE GENERAL PUBLIC ABOUT THEIR CIVIL
	LIBERTIES AND CONSTITUTIONAL RIGHTS THROUGH PUBLICATIONS, SPEAKING
	ENGAGEMENTS, WEBSITE, AND MEDIA.
	3. CONDUCT OUTREACH TO COMMUNITIES NEEDING HELP AND GUIDANCE ON CIVIL
	LIBERTIES ISSUES.
	4. DEVELOP PUBLICATIONS AND STUDIES OF CURRENT CIVIL LIBERTIES
	PROBLEMS AND ISSUES SUCH AS A REPORT ON HOW NJ POLICE HANDLE INTERNAL
	AFFAIRS COMPLAINTS.
	MITHING CONTENTION
45	
4b	(Code) (Expenses \$
<b>4</b> c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
	Total program service expenses ► 1,029,168.
_ <del>-rc</del> _	Form <b>990</b> (2012)
23200	

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		l	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D. Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			1
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		-	
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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	11c		x
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	1.10		
<u>.</u>	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>	-	
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	Λ	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	446		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		_^_
13	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45		v
16	·	15		X
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	40		37
47		16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	_18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<del>                                     </del>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>2</b> 0a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	- The state of the	Τ		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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,			<b>.</b>
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<del>                                     </del>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	_23	├──	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a	-	X
b		24b	<del>                                     </del>	<del> </del> -
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	<del></del> -	<del> </del>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<del></del>	<del>                                     </del>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			3.5
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ł
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		
~	Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disgualified	25b_	<del> </del>	X
26				x
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	07		x
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		^
28	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		^
·	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30	x	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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	35b		
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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		]	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
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Pa	t 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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
	(gambling) winnings to prize winners?	1c	Х	
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 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year . 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	.		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders . 11a		ĺ	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	İ		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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	l		
	organization is licensed to issue qualified health plans		ĺ	
	Enter the amount of reserves on hand . 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>_X_</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
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		X						
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_		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X						
5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	_7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		ĺ							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X						
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	X							
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a Did the organization have a written conflict of interest policy? If "No," go to line 13										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this was done	12c		X						
13	Did the organization have a written whistleblower policy?	13	X_							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	X							
	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		<u> X</u>						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
<u>Sec</u>	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►NJ									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le							
for public inspection. Indicate how you made these available Check all that apply.										
Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	f finan	cial							
	statements available to the public during the tax year	_								
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person										
	THE ORGANIZATION - (973)642-2086									
23200	PO BOX 32159, NEWARK, NJ 07102		000	(0010)						

Page 7

## Part VII 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.

(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	hours per box, unless person is both an					h an	compensation	compensation	amount of
	week		<del></del>					from	from related	other
	(list any hours for	director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	5	stee			sate		(W-2/1099-MISC)	(***2/1099*141130)	organization
	organizations	Individual trustee	Institutional trustee		) še	Highest compensated employee		(11 2 1000 111100)		and related
	below	deal	tution	Ja	Key employee	est co	Je.			organizations
	line)	直	as	Officer	ě.	돌	Former			
(1) FRANK CORRADO	2.00									
PRESIDENT		X		X				0.	0.	0
(2) DEBRA E. GUSTON	2.00	1								
VICE PRESIDENT		X		X				0.	0.	0
(3) JOSEPH B. PARSONS	2.00									
TREASURER		X		X				0.	0.	0
(4) RYAN J. COOPER	2.00		ĺ							
SECRETARY		X		X				0.	0.	0
(5) EL-RHONDA WILLIAMS ALSTON	1.00									
BOARD MEMBER		X						0.	0.	0
(6) MARC BEEBE	1.00									
BOARD MEMBER		X						0.	0.	0
(7) PEGGY BROOKS	1.00									
BOARD MEMBER		X						0.	0.	0
(8) RONALD K. CHEN	1.00									
BOARD MEMBER		X						0.	0.	0
(9) JAY D. GARTMAN	1.00									
BOARD MEMBER		Х						0.	0.	0
(10) GARY NISSENBAUM	1.00									
BOARD MEMBER		X		_				0.	0.	0
(11) JOEY NOVICK	1.00							_	_	
BOARD_MEMBER		X						0.	0.	0
(12) JOHN O'CONNOR	1.00								_	
BOARD MEMBER		Х		_					0.	0 .
(13) BRUCE ROSEN	1.00									
BOARD MEMBER		Х						0.	0.	0 .
(14) AFSHEEN SHAMSI	1.00							_		
BOARD MEMBER		X		_			_	0.	0.	0.
(15) GARY STEIN	1.00							_	_	-
BOARD MEMBER		X		$\dashv$		$\square$		0.	0.	0.
(16) HEATHER TAYLOR	1.00	<u>-</u>						_	_	_
BOARD MEMBER		Х						0.	0.	0
(17) AVINASH G. TILAK	1.00	<u>-</u>						_		_
BOARD MEMBER		X						0.	0.	0 . Form <b>990</b> (2012

