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Department of the Treasury

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

OMB No 1545-0047

Open to Public

			I ► Information about Form 990 and its instructions is at <u>www.IRS.gov/for</u>	<u>rm990</u>		inspection
			endar year, or tax year beginning 04-01-2013 , 2013, and ending 03-31-20.  C Name of organization			
		applicable	AMERICAN CIVIL LIBERTIES UNION INC		D Employer	identification number
	ldress cl	_	Doing Business As		13-3871	360
	ame cha	_				
	ıtıal retu		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone	number
ΓTe	erminate	ed	125 BROAD STREET 18TH FLOOR		(212)54	9-2500
☐ Ar	nended	return	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10004		(=== / = :	
☐ Ap	plicatio	n pending	1211 1311, 11 1200 1		<b>G</b> Gross recei	pts \$ 39,192,495
			F Name and address of principal officer  ANTHONY DOMESO	(a) Is this		
			ANTHONY ROMERO 125 BROAD STREET 18TH FLOOR	subordi	nates?	┌ Yes <a> No</a>
			NEWYORK, NY 10004	(b) Are all	subordınat	es
	av-even	mpt status	501(c)(3)	ınclude		ıst (see ınstructions)
J W	Vebsit	e:► WW	WACLU ORG H(	(c) Group	exemption	number 🕨
				_ Year of form	ation 1920	<b>M</b> State of legal domicile DC
Pa	art I	Sum	mary			
			escribe the organization's mission or most significant activities VATION AND PROMOTION OF CIVIL RIGHTS AND CIVIL LIBERTIES			
e e		FRESER	VATION AND PROMOTION OF CIVIL RIGHTS AND CIVIL LIBERTIES			
e E						
Ë	,	Check th	us box 📭 If the organization discontinued its operations or disposed of mo	ore than 250	% of its not	t accetc
Governance	-	CHECK III	is box if a life organization discontinued its operations of disposed of ino	ore than 25	70 01 165 116	. 433613
	3	Number	of voting members of the governing body (Part VI, line 1a) $ \cdot  \cdot  \cdot  \cdot  \cdot $ .		<u></u> :	79
<u>e</u>	4	Number	of independent voting members of the governing body (Part VI, line 1b) $$ .		· <u> </u>	79
Activities &			mber of individuals employed in calendar year 2013 (Part V, line 2a)		_	5 111
्र			mber of volunteers (estimate if necessary)		· —	99
			related business revenue from Part VIII, column (C), line 12		<b>⊢</b>	<b>a</b> 95,490
	B	Net unie	ated business taxable income nom Form 990-1, line 34	Prior		Current Year
	8	Contril	butions and grants (Part VIII, line 1h)		4,615,205	
喜	9		m service revenue (Part VIII, line 2g)			0
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)		6,023	13,412
产	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		103,031	95,540
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	3	4,724,259	36,933,127
	13		and similar amounts paid (Part IX, column (A), lines 1-3)		667,525	_
	14		ts paid to or for members (Part IX, column (A), line 4)		, , , o	1
	15		es, other compensation, employee benefits (Part IX, column (A), lines			
Expenses	1.5	5-10)	<del></del>		6,849,012	
<u>₹</u>	16a		sional fundraising fees (Part IX, column (A), line 11e)		319,124	1,277,910
Д	17		ndraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ $3,158,092$ expenses (Part IX, column (A), lines $11a-11d$ , $11f-24e$ )	າ	9,063,104	27,211,105
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		6,898,765	
	19		ue less expenses Subtract line 18 from line 12		2,174,506	
<u>১ জু</u>				Beginning o	of Current	End of Year
Net Assets or Fund Balances			L	Yea		
ASS Be	20 21		assets (Part X, line 16)		3,942,179 1,365,284	<del>†</del>
製造	22		sets or fund balances Subtract line 21 from line 20		7,423,105	
Pa	rt III		ature Block		.,,	20/2/0/202
Und my k	er pena knowle	alties of p	perjury, I declare that I have examined this return, including accompanying pelief, it is true, correct, and complete Declaration of preparer (other than o			
		****			-10-01	
Sig		1.	ture of officer	Date		
Her	е		NCE DOUGHERTY COO/GENERAL COUNSEL/ASST TREAS or print name and title			
		P	rınt/Type preparer's name Preparer's signature Date	Check	☐ <sub>If</sub> PT:	IN
Pai	d	М	ARTIN GREIF	self-er	nployed P0	0029738
	pare		ım's name ► MCGLADREY LLP	Firm's	EIN ► 42-07	14325