232007 12-10-12

Form **990** (2012

NJ FOUNDATION

Part VII Section A. Officers, Directors, Trus	1	ploy	<u>ees</u>			<u>ighe</u>	st (					<del></del>	
(A)	(B)							(D)	(E)			(F)	
Name and title	Average Position (do not check more than						one	Reportable	Reportable	- 1	E	stimate	ed
	hours per	box	c, unle	ess pe	erson	ıs bo or/tru:	th an	compensation	compensation		ar	mount	of
	Week			T	1	T	1	- HOIII	from related		1	other	_
	(list any hours for	director						the	organizations			npensa	
	related	9	, a			sate		organization (W-2/1099-MISC)	(W-2/1099-MIS	<i>-</i> )		rom th ganızat	
	organizations	trustee or	\frac{1}{2}		မ္မ	le e	1	(44-2/1033-141100)			_	ıd relat	
	below	dual	를	_	[ 6	S as	<u>.</u>					anızatı	
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated emoloyee	Former						
(18) BARBARA VILKOMERSON	1.00												
BOARD MEMBER		X						0.		0.			0.
(19) JEFF WILD	1.00						1			)	1		
BOARD MEMBER		X						0.		0.			0.
(20) LISA WITKOWSKI	1.00	J			1								
BOARD MEMBER		X						0.		0.	L		0.
(21) CAITLIN BORGMANN	1.00												
FORMER BOARD MEMBER		X	<u> </u>		<u> </u>		<u> </u>	0.		0.			0.
(22) RICH PLISKIN	1.00	]					1						
FORMER BOARD MEMBER		X			<u> </u>			0.		0.			0.
(23) UDI OFER	35.00				ŀ								
EXECUTIVE DIRECTOR		_	<u> </u>	X			<u> </u>	0.		0.			0.
(24) ED BAROCAS	35.00	4			ļ		İ						
LEGAL DIRECTOR			<u> </u>	<u> </u>	<u> </u>	X	<u> </u>	116,695.		0.	<u> </u>	9,0	08.
		-											
	-	-	-	<del> </del> -	<del> </del>	+	╁						
		1											
1b Sub-total		<u>!</u>		<u> </u>	<u> </u>	_	-	116,695.		0.	- <del></del>	9,0	n R
c Total from continuation sheets to Part V	II Section A							0.		0.		<del>, , , , , , , , , , , , , , , , , , , </del>	0.
d Total (add lines 1b and 1c)	ii, occioii A							116,695.		0.		9,0	
Total number of individuals (including but it)	not limited to th	าดระ	liste	ed a	hov	e) w	ho r			<u> </u>		<i>J</i> , 0	00.
compensation from the organization	iot intintod to ti	.000	,	Ju u	501	٠, ٠.		received more man wroc	,,ooo or reportable				1
Sample of the same												Yes	No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	y er	nplo	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	such individual										_3		<b>X</b> _
4 For any individual listed on line 1a, is the si									the organization				
and related organizations greater than \$15	0,000? If "Yes,	"cc	mpl	ete S	Sch	edul	e J	for such individual		.	4		X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	y uni	rela	ted organization or indiv	idual for services		!		
rendered to the organization? If "Yes," con	<u>nplete Schedul</u>	<u>e J 1</u>	for s	uch	per	son					5	, ,	<u> </u>
Section B. Independent Contractors		_						<del></del>					
Complete this table for your five highest co	•									ensa	ation f	from	
the organization. Report compensation for	trie calendar y	ear	endi	ng v	VILIT	Or W	/ILI	1	year.			<u> </u>	
(A) Name and business	address	NI	INC	ET.				(B) Description of s	services	С		C) nsatioi	า
			<u> </u>							_			
									- " -			_	
													_
									ļ				
								<u> </u>				_	
2 Total number of independent contractors ( \$100,000 of compensation from the organ	_	ot li	mıte	d to		se li 0	ste	d above) who received m	nore than				
φτου,σου οι compensation from the organ	Lation						_					000	

Page 9 **Statement of Revenue** Part VIII Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (C) Total revenue Related or Unrelated exempt function business revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 505,065 g Noncash contributions included in lines 1a-1f \$ 505,065 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total, Add lines 2a-2f Investment income (including dividends, interest, and 64,745. 64,745. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 53,285 Part IV, line 18 **b** Less direct expenses 47,073. 47,073. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold b Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 900099 192,985. 192,985 11 a LEGAL CASE AWARDS 900099 571 b OTHER INCOME C d All other revenue 193,556. e Total. Add lines 11a-11d 810,439 193,556 111,818. Total revenue See instructions.

Form 990 (2012)

Part IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response	se to any question in thi	s Part IX		
	not include amounts reported on lines 6b, 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 United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	20 046	10 000	4 000	
_	trustees, and key employees	20,046.	12,028.	4,009.	4,009
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	907,437.	E 0 E 2 C E	101 570	140 402
7 8	Other salanes and wages Pension plan accruals and contributions (include	301,431.	585,365.	181,579.	140,493
0	section 401(k) and 403(b) employer contributions)	87,467.	56,338.	17 500	12 (27
9	Other employee benefits	92,973.	59,884.	17,502. 18,604.	13,627
10	Payroll taxes	95,364.	61,424.	19,082.	14,485
11	Fees for services (non-employees):		01,424.	19,002.	14,858
''а	Management .				
b	Legal		- 1	-	
c	Accounting		_		
d	· · · · · · · · · · · · · · · · · ·				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				<del>.</del>
g	011 (1/1) 44 1				<del></del>
Ū	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	58,880.	37,924.	11,783.	9,173
17	Travel	20,295.	13,072.	4,061.	3,162
18	Payments of travel or entertainment expenses				-,-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,409.	9,409.		
20	Interest				
21	Payments to affiliates			_	
22	Depreciation, depletion, and amortization	10,796.	6,954.	2,160.	1,682.
23	Insurance .				<del></del>
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROFESSIONAL FEES	69,152.	44,541.	13,837.	10,774.
b	NEWSLETTER	39,556.	39,556.	0.	0.
c	LITIGATION	30,751.	30,751.	0.	0.
d	PUBLIC EDUCATION	30,450.	30,450.	0.	0.
е	All other expenses	62,836.	41,472.	12,012.	9,352.
25	Total functional expenses. Add lines 1 through 24e	1,535,412.	1,029,168.	284,629.	221,615.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)
Part X Balance Sheet

NJ FOUNDATION

22-2010593 Page 11

<u>Par</u>	t X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X		·	
`	<u> </u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	11,373.	1	25,106
	2	Savings and temporary cash investments	584,496.	2	107,941
	3	Pledges and grants receivable, net	<u>474,936.</u>	3	284,107
	4	Accounts receivable, net .	434,597.	4	249,597
ļ	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
ļ		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
,,		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	<u> </u>
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	26,551.	9	28,030
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D . 10a 134, 195.			
- }	b	Less: accumulated depreciation 10b 103,348.	24,538.	10c	30,847
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	2,666,924.	12	2,913,367
	13	Investments - program-related See Part IV, line 11	<del>.</del>	13	
	14	Intangible assets		14	
İ	15	Other assets See Part IV, line 11	10,916.	15	15,412
_	<u>16</u>	Total assets. Add lines 1 through 15 (must equal line 34)	4,234,331.	16	3,654,407
İ	17	Accounts payable and accrued expenses	44,209.	17	7,353
	18	Grants payable		18	
	19	Deferred revenue	<del>-</del>	19	
	20	Tax-exempt bond liabilities .	<del></del>	20	<del>_</del>
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	<del></del>
	22	Loans and other payables to current and former officers, directors, trustees,			
<u> </u>		key employees, highest compensated employees, and disqualified persons.			
İ	00	Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties		23	
	24 25	Other liabilities (including federal income tax, payables to related third		24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X of			
ļ		Schedule D		25	
İ	26	Total liabilities. Add lines 17 through 25	44,209.	26	7,353
1	<u> 20</u>	Organizations that follow SFAS 117 (ASC 958), check here	44,200.	_20	
ر د		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	4,190,122.	27	3,647,054
ag	28	Temporarily restricted net assets	1,150,122.	28	3,017,031
ğ	29	Permanently restricted net assets		29	<del></del>
<u> </u>		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ב		and complete lines 30 through 34.			
130	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	4,190,122.	33	3,647,054
					3,654,407

Form	990 (2012) NJ FOUNDATION	<u> 22-20</u>	<u> 10</u> :	<u>93</u>	<u>Pa</u>	ge 12
	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
	<del>,                                    </del>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		81	<u>0,4</u>	39.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	53	<b>5,4</b>	12.
3	Revenue less expenses Subtract line 2 from line 1	3	<	< 72	4,9	73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	19	0,1	22.
5	Net unrealized gains (losses) on investments	5		18	1,9	05.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Pnor period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					_
	column (B))	10	3,	64	7,0	54.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		.			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		l		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	j	l		
	separate basis, consolidated basis, or both:		Į			
	Separate basis Consolidated basis Both consolidated and separate basis			l		
b	Were the organization's financial statements audited by an independent accountant?			2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	l			
	consolidated basis, or both		l			
	Separate basis X Consolidated basis Both consolidated and separate basis			1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	ŀ			
	review, or compilation of its financial statements and selection of an independent accountant?		. L	2c	<u>_X</u>	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt				
	Act and OMB Circular A-133?		L	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit	}	İ		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2012)