**Use Only** 

Firm's address ► 1185 AVENUE OF THE AMERICAS

NEW YORK, NY 100362602

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

Phone no (212) 372-1000

✓ Yes 厂No

Par		<b>Statement of Pr</b> Check if Schedule O				rt III		
1	Briefly	describe the organi	zation's missi	on				
LIBE RIGH THRO POLI THAI COM THE TRAI	RTIES, ITS TO DUGHO TICAL N 90 YR MUNIT US GUA DITION	INCLUDING, WITH THE FRANCHISE, T UT THE UNITED ST PARTISANSHIP " T S AGO, SERVING A IES TO DEFEND AN RANTEE THE ACL	OUT LIMITAT O DUE PROC ATES AND IT HE ACLU TO S THE NATIO ID PRESERVE U ALSO WOR OTHEIR RIGH	FION, THE FREE ESS OF LAW, AN TS JURISDICTION DAY REMAINS FON'S GUARDIAN THE INDIVIDU KS TO EXTEND HTS, INCLUDINO	DOMS OF ASSOC: ND TO EQUAL PRO DNS THE ACLU'S FOCUSED ON THE N OF LIBERTY, WO AL RIGHTS AND L RIGHTS TO SEGM G PEOPLE OF COL	LU IS "TO MAINTAIN A IATION, PRESS, RELIGIO DECTION OF THE LAWS OBJECTS SHALL BE SOU OVERARCHING GOALS RKING DAILY IN COURT IBERTIES THAT THE CO ENTS OF THE POPULATI OR, WOMEN, LESBIANS,	ON AND SPE FOR ALL P GHT WHOL SET BY ITS S, LEGISLA NSTITUTIO ON THAT F	EECH, AND THE EOPLE LY WITHOUT FOUNDERS MORE TURES AND ON AND LAWS OF HAVE
2	the pri	or Form 990 or 990-	EZ?		rvices during the y	ear which were not listed o	on 	┌ Yes ┌ No
	If "Yes	," describe these ne	w services on	Schedule O				
3	service	es <sup>?</sup>			t changes in how it	conducts, any program		┌ Yes ┌ No
	If "Yes	," describe these ch	anges on Sch	edule O				
4	expens		3) and 501(c)	(4) organizations	are required to rep	three largest program ser port the amount of grants a		
4a	(Code	)	(Expenses \$	12,616,189	ıncludıng grants of \$	) (Revenu	e \$	)
	LOBBY AFFILIA SUPPO IDENTI	STATE LEGISLATURES AN TES AND SHARES THE PI RT DEPARTMENT, THE NA	D HOST EDUCAT! ROCEEDS OF FUN ATIONAL ACLU PR FERS OF BOTH LO	IONAL FORUMS THRO NDRAISING EFFORTS ROVIDES GRANTS ANI DCAL/REGIONAL AND	DUGHOUT THE YEAR TH WITH AFFILIATES IN AC D SUPPORT TO AFFILIAT NATIONAL SIGNIFICAN	JERTO RICO AFFILIATES HANDL HE NATIONAL ACLU COORDINATI CCORDANCE WITH A DETAILED TES ON SPECIFIC INITIATIVES A CE THE AFFILIATE SUPPORT DE UNCE	ES FUNDRAISIN POLICY THROUND PROJECTS	NG EFFORTS WITH ITS JGH ITS AFFILIATE THAT HAVE BEEN
46	/Codo	<u> </u>	(Expenses \$	13,874,565	ıncludıng grants of \$	) (Revenu	10 ft	\
4b	MEETIN 500,00 EMPHA PROCE	TION - THROUGH NEWSI IGS AND WORKSHOPS CO O MEMBERS AND TO THE SIZE FIRST AMENDMENT	LETTERS, ITS CONDUCTED IN CO PUBLIC AT LARG RIGHTS TO FREE LENT WHEN THE I	MPREHENSIVE WEBSI DLLABORATION WITH SE CONCERNING A W E SPEECH, ASSOCIAT LOSS OF LIBERTY OR	ITE, ADVERTISEMENTS, ITS AFFILIATES THROU IDE RANGE OF CIVIL LII ION AND ASSEMBLY, TH	OP-ED ARTICLES, MEDIA INTER GHOUT THE US, THE ACLU PRO BERTIES ISSUES THE ORGANIZ/ HE RIGHT TO EQUAL PROTECTIO E, AND THE RIGHT TO PRIVACY	VIEWS, PUBLIC VIDES ONGOIN ATION'S EDUCA N UNDER THE	G EDUCATION TO ITS ITIONAL CAMPAIGNS LAW, THE RIGHT TO DUI
	(C- 1-		<b>/</b> 5 • •	4 644 204		1 570 002 \ / P		
4c	TO ADI ENSUR COLLAE CIVIL L	ATIVE ADVOCACY - THE A DRESS CIVIL LIBERTIES IS E THAT PROPOSED LEGIS SORATION WITH STAFF F	SSUES BASED PR SLATION MOVES T ROM ACLU AFFILI CLU CONDUCTS F	IMARILY IN THE ACL TOWARDS, RATHER T IATES ACROSS THE C RESEARCH, PUBLISHI	U'S WASHINGTON, DC ( THAN AWAY, FROM THE COUNTRY AND IN COALL ES POSITION PAPERS, H	1,570,083 ) (Reven E ON CAPITOL HILL AND IN STAT DEFICE, THE ORGANIZATION'S L CIVIL LIBERTIES GOALS OF THE TION WITH OTHER GROUPS WI OSTS FORUMS FOR THE PUBLIC ID RIGHTS	E LEGISLATURE EGISLATIVE PO ORGANIZATIOI FH A SHARED I	LICY TEAM WORKS TO N WORKING IN NTEREST IN SPECIFIC
			· ·			\		
	LIBERT	IBERTIES POLICY FORMU IES ISSUES AND, WHERE SPECIFIC WORK AT THE I	APPROPRIATE, T	TO DEVELOP POLICIES	S THAT WILL SERVE AS	) (Revenu THROUGH ITS STANDING AND S THE FRAME OF REFERENCE FOI ASSISTS IN THE DEVELOPMENT	PECIAL COMMI R LEGISLATIVE,	EDUCATIONAL AND
4d		program services ([				) (F		,
	(Expe	nses \$	323,291 11	ncluding grants o	of \$	) (Revenue \$		)
4e	Total	program service exp	enses 🟲	31,455,246				