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Name of t	the organizati		N CIVIL LIBE	RTIES	UNIO	N -				identificati		
Dod	Becom	NJ FOUN							2	<u>2-2010</u>	<u> 593</u>	<u> </u>
Part I			ity Status (All organiz					tructions.				
			because it is: (For lines									
1 📙			s, or association of chur			ction 170	(b)(1)(A)(i)	).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3 🖳	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4 📖	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 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			ent or governmental unr	t describe	d in sectio	n 170(h)(1	ΙΥΔΥν					
7 🗓	•	•	eives a substantial part					or from the	general	public desc	nbed	ın
	•	b)(1)(A)(vi). (Comple	•			<b>3</b>			<b>J</b>	P		•••
8 🔲	•		ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🔲	_		eives: (1) more than 33			rom contri	butions, m	nembershi	p fees, a	nd gross red	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	in excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support	from gross	invest	tment
	income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon	after June 3	0, 197	75
	See section	<b>509(a)(2).</b> (Complete	Part III.)									
10 🔲	An organizati	on organized and or	perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	<b>1)</b> .				
11 🔲	An organizati	on organized and or	perated exclusively for the	ne benefit (	of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes o	f one	or
	more publicly	supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(2	2) See sec	tion 509(	<b>a)(3).</b> Ch	eck the box	that	
	describes the	type of supporting	organization and comple		_							
	a Type I	l <b>b</b>	/pell c T	ype III - Fu	nctionally	ntegrated	C	<b>і</b> 📖 Тур	e III - No	n-functional	y inte	grated
e 📖	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified	persons oth	er tha	เก
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	itions desc	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				_
		rganization, check th										
g	•		organization accepted ar			-						<del></del>
	• •	•	irectly controls, either al	one or tog	ether with	persons o	lescribed i	n (ii) and (	iii) below		Yes	No
	-		upported organization?							11g(i)		
	` ,	•	n described in (i) above?							11g(ii)		1
	• •	•	person described in (i) o	• •	•			•		11g(iii)	L	L
h	Provide the i	ollowing information	about the supported or	garlization	(5)							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did you	ı notify the	(vi) Is	the	(vii) Amount	of mo	netarv
	anization	(,	(described on lines 1-9	, , ,	sted in your		ion in col.	organizátic (i) organiz	ed in the		port	
			above or IRC section (see instructions))	governing	document?	(i) or you	support?	port? U.S.?				
			(acc manuchona))	Yes	No	Yes	No	Yes	No			

<u>Total</u> LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

17130916 795413 ACLU-F

Schedule A (Form 990 or 990-EZ) 2012 NJ FOUNDATION

22-2010593 Page 2

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 697,546. 556,591. 505,065 2,084,390 1,289,083 5 132 675. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 556.591. 697.546. 4 Total. Add lines 1 through 3 505,065 2,084,390 1,289,083, 5,132,675, The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 5 132 675 Section B. Total Support (b) 2009 Calendar year (or fiscal year beginning in) (a) 2008 (c) 2010 (d) 2011 (e) 2012 (f) Total 556,591 697,546 7 Amounts from line 4 505,065 2,084,390 1,289,083 5,132,675. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 123,269 79.242 75,899 65,765 64,745. 408,920. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 2,710 1,153 172 308,571 193.556 506,162. assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 6.047.757. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 84.87 14 % 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f) 85.49 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  $\triangleright [X]$ b 33 1/3% support test - 2011. 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 17a 10% -facts-and-circumstances test - 2012. 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 b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

## Schedule A (Form 990 or 990-EZ) 2012 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)	

Section A. Public Support	iow, piease com	piete Part III)				
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and		(-,	197-2	19/22	107 = - 10	(1)
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 organ- ization'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						
6 Total. Add lines 1 through 5						
7a 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						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		•		T		
Calendar year (or fiscal year beginning in) 🕨 🗀	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for 1	the organization'	e firet second the	d fourth or fifth to	l av vear as a scot	ion 501(c)/3) organia	ation
check this box and stop here	no organización:	a mai, accoriu, triii	a, routin, or mill to	an year as a sect	on son (c)(s) organiz	auori,
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2012 (lir			column (f))	_	15	<u> </u>
16 Public support percentage from 2011		-		•	16	%
Section D. Computation of Inves						
17 Investment income percentage for 201	2 (line 10c, colur	mn (f) divided by lii	ne 13, column (f))		17	%
18 Investment income percentage from 2	011 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2012. If the o	organization did r	not check the box	on line 14, and line	15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an				-		. ▶□
b 33 1/3% support tests - 2011. If the colored line 18 is not more than 33 1/3%, check	-			•	•	and
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ii	nstructions	<u> </u>