Part IV	Checklist of	Required	<b>Schedules</b>
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$	3		No
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		
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? <i>If "Yes," complete Schedule C, Part III</i>	5	Yes	
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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		No
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
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		Νo
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	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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 and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
_		F	orm <b>99</b> 0	(2013)

	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	 Yes	. J No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   59		163	140
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
	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			
1	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
1	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		N
)	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	2. 105, to the or one of game and meronic to the cool in the cool	5с		
1	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?	6а	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).	ı		
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	<del>- ^</del>		
	The rest, indicate the number of Forms 8282 med during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states	13a		
	in which the organization is licensed to issue qualified health plans			
	150	 	 	 
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes," has it filed a Form 7.20 to report these payments? If "No," provide an explanation in Schedule O	14h		i

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

Check if Schedule C	contains a respo	nse or note to an	v line in this Pa	art V I		_					

56	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year			
	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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ле Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod <b>Yes</b>	e.) No
	<b>Ection B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal R</i> Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a			Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	10a	<b>Yes</b> Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No

- List the States with which a copy of this Form 990 is required to be filed AK, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MN, MS, MO, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, WA, WI, WV
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply own website. Another's website. Upon request. Other (explain in Schedule O)
- 1.9 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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
  ►TERENCE DOUGHERTY 125 BROAD STREET 18TH FLOOR
  NEW YORK,NY 10004 (212)549-2500

Form 990	(2013	
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### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

(A) Name and Title		(B) Average hours per week (list any hours	more t	tion ( han d n is l	ne l both	oox, an d	heck unless officer stee)	<b>i</b>	organıza	rtable nsation i the tion (W-	(E) Reportable compensation from related organizations (V	W-	(F) Estima amount o compens from t	ited fother sation :he
		for related organizations below dotted line)	Individual trustiei or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC	) (	organizati relati organiza	ed
1b	Sub-Total			•				<b>*</b>						
c d	Total from continuation sheet Total (add lines 1b and 1c).	s to Part VII, S	ection A	١.	•	•	•	•		2,437,264	1,104,6	661		844,132
2	Total number of individuals (in \$100,000 of reportable compe	_					d abov	e) w	l ho receive		, ,			
													Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highes	t compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1 services rendered to the organ									janization	or individual for	5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your fiv	e highest comp												
	compensation from the organiz	ration Report co	ompens	ation	fort	the c	alenda	arye	ar ending	with or wi	thin the organizat	tıon's T	tax year (C	
	N	ame and business	address							Des	cription of services		Comper	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CONTROL GROUP INC 233 BROADWAY NEW YORK NY 10271	IT CONSULTING	2,739,342
GRASSROOTS CAMPAIGNS INC PO BOX 74130 CLEVELAND OH 44194	CANVASSING	2,072,690
PURPOSE CAMPAIGNS LLC 115 FIFTH AVENUE NEW YORK NY 10004	COMMUNICATIONS CONSULTING	1,673,186
ACTION MAILING INC 90 COMMERCE DRIVE ASTON PA 19014	PRINTING & PUBLISHING	1,061,445
PRINT MAIL COMMUNICATIONS INC 4333 DAVENPORT ROAD FREDERICKSBURG VA 22408	PRINTING & PUBLISHING	1,057,349
Total number of independent contractors (including but not limited to these listed above	\ba magazzad magra than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►27

Part V		Statement of Reven						rage 3
		Check if Schedule O cont	aıns a respon	se or note to any lir	(A)	(B)	(C)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns .	. 1a					
ant	b	Membership dues	1b	25,542,709				
בה הי	С	Fundraising events	1c					
iffs, ar ⊿	d	Related organizations .	1d					
niigi niigi	e	Government grants (contribution	ons) <b>1e</b>					
Sir		All other contributions, gifts, gr		11,281,466				
Contributions, Gifts, Grants and Other Similar Amounts	f	similar amounts not included al	ants, and <b>1f</b> bove					
를 등	g	Noncash contributions included 1a-1f \$	ın lines	2,255,683				
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f.			36,824,175			
			<u> </u>	Business Code				
Program Serwce Revenue	2a		ŀ	Dusiness code				
e ve	ь	-						
э. П	c							
7. 2.	d							
38	e							
<u>ra</u>	f	All other program service	revenue					
Š		T-1-1 Add   2- 26	l					
	g 3	<b>Total.</b> Add lines 2a-2f.  Investment income (inclu						
		and other similar amounts			15,830			15,830
	4	Income from investment of tax	-exempt bond p	roceeds 🕨				
	5	Royalties		🕨				
	_	(I) R	leal	(II) Personal				
	6a b	Gross rents Less rental						
	_	expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss	· ·					
	7a	(1) Sec Gross amount	urities	(II) Other				
	74	from sales of assets other than inventory	2,256,950					
	ь	Less cost or other basis and	2,259,368					
		sales expenses Gain or (loss)	-2,418					
	C d	Net gain or (loss)			-2,418			-2,418
e	8a		-		2,123			-,,
Other Revenue		\$ of contributions reported See Part IV, line 18 .						
<u>-</u> در			a					
the	b	Less direct expenses .	ь					
0	С	Net income or (loss) from	-	events 🛌				
	9a	Gross income from gamin See Part IV, line 19 .						
	b	Less direct expenses .	F					
	С	Net income or (loss) from		rities				
	10a	Gross sales of inventory, returns and allowances						
			a					
	ь	Less cost of goods sold	ь					
	С	Net income or (loss) from		ntory 🛌				
		Miscellaneous Revenue		Business Code	22.42		0=	
	11a	LIST RENTALS		532000	95,490		95,490	
	b	MISC INCOME		900099	50			50
	C .							
	d	All other revenue	L					
	e	<b>Total.</b> Add lines 11a-11d			95,540			
	12	Total revenue. See Instru	ictions	🕨	36 933 127	0	95 490	13 462