### **SCHEDULE D**

(Form 990) `

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN CIVIL LIBERTIES UNION -

**Employer identification number** 

_	NJ FOUNDATION		Other Circuits Front	22-2010593
Par			Other Similar Fund	S OF ACCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line			
		(a) Dor	or advised funds	(b) Funds and other accounts
1	Total number at end of year .			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the	assets held in donor adv	ised funds
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writi	ng that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?	•		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization ansv	vered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all th	at apply)	
	Preservation of land for public use (e.g., recreation or e			istorically important land area
	Protection of natural habitat	•		rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ified conservation	on contribution in the form	of a conservation easement on the last
	day of the tax year.			
	,,			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements	•		2b
c	Number of conservation easements on a certified historic str	ructure include	d in (a)	2c
d	Number of conservation easements included in (c) acquired			
_	listed in the National Register	,		2d
3	Number of conservation easements modified, transferred, re	eleased, extingu	ished, or terminated by th	<del></del>
Ū	year >	nouse u, enunge		gg
4	Number of states where property subject to conservation ea	sement is locat	ed ▶	
5	Does the organization have a written policy regarding the per		•	· •
•	violations, and enforcement of the conservation easements i		<b>3</b> , <b>3</b>	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		conservation easements	
7	Amount of expenses incurred in monitoring, inspecting, and	-		
8	Does each conservation easement reported on line 2(d) above			
Ŭ	and section 170(h)(4)(B)(ii)?	,	,	Yes No
9	In Part XIII, describe how the organization reports conservati	tion easements	in its revenue and expens	se statement, and balance sheet, and
•	include, if applicable, the text of the footnote to the organiza		•	
	conservation easements			3
Pai	t III Organizations Maintaining Collections o	of Art, Histor	rical Treasures, or (	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, III	ne 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to	report in its revenue state	ement and balance sheet works of art.
	historical treasures, or other similar assets held for public ext			
	the text of the footnote to its financial statements that descri			
h	If the organization elected, as permitted under SFAS 116 (AS			nt and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e			
	relating to these items	,		3
	(i) Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		•	► \$ ► \$
2	If the organization received or held works of art, historical tre	easures or othe	r similar assets for financi	
~	the following amounts required to be reported under SFAS 1			g, p. e
а	Revenues included in Form 990, Part VIII, line 1	5 ( .20 000) (		<b>▶</b> \$
	Assets included in Form 990, Part X		•	► \$ ► \$
D	rasots included in Form 550, Falt A		•	· · · · · · · · · · · · · · · · · · ·

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

Schedule D (Form 990) 2012

	dule D (Form 990) 2012 NJ FOUNI			<del></del>				22-20	10593	Page 2
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	ds, ched	ck any of the	following th	at are a si	gnıficant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	C	, <u> </u>	Loan or exc	change progr	rams				
b	Scholarly research	e	, 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how t	hey further t	the organizat	ion's exer	npt purp	ose in Par	t XIII	
5	During the year, did the organization solicit or	receive donations	of art, h	nstorical trea	asures, or oth	ner sımılar	assets			
	to be sold to raise funds rather than to be ma								Yes	X No
Pai	t IV Escrow and Custodial Arrang	<b>gements.</b> Compl	ete if th	e organizatio	on answered	"Yes" to	Form <b>9</b> 90	, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other a	ssets not	ıncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:						
									Amount	
С	Beginning balance					-	1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance .					•	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes	No
	If "Yes," explain the arrangement in Part XIII.							···		
Pai	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10	0.			
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (	d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance .									
b	Contributions .									
C	Net investment earnings, gains, and losses				ļ					
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	-:								
f	Administrative expenses _									
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	lg, column (a	a)) held as					
а	Board designated or quasi-endowment > _		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	ation th	at are held a	ind administe	ered for th	e organız	ation	_	
	by:								\	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
ь	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI   Land, Buildings, and Equipme	<b>ent.</b> See Form 990	, Part X	, line 10		r <del>-</del>				
	Description of property	(a) Cost or o		, , ,	or other	( <b>c</b> ) Ac	cumulate	d	(d) Book	value
		basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land .									
b	Buildings									
С	Leasehold improvements				<u>,_</u>					
d	Equipment			13	<u>4,195.</u>	1	03,34	18.	30	,847.
	Other			<u> </u>						
Total	. Add lines 1a through 1e (Column (d) must eq	jual Form 990, Part	X, colur	nn (B), line 1	0(c))				30	.847.

Schedule D (Form 990) 2012 NJ FOUNDAT LO Part VII - Investments - Other Securities. See		no 10		22-2010593 Page				
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation: Cost or end-of-yea					
(1) Financial derivatives	(5) 20011 14.140	(6)		- Orla or your market value				
2) Closely-held equity interests								
3) Other	<del> </del>	<del></del>						
(A) MUTUAL FUNDS	2,911,3	71. END-OF-	YEAR MARK	ET VALUE				
(B) ACLU POOLED FUND	1,9		YEAR MARK					
(C)								
(D)				_				
(E)								
(F)								
(G)								
(H)								
(1)								
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,913,3		<del> </del>					
Part VIII Investments - Program Related. Se				<del></del>				
(a) Description of investment type	(b) Book value	(c) Method of	valuation Cost o	r end-of-year market value				
(1)				<del> </del>				
(2)								
(3)								
(4)	··· ··· ···		<u>_</u> _					
(5)				· · · · · · · · · · · · · · · · · · ·				
(6)								
(7)			··.					
(8) (9)								
(10)								
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			·	<del></del> ,				
Part IX Other Assets. See Form 990, Part X, line	15.		·					
	Description	<del></del>		(b) Book value				
(1)								
(2)								
(3)								
(4)			******					
(5)								
(6)		. = .						
(7)								
(8)								
(9)			·					
(10)		<del></del>						
Total. (Column (b) must equal Form 990, Part X, col. (B) line								
Part X Other Liabilities. See Form 990, Part X, li	ne 25	(b) Book value						
(a) Description of liability		(b) book value						
(1) Federal income taxes			_					
(2)		<del></del>						
(3)								
(5)			_					
(6)			7					
(7)		<del></del>	7					
(8)								
(9)								
(10)								
	•							
(11)								
(11) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	25)							