	: IX	Statement of Functional Expenses				
Section	on 501	1(c)(3) and $501(c)(4)$ organizations must complete all columns All	other organizati	ons must comp	lete column (A )	
	(	Check if Schedule O contains a response or note to any line in this	Part IX			<u></u>
		ude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1		ts and other assistance to governments and organizations e United States See Part IV , line 21	1,570,083	1,570,083		
2		ts and other assistance to individuals in the ed States See Part IV, line 22	- <b>,,</b>	_,		
3	orgar	ts and other assistance to governments, nizations, and individuals outside the United es See Part IV, lines 15 and 16				
4	Bene	fits paid to or for members				
5		pensation of current officers, directors, trustees, and employees	734,422	325,155	325,317	83,950
6	(as d	pensation not included above, to disqualified persons efined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B)				
7	Othe	r salaries and wages	4,078,072	2,755,194	576,091	746,787
8		ion plan accruals and contributions (include section 401(k) 403(b) employer contributions)	1,101,127	701,950	177,818	221,359
9	Othe	r employee benefits	706,739	445,026	125,408	136,305
10	Payro	oll taxes	351,002	216,928	67,827	66,247
11	Fees	for services (non-employees)				
а	Mana	agement				
Ь	Legal		144,623	53,492	77,040	14,091
c	Acco	ounting	259,146		259,146	
d	Lobb	yıng	·			
e		essional fundraising services See Part IV, line 17	1,277,910			1,277,910
f		stment management fees	, ,			
g	O the colun	r (If line 11g amount exceeds 10% of line 25, nn (A) amount, list line 11g expenses on				
		dule O )	5,735,121	5,249,964	446,440	38,717
12		ertising and promotion				
		e expenses	3,309,690	3,084,733	32,836	192,121
14		mation technology				
15	,	Ities				
16		upancy	872,024	541,161	153,776	177,087
17		el	264,553	145,351	73,739	45,463
18	state	nents of travel or entertainment expenses for any federal, e, or local public officials				
19		erences, conventions, and meetings	33,235	15,483	10,884	6,868
20		rest	41,666	23,924	8,246	9,496
21	Paym	nents to affiliates				
22	Depr	eciation, depletion, and amortization				
23	Insur	rance				
24	misc	r expenses Itemize expenses not covered above (List ellaneous expenses in line 24e If line 24e amount exceeds 10% e 25, column (A) amount, list line 24e expenses on Schedule O)				
а		RED PORTION OF MEMBE	9,505,536	9,505,536		
b		LISHING/PRINTING EXP	2,517,249	2,477,392	128	39,729
c		- MARKETING	1,363,300	1,363,300		·
d		CIAL AFFILIATE SUBSI	1,303,412	1,303,412		
e		ther expenses	1,861,550	1,677,162	82,426	101,962
25		I functional expenses. Add lines 1 through 24e	37,030,460	31,455,246	2,417,122	3,158,092
26	Joint repor educa	costs. Complete this line only if the organization red in column (B) joint costs from a combined ational campaign and fundraising solicitation. Check	21,132,130	,,10	-, , ,	-,

Part X Balance Sheet

Pai	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	6,559,736	1	7,147,009
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,848,650	4	1,882,410
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
ठ	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 instructions) Complete Part II of Schedule L		5	
Š	l _			6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	562,441	8	404.072
	9 10a	Prepaid expenses and deferred charges	362,441	9	494,973
	Ь	Less accumulated depreciation		10c	
	11	Investments—publicly traded securities	494.334	11	580,709
	12	Investments—other securities See Part IV, line 11	101,001	12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	13,477,018	15	17,383,171
	16	Total assets. Add lines 1 through 15 (must equal line 34)	23,942,179	16	27,488,272
	17	Accounts payable and accrued expenses	2,058,389	17	2,315,276
	18	Grants payable	2,000,000	18	2,0.0,2.0
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
_	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ğ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
	1	D	49,306,895	25	36,151,248
	26	Total liabilities. Add lines 17 through 25	51,365,284	26	38,466,524
φ		Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.			
ž	27	Unrestricted net assets	-30,586,441	27	-14,341,162
<u> </u>	28	Temporarily restricted net assets	3,163,336	28	3,362,910
ē	29	Permanently restricted net assets		29	
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	-27,423,105	33	-10,978,252
Ż	34	Total liabilities and net assets/fund balances	23,942,179	34	27,488,272
	1	,	,,		,

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		36,9	33,127
2	Total expenses (must equal Part IX, column (A), line 25)	2		37,0	30,460
3	Revenue less expenses Subtract line 2 from line 1	3			-97,333
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		-27,4	123,105
5	Net unrealized gains (losses) on investments	5			57,770
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		16,4	184,416
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		-10,9	78,252
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separation basis, consolidated basis, or both	rate			
	☐ Separate 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 oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	1e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Software ID: Software Version:

**EIN:** 13-3871360

Name: AMERICAN CIVIL LIBERTIES UNION INC

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

Form 990, Part VII - Compensation Compensated Employees, and Inde					StC	C3, I	\c y			
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related			( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and				
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2,2033 11300)	2,1000	related organizations
WILLIAM ACEVES	2 00	х						0	0	0
DIRECTOR MARK ADAMS	2 00	ļ ,,								
DIRECTOR (6/8/13-3/31/14) LI YUN ALVARADO	2 00	X						0	0	0
DIRECTOR	2 00	х						0	0	О
KAREN ANDERSON	2 50	х						0	0	0
DIRECTOR (10/26/13-3/31/14) CLAUDIA ANGELOS	2 00									
DIRECTOR DEBORAH ARCHER	2 50 2 00	×						0	0	0
DIRECTOR	2 00	х						0	0	0
REBECA AVILA	2 00	х						0	0	0
DIRECTOR MARK AYERS	2 00	×						0	0	0
DIRECTOR JAY BARTH	2 00									
DIRECTOR		Х						0	0	0
MARC BEEBE DIRECTOR	2 00	х						0	0	0
MARC BEEM	2 50	х						0	0	0
ALICE BENDHEIM	3 50 2 00	<u></u>								
DIRECTOR JUDITH BENDICH	2 00	×						0	0	0
DIRECTOR	2 00	х						0	0	О
PHIL BEREANO	2 00	х						0	0	0
JOHN BLAKESLEE	2 00	×						0	0	0
DIRECTOR (4/1/13-10/25/13)  DAVIS BOBROW	2 00					_		0	0	
DIRECTOR	2 00	Х						0	0	0
ANTONIO BROWN	2 00	х						0	0	0
MILLICENT BROWN	2 00	×						0	0	0
DIRECTOR LUZ BUITRAGO	2 00									
DIRECTOR	2 50	Х						0	0	0
M SUSAN CARLSON  DIRECTOR	2 00	x						0	0	О
RONALD CHEN	2 00	X						0	0	0
DIRECTOR ROBERT CHESTER	2 50 3 00									
DIRECTOR	4 00	Х						0	0	0
RUTH COLKER  DIRECTOR (10/26/13-3/31/14)	2 00	x						0	0	0
DAVID CRUZ	2 00	х						0	0	0
DIRECTOR (4/1/13-10/25/13) PETER DANELO	2 00	<del> </del>								
DIRECTOR		Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual : or director organizations related Institutional Trustee mer below organizations employee dotted line) t compensated ee EILEEN DURGIN-CLINCHARD 2 00 Χ 0 0 DIRECTOR (4/1/13-6/7/13) JEFF DWORKIN 2 00 Χ 0 0 DIRECTOR (4/1/13-1/25/14) 2 50 LINDSAY EARLS 2 00 0 0 DIRECTOR MATTHEW ECHOHAWK 2 00 0 0 0 Х DIRECTOR SUSAN ESTES 2 00 Х 0 0 Λ DIRECTOR ROGER FONSECA 2 00 Χ 0 0 DIRECTOR (4/1/13-6/7/13) TIMOTHY FOX 2 00 Χ 0 0 DIRECTOR (10/26/13-3/31/14) SALLY FRANK 2 00 Х 0 0 O DIRECTOR (4/1/13-10/25/13) LORIE FRIDELL 2 00 Χ 0 0 DIRECTOR MARY ELLEN GALE 2 00 0 0 Χ DIRECTOR BRUCE GILCHRIST 2 50 Х 0 0 0 DIRECTOR (1/25/14-3/31/14) LIZ GILCHRIST 2 00 Χ 0 0 0 DIRECTOR KATHERINE GODIN 2 00 Χ 0 0 DIRECTOR (10/26/13-3/31/14) MADAN GOYAL 2 00 0 Х 0 0 DIRECTOR SCOTT GREENWOOD 2 50 Χ Χ 0 0 DIRECTOR / GENERAL COUNSEL TRACI GRIFFITH 2 00 Χ 0 0 DIRECTOR (1/25/14-3/31/14) ISABELLE GUNNING 2 00 Χ 0 0 DIRECTOR (10/26/13-3/31/14) REHAN HASAN 2 50 Χ 0 0 0 DIRECTOR (6/8/13-3/31/14) 3.00 SUSAN HERMAN 3 50 Х 0 Χ 0 DIRECTOR / PRESIDENT 4 00 AUNDRE HERRON 2 00 0 0 Χ DIRECTOR 3 00 WALLY HILKE 2 00 Х 0 0 0 DIRECTOR (4/1/13-6/7/13) **IQBAL HOSSAIN** 2 00 0 0 Χ DIRECTOR MARINA HSIEH 2 00 Χ Χ 0 0 DIRECTOR / VICE PRESIDENT ANNABELLE JARAMILLO 2 00 Χ 0 0

2 00

Х

0

0

0

DIRECTOR (10/26/13-3/31/14)