Schedule D (Form 990) 2012 NJ FOUNDATION		2010593 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Returr	1
1 Total revenue, gains, and other support per audited financial statements	1	992,344.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net unrealized gains on investments 2a 181,905		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants	7	
d Other (Describe in Part XIII.)	7 !	
e Add lines 2a through 2d	2e	181,905.
3 Subtract line 2e from line 1	3	810,439.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII )  4b	7 !	
c Add lines 4a and 4b	4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	810,439.
Part XII   Reconciliation of Expenses per Audited Financial Statements With Expenses per		
Total expenses and losses per audited financial statements	1	1,535,412.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments 2b	7 /	
c Other losses 2c	7 /	
d Other (Describe in Part XIII.)	7	
e Add lines 2a through 2d		0.
3 Subtract line 2e from line 1	3	1,535,412.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)  4b	7 !	
c Add lines 4a and 4b	-  4c	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,535,412.
Part XIII Supplemental Information		1/333/1121
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	1b and	2b: Part V. line 4: Part
X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
PART III, LINE 1A: ORGANIZATION RECEIVED THE RIGHT TO USE T		MAGE OF
ORIGINAL ARTWORK FROM WHICH PRINTS ARE MADE. PRINTS ARE NO	T CA	PITALIZED
AS THEY ARE HELD AND DISTRIBUTED IN FURTHERANCE OF PUBLIC S	ERVI	CE RATHER
THAN FINANCIAL GAIN. PRINTS ARE PROTECTED, PRESERVED, AND	KEPT	
UNENCUMBERED. ORGANIZATION POLICY REQUIRES THAT PRINTS NOT	BE	SOLD.

Schedule D (Form 990) 2012

### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990'or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

2012

Open To Public

Name of the organization

AMERICAN CIVIL LIBERTIES UNION

FOUNDATION

Employer identification number

22-2010593

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990 EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes □No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts tò (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes No

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

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

Schedule G (Form 990 or 990-EZ) 2012

Total

22-2010593 Page 2 Schedule G (Form 990 or 990-EZ) 2012 NJ FOUNDATION Part II · Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events US SUPREME NONE (add col. (a) through COURT BRIEFI col (c)) (total number) (event type) (event type) 53,285. 53,285 Gross receipts 2 Less: Contributions 53,285 53,285. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 6,212 6,212. Other direct expenses 6,212 10 Direct expense summary Add lines 4 through 9 in column (d) 47,073 11 Net income summary. Combine line 3, column (d), and line 10 Part III Garming. 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses % Yes Yes Yes 6 Volunteer labor No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: Yes a is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2012

232082 01-07-13

Schedule G (Form 990 or 990-EZ) 2012 NJ FOUNDATION	22-	<u> 201059</u>	3 Page 3
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 e to administer charitable gaming?	entity formed	Yes	s □ No
13 Indicate the percentage of gaming activity operated in:	•		
a The organization's facility		13a	%
b An outside facility		13b	%
Enter the name and address of the person who prepares the organization's gaming/special events b	ooks and records:		
Name ▶			
Address ▶			
15a Does the organization have a contract with a third party from whom the organization receives gaming	g revenue?	Yes	No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$	_ and the amount		
of gaming revenue retained by the third party ▶\$  c If "Yes," enter name and address 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 procee	ds to		
retain the state gaming license?		Yes	No No
b Enter the amount of distributions required under state law to be distributed to other exempt organization's own exempt activities during the tax year ▶ \$	ations or spent in the		
Part IV Supplemental Information. Complete this part to provide the explanations required by Parlines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide an	•		
	, , , , , , , , , , , , , , , , , , , ,		<del></del>
			78
	Schedule G (For	m 900 or 0	20. E7\ 2042

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Open to Public Inspection

Name of the organization

AMERICAN CIVIL LIBERTIES UNION

**Employer identification number** 

NJ FOUNDATION 22-2010593 Types of Property (a) (b) (c) (d) Noncash contribution Method of determining Check if Number of applicable contributions or amounts reported on noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art X **FASB 116** 1 2 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 7 8 Intellectual property Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 **Taxidermy** Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other 26 Other 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? X 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked. 33