HELIA JAZAYERI

DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual : or director organizations related Institutional Trustee mer below organizations employee dotted line) t compensated ee SHELAN JOSEPH 2 00 Χ 0 0 DIRECTOR DONITA JUDGE 2 00 Χ 0 0 DIRECTOR ARTHUR KAPLAN 2 00 Χ 0 0 DIRECTOR HAMID KASHANI 2 00 0 0 0 Х DIRECTOR ALY KASSAM-REMTULLA 2 00 Х 0 0 0 DIRECTOR SUSAN KAY 2 00 Χ 0 0 DIRECTOR (1/25/14-3/31/14) JACK KENNEDY JR 2 00 Χ 0 0 0 DIRECTOR JOAN LASKOWSKI 2 00 Х 0 0 O DIRECTOR JAMES LAWSON JR 2 00 Χ 0 0 DIRECTOR (4/1/13-2/1/14) MARK LESTER 2 00 0 0 Χ DIRECTOR M CALIEN LEWIS 3 00 Х 0 0 0 DIRECTOR 3 50 ROSLYN LITMAN 3 50 Χ Χ 0 0 0 DIRECTOR / GENERAL COUNSEL MARIANITA LOPEZ 2 00 Χ 0 0 DIRECTOR (6/8/13-3/31/14) CARLOS MAHONEY 2 00 0 0 Х 0 DIRECTOR ALEXANDRA MCKAY 2 00 Χ 0 0 0 DIRECTOR HENRY MIGGINS 2 00 Χ 0 0 DIRECTOR (4/1/13-7/18/13) MARK NIBLACK 2 00 Χ 0 0 DIRECTOR (4/1/13-6/7/13) NAHLA NIMEH-LEWIS 2 00 Χ 0 0 0 DIRECTOR OLGA OSBY 2 00 Χ 0 0 0 DIRECTOR (10/26/13-3/31/14) GALEN PAINE 2 00 0 0 Χ DIRECTOR SAMUEL R PAZ 2 00 Х 0 0 0 DIRECTOR JULIE QUEEN 2 00 0 0 Χ DIRECTOR (4/1/13-1/25/14) REBECCA RAND 2 00 Χ 0 0 DIRECTOR (6/8/13-3/31/14) ROBERT REMAR 3 00

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4 00

2 00

DIRECTOR/VICE PRESIDENT/TREASURER

DIRECTOR (10/26/13-3/31/14)

SIGFREDO RUBIO

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours organization (Wand a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual : or director organizations related Institutional Trustee mer below organizations employee dotted line) t compensated ee MARGARET RUSSELL 2 00 Χ 0 0 DIRECTOR BRUCE SATTLER 2 00 Χ 0 0 DIRECTOR (4/1/13-6/7/13) ANDY SCHATZ 2 00 Χ 0 0 DIRECTOR 2 50 ALBERT SCHERR 2 00 0 0 0 Х DIRECTOR (4/1/13-10/25/13) MICHAEL SCHNEIDER 2 00 Х 0 0 0 DIRECTOR ELEANOR SELF 2 00 Χ 0 0 DIRECTOR LESLEI SEYMORE 2 00 Χ 0 0 0 DIRECTOR (6/8/13-3/31/14) JILL SHEINBERG 2 00 Х 0 0 O DIRECTOR SARAH SEHPARD 2 00 Χ 0 0 DIRECTOR ALISON STEINER 2 00 0 Χ 0 DIRECTOR (4/1/13-10/25/13) PEGGY STRINE 2 50 Х 0 0 0 DIRECTOR SIMONE STRONG 2 00 Χ 0 0 0 DIRECTOR TONY STRONG 2 00 Χ 0 0 DIRECTOR (4/1/13-10/25/13) PHILIPPA STRUM 2 00 0 Х Х 0 0 DIRECTOR/VP/SEC (10/2013-3/31/14) JOSEPH SWEAT 2 00 Χ 0 0 0 DIRECTOR (4/1/13-1/25/14) 2 50 2 00 Χ Х 0 0 DIRECTOR/SECRETARY (4/1/13-10/25/13) RONALD TYLER 2 50 Χ Х 0 0 DIRECTOR / GENERAL COUNSEL SANDY VOPALKA 2 00 Χ 0 0 0 DIRECTOR (10/26/13-3/31/14) JACQUELIN WASHINGTON 2 00 Χ 0 0 0 DIRECTOR (4/1/13-10/25/13) JERALYN WENDELBERGER 2 50 Χ 0 0 DIRECTOR GARY WILLIAMS 2 00 Χ Χ 0 0 0 DIRECTOR, VICE PRESIDENT 2 50 RON WILSON 2 00 0 0 Х DIRECTOR

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32,866

211,309

464,510

296,094

2 00

14 00

26 00

14 00

26 00

FRANK ASKIN

GENERAL COUNSEL ANTHONY ROMERO

ALMA MONTCLAIR

EXECUTIVE DIRECTOR/CEO

DIR OF ADMIN & FIN/ASST TR

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the				
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
TERENCE DOUGHERTY	14 00			х				294,869	0	36,855
COO & GENERAL COUNSEL/ASST TREASURER  DOROTHY M EHRLICH	26 00									
DEPUTY EXEC DIRECTOR	14 00 26 00				x			314,043	0	85,927
LAURA W MURPHY	14 00									
DIR WASHINGTON LEGIS OFFICE	26 00				Х			294,596	0	22,418
MARK WIER	6 00				.,				225 522	20.614
CHIEF DEVELOPMENT OFFICER	34 00				Х			0	225,533	28,614
GERI ROZANSKI	0 00				×			0	273,983	66,448
DIRECTOR AFFILIATE SUPPORT/ADVOCACY STEVEN SHAPIRO	40 00									
LEGAL DIRECTOR	0 00 40 00				×			0	310,696	66,113
EMILY TYNES	0 00									
DIRECTOR OF COMMUNICATIONS	40 00				X			0	294,449	81,377
DAVID S BAIRD	14 00					х		156,738	0	45,564
DIRECTOR OF OPERATIONS	26 00							,		,
GERALDINE LYNN ENGEL	14 00					x		154,956	0	42,808
DEPUTY DIRECTOR OF DEVELOPMENT	26 00									
CHRISTOPHER E ANDERS	14 00					х		146,432	0	57,170
SENIOR LEGISLATIVE COUNSEL  MICHAEL W MACLEOD-BALL	26 00									
CHIEF COUNSEL - LEGIS & POLICY	14 00 26 00					x		160,683	0	47,530
ERIC J VIELAND	14 00			$\vdash$						
CORPORATE COUNSEL	26 00					x		154,343	0	19,133
					•					

DLN: 93493274000194

## OMB No 1545-0047

**SCHEDULE C** 

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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-B.

	me of the organization ERICAN CIVIL LIBERTIES UNION INC			Employer iden	tification number
	ENIO, III OTTE EBENTES OTTON INC			13-3871360	
Par	t I-A Complete if the or	ganization is exempt under	section 501(	c) or is a section 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	cal campaign act	ivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Pa r	Complete if the or	ganization is exempt under	section 501(	c)(3).	
1		e tax incurred by the organization und			\$
2	•	e tax incurred by organization manag			\$
3		ection 4955 tax, did it file Form 472			⊤ Yes
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under :	section 501(	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organızatıons	for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file I	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments l amount of political contribution	nd employer identification number (El For each organization listed, enter the ns received that were promptly and d political action committee (PAC) If	e amount paid fro irectly delivered	m the filing organization's to a separate political orga	funds Also enter the inization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from	(e) A mount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
					contributions received and promptly and directly delivered to a separate political organization If none,
					contributions received and promptly and directly delivered to a separate political organization If none,
					contributions received and promptly and directly delivered to a separate political organization If none,
					contributions received and promptly and directly delivered to a separate political organization If none,
					contributions received and promptly and directly delivered to a separate political organization If none,
					contributions received and promptly and directly delivered to a separate political organization If none,
					contributions received and promptly and directly delivered to a separate political organization If none,
					contributions received and promptly and directly delivered to a separate political organization If none,

Sch	nedule C (Form 990 or 990-EZ) 2013					Page <b>2</b>
Pä	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l.)		(a) Filing organization's totals	( <b>b)</b> Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the				
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
C	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

	and "Was" was a see to be a fact to be seen to be seen to be seen to be a seen to be seen as the seen as	(a	1)	(b)	)
	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amo	unt
L	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)?				
: :	Media advertisements?				
e	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
) 1	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
•	Other activities?				
	Total Add lines 1c through 1i				
ı	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
,	If "Yes," enter the amount of any tax incurred under section 4912				
-	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section !	501(c	)(5), c	r secti	on
_	501(c)(6).				
	Were substantially all (90% or more) dues received nondeductible by members?			1 Yes	-
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		⊢	2	1
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?		⊢	3	+
Ŧ	t III-B Complete if the organization is exempt under section 501(c)(4), section 5	501/6	\(5\) c		
: .	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
	Dues, assessments and similar amounts from members	1			
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
	Current year	2a			
1					
	Carryover from last year	2b			
•	Total	2c			
)	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	$\vdash$			
2	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	2c			
<b>b</b>	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	2c			
:	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	2c 3			
b c	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	2c 3			
rc	Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  Evident the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounds)	2c 3 4 5	Part II	-A, line 2	2, an
b c Pa	Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information	2c 3 4 5	Part II	-A , line 2	2, an
b c Pa	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  Evide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground in the part II-B, line 1 Also, complete this part for any additional information	2c 3 4 5	Part II	-A, line 2	2, an
b c	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  Evide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground in the part II-B, line 1 Also, complete this part for any additional information	2c 3 4 5	Part II	-A, line 2	2, an
o ro	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  Evide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground in the part II-B, line 1 Also, complete this part for any additional information	2c 3 4 5	Part II	-A , line 2	2, ar

201104410 3 (1 01111 3 3 0 01 3 3 0 12 ) 2 0 1 3		i age <del>-i</del>
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493274000194