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

Schedule M (Form 990) (2012)

describe in Part II

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

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

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN CIVIL LIBERTIES UNION - NJ FOUNDATION

Employer identification number 22-2010593

FORM 990, PART VI, SECTION B, LINE 11: AN ELECTRONIC VERSION OF THE 990 IS
PROVIDED TO ALL BOARD MEMBERS FOR A 7-DAY REVIEW PERIOD. THEREAFTER, THE
990 IS SIGNED BY THE BOARD PRESIDENT AND EXECUTIVE DIRECTOR AND IS FILED
WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 15: COMPARABLE POSITION SALARY DATA IS
USED TO DETERMINE THE SALARY OF THE EXECUTIVE DIRECTOR; THE FINAL SALARY
LEVEL IS APPROVED BY THE BOARD AFTER REVIEW.
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.
SAME AS LAST YEAR

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number 22-2010593

(f) Direct controlling

entity

End-of-year assets **e**  Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) LIBERTIES UNION ► Attach to Form 990. Primary activity 9 AMERICAN CIVIL NJ FOUNDATION Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part

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

(a)	<b>(</b> 2)	(0)	(p)	<b>(e)</b>	E	(g)	7
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 3 12(5),	(c) Yo's
of related organization		foreign country)	section	status (if section	entity	entity?	U
				501(c)(3))		Yes	No
AMERICAN CIVIL LIBERTIES UNION OF NJ -							
22-1758950, PO BOX 32159, NEWARK, NJ 07102 MEMBERSHIP	MEMBERSHIP		501(C)(4)			_	×
AMERICAL CIVIL LIBERTIES UNION FOUNDATION -							
13-6213516, 125 BROAD STREET, NEW YORK, NY							
10004	PARENT ORGANIZATION		501(C)(3)				×
AMERICAN CIVIL LIBERTIES UNION - 13-3871360				-			
125 BROAD STREET							
NEW YORK, NY 10004	PARENT ORGANIZATION		501(C)(4)				×

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

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 NJ FOUNDATION

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

Page 2

22-2010593

)r ntage ship											
(j) (k): General or Percentage managing ownership partner? Yes No											
General or managing partner?			_								
_ × 9 (S)											
(i) le V-UB int in bc Schedu orm 106											
Code V-UBI of amount in box r 20 of Schedule K-1 (Form 1065)											
h) bortion- cations?	_										
(h) Disproportionate allocations?						<u> </u>		_	 		
(g) Share of end-of-year assets											
en Si											
otal											
(f) Share of total income											
(e) Predominant income (related, unrelated, excluded from lax under sections 512-514)											
(e) Inant in I, unrela rom tax s 512-5											
redomi (related iluded f section											
exc exc				 		ļ 					
(d) Direct controlling entity									,		
(d) ect con entit											
			ļ	 							
(c) Legal domicile (state or foreign											
t <b>ý</b>		-		 							
(b) ry activi											
(b) Primary activity											
ш.				Ι	I		I			ı	
_											
nd Ell\											
(a) Name, address, and EIN of related organization											
, addr lated α											
Name of re											
							-	•		-	

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

		8 E E	2	ŝ												
	9	512(b)	entit	Yes			-		 			 				
	Ξ	Percentage 512(bχ13)														
	(B)	Share of	assets													
	£	Share of total	2													
	(e)	Type of entity	or trust)													
	<b>(</b> G	Direct controlling	CHILL)													
	(2)	Legal domicile	foreign	country)												
ing the tax year.	(q)	Primary activity														
organizations treated as a corporation of trust during the tax year,	(a)	Name, address, and EIN														

Schedule R (Form 990) 2012

232162 12-10-12

# AMERICAN CIVIL LIBERTIES UNION NJ FOUNDATION

Schedule R (Form 990) 2012

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

Page 3

22-2010593

Yes No

 $|\mathbf{x}|\mathbf{x}|\mathbf{x}|$ 

			(6)
	0	0	(2) ACLU NJ
	0	Z	(1) ACLU NJ
(d) Method of determining amount involve	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of other organization
relationships and transaction thresholds	his line, including covered	who must complete t	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
			<ul> <li>r Other transfer of cash or property to related organization(s)</li> <li>s Other transfer of cash or property from related organization(s)</li> </ul>
			<ul> <li>p Reimbursement paid to related organization(s) for expenses</li> <li>q Reimbursement paid by related organization(s) for expenses</li> </ul>
<u> </u>			o Sharing of paid employees with related organization(s)
= =		anization(s)	<ul> <li>m Performance of services or membership or fundraising solicitations by related organization(s)</li> <li>n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> </ul>
= -		anization(s)	<ul> <li>Lease of facilities, equipment, or other assets from related organization(s)</li> <li>Performance of services or membership or fundraising solicitations for related organization(s)</li> </ul>
<u>-</u>			j Lease of facilities, equipment, or other assets to related organization(s)
			ii Fulcilase of assets ifoli related organization(s) i Exchange of assets with related organization(s)
			g Sale of assets to related organization(s)
•			f Dividends from related organization(s)
<u> </u>			
<del>+</del>			<ul> <li>Giff, grant, or capital contribution from related organization(s)</li> <li>I cans or loan cuarantees to or for related organization(s)</li> </ul>
<u>-</u>			<b>b</b> Gift, grant, or capital contribution to related organization(s)
<u> </u>	)		a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
in Parts II-IV?	elated organizations listed	is with one or more r	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
			Note Complete ine 1 if any entity is listed in Darts II III or IV of this schedule

××

×

×

××

Schedule R (Form 990) 2012

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232163 12-10-12

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Schedule R (Form 990) 2012 NJ FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if 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 revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) Percentage ownership						
General or managing partner?						
Gene Dart						
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 paring?			:			
Disproportionale allocations?						
Disp Disp	 	<u> </u>		<u> </u>	 	_
(g) Share of end-of-year assets						
(f) Share of total income						
Are all partners sec 501(c)(3) orgs?						
Predominant income (related, unrelated, excluded from tax under section 512-514) ry						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity						

34

# AMERICAN CIVIL LIBERTIES UNION -NJ FOUNDATION 22-2010593 Page 5 Schedule R (Form 990) 2012 Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Schedule R (Form 990) 2012

### Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			ightharpoons	
<ul><li>If you a</li></ul>	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form)			
Do not c	omplete Part II unless you have already been granted	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868		
Electroni	c filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tin	ne to file (6	6 months for a	corporation	
required 1	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	868 to request	an extension	
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers .	Associated Wit	th Certain	
Personal	Benefit Contracts, which must be sent to the IRS in pag	er format	(see instructions) For more details of	on the elec	ctronic filing of	this form,	
	irs.gov/efile and click on e-file for Charities & Nonprofits		<del></del>				
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).			
A corpora	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete			
Part I only	<b>y</b>					<b>▶</b>	
	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	st an exter	ision of time		
to file inc	ome tax returns.			<del> </del>			
Type or	Name of exempt organization or other filer, see instru	ictions		Employe	r identification	number (EIN) or	
print	AMERICAN CIVIL LIBERTIES U	NOIN-	_				
_	NJ FOUNDATION				22-2010593		
File by the due date for	Number, street, and room or suite no If a P.O. box, s	ee instruc	tions.	Social se	cial security number (SSN)		
filing your	PO BOX 32159				•	•	
return See instructions	City, town or post office, state, and ZIP code For a fe	oreign add	ress, see instructions.				
	NEWARK, NJ 07102			<del>-</del>	<del></del>		
Entor the	Return code for the return that this application is for (file	a conara	te application for each return)			01	
cittei tiie	neturn code for the return that this application is for this	e a separa	te application for each return				
Application			Application			Return	
	on .	Return					
Is For	Or Form 000 E7	Code 01	Is For			Code	
Form 990 or Form 990-EZ			Form 990-T (corporation)		07		
Form 990-BL			Form 1041-A				
Form 4720 (individual)			Form 4720	09			
Form 990-PF			Form 5227	10			
	PT (sec. 401(a) or 408(a) trust)	05 Form 6069			1		
Form 990	Trust other than above)	06	Form 8870		- <del></del>	12	
	THE ORGANIZATION		N NT 05100				
	books are in the care of $\triangleright$ PO BOX 32159 -	NEWAL					
	one No ► <u>(973)642-2086</u>		FAX No. >			. $\square$	
	organization does not have an office or place of busines					<b>▶</b>	
	s for a Group Return, enter the organization's four digit	7			-		
box 🖊	If it is for part of the group, check this box		ch a list with the names and EINs of		ers the extens	on is for	
1   re	quest an automatic 3-month (6 months for a corporation	•	•				
	NOVEMBER 15, 2013 , to file the exemp	t organiza	tion return for the organization name	ed above	The extension		
is fo	or the organization's return for:						
►l	calendar year or						
	X tax year beginning APR 1, 2012	, an	d ending <u>MAR 31, 2013</u>		_ ·		
2 If th	ne tax year entered in line 1 is for less than 12 months, o	hack reas	on: Initial return	Fınal retur	n		
2 ""	¬ ·	HECK IEAS	on initial return	rinai retur	11		
ــا	_J Change in accounting period						
	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
	nrefundable credits See instructions.			3a	s	0.	
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and		<del>-</del>		
	mated tax payments made Include any prior year over	•		Зь	\$	0.	
	ance due. Subtract line 3b from line 3a Include your pa						
	using EFTPS (Electronic Federal Tax Payment System)	•	•	3c	<b>s</b>	0.	
	If you are going to make an electronic fund withdrawal				EO for paymen		
	or Privacy Act and Paperwork Reduction Act Notice,					58 (Rev 1·2013)	

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