2013

OMB No 1545-0047

**SCHEDULE D** (Form 990)

► 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

**Supplemental Financial Statements** 

		ite instructions. F Information about Sch uctions is at <u>www.irs.gov/form990</u> .	edule D (1 01111 390)	Open to Public Inspection
	me of the organization		Employer identific	
AME	ERICAN CIVIL LIBERTIES UNION INC		13-3871360	
Pa	art I Organizations Maintaining Donor A			s. Complete if the
	organization answered "Yes" to Form 99	•	1 (1) = 1	
	Total number at and of year	(a) Donor advised funds	(b) Funds and	l other accounts
1	Total number at end of year			
2 3	Aggregate contributions to (during year)  Aggregate grants from (during year)			
3 4	Aggregate value at end of year			
<del>-</del> 5				
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	organization's exclusive legal control?		┌ Yes ┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber			
	conferring impermissible private benefit?	,	, , ,	☐ Yes ☐ No
Paı	rt III Conservation Easements. Complete	if the organization answered "Yes"	to Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the o			
	Preservation of land for public use (e.g., recreation of natural habitat		n historically importai certified historic stru	
	·	j Preservation of a	certified historic stru	cture
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held easement on the last day of the tax year	d a qualified conservation contribution in		
	Tabal and baratan and an analysis and an analy			e End of the Year
a	Total number of conservation easements	_	2a	
b	Total acreage restricted by conservation easements		2b	
с	Number of conservation easements on a certified his	· ·	2c	
d	Number of conservation easements included in (c) a historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminat	ed by the organization	n during
	the tax year 🛌			
4	Number of states where property subject to conserv	ation easement is located 🗠		
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		ndling of violations, an	Yes No
6	Staff and volunteer hours devoted to monitoring, ins	pecting, and enforcing conservation ease	ments during the year	r
7	Amount of expenses incurred in monitoring, inspecti	ing, and enforcing conservation easemen	ts during the year	
/	► \$	mg, and emoterng conservation casemen	es during the year	
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(ı)	┌ Yes ┌ No
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of	the footnote to the organization's financia		
ar	the organization's accounting for conservation easer  IT III Organizations Maintaining Collection  Complete if the organization accurated	ons of Art, Historical Treasures,	or Other Similar	Assets.
1a	Complete if the organization answered  If the organization elected, as permitted under SFAS	-	enue statement and ha	alance sheet
Ia	works of art, historical treasures, or other similar as service, provide, in Part XIII, the text of the footnote	sets held for public exhibition, education	, or research in furthei	
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar as service, provide the following amounts relating to the	sets held for public exhibition, education		
	(i) Revenues included in Form 990, Part VIII, line 1	1	<b>▶</b> \$_	
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		for financial gain, prov	

Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Par	<b>Tit</b> Organizations Maintaining Co	llections of Art,	Histoi	<u>'ical</u>	Treasur	es, or O	<u>ther</u>	Similar	Asse	ts (co	<u>ntınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	s, checl	k any c	of the follo	wing that a	re a	sıgnıfıcant	use of	ıts	
а	Public exhibition		d 「	Loa	n or exch	ange progi	ams				
b	Scholarly research		е Г	Oth	ner						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey furt	her the or	ganızatıon	's ex	empt purp	ose in		
5	During the year, did the organization solicit							ılar	_		_
	assets to be sold to raise funds rather than t	<u>`</u>						" -		Yes	No
Par	Part IV, line 9, or reported an ar					answere	a "Ye	es" to For	m 990	',	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermed	liary for	contri	butions or	r other ass	ets n	ot	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	ollowing	table		_					
						-			Amou	ınt	
C	Beginning balance					-	1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance					L	1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the $\epsilon$	explana	tion ha	s been pr	ovided in f	oart >	(III			Γ
Pa	rt V Endowment Funds. Complete										
		(a)Current year	<b>(b)</b> Prio	r year	<b>b (c)</b> Tw	o years back	(d)⊺	hree years b	ack (e	)Four ye	ears back
1a	Beginning of year balance						-				
b	Contributions						_				
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1	g, colu	ımn (a)) h	eld as					
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment -										
С	Temporarily restricted endowment ▶										
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organizat	tion that	are h	eld and ad	lmınıstere	d for t	:he			
	organization by									Yes	No
	(i) unrelated organizations			•			•		3a(i)		
L	(ii) related organizations								3a(ii)	 	
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second of the second of the second or the second of the seco						•		3b		
	t VI Land, Buildings, and Equipme				on answ	ered 'Ves	' to	Form 990	Part	TV lır	16
I GI	11a. See Form 990, Part X, line		ic orga	mzati	On answ	ered res		01111 550	, rait	1 V , III	ic
	Description of property				st or other nvestment)	(b)Cost or basis (ot		(c) Accur deprec		( <b>d)</b> B	ook value
	Land										
b	Buildings		.								
	Leasehold improvements		.								
	Equipment		.							1	
	• •		- ⊢			<del>                                     </del>		<del> </del>		+	
е	Other		.								

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Cor	mplete if the organizatioi	n answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
	answered 'Yes' to Form 990	), Part IV, line 11d See Form 990, Part X, line 15
(a) Descrip	otion	(b) Book value
(1) DUE FROM AFFILIATES		8,090,165
(2) DUE FROM RELATED PARTY (ACLU FDTN - 501(C)(3	))	9,293,006
Total (Column (h) must squal Form 000, Part V, col (D) line 15	1	17 202 171
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. Complete if the organ		
Form 990, Part X, line 25.	nzation answered Tes t	o form 550, Fartiv, line Tie of Tif. See
1 (a) Description of liability	( <b>b)</b> Book value	
Federal income taxes		
ACCRUED PENSION LIABILITY	34,055,796	
DUE TO AFFILIATES	2,095,452	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	36,151,248	

Part	t XI		evenue per Audited Financial Statements With Revenue prered 'Yes' to Form 990, Part IV, line 12a.	er F	<b>teturn</b> Complete if
1	Tota		r support per audited financial statements	1	131,350,606
2	A mo	ounts included on line 1 but	t not on Form 990, Part VIII, line 12		
а	Net	unrealized gains on investi	ments <b>2a</b>   57,770		
b	Dona	ated services and use of fa	cilities 2b		
c	Reco	overies of prior year grants			
d	Othe	er (Describe in Part XIII )			
e	Add	lines <b>2a</b> through <b>2d</b> .		2e	94,417,479
3	Subt	cract line <b>2e</b> from line <b>1</b> .		3	36,933,127
4	A mo	ounts included on Form 990	), Part VIII, line 12, but not on line <b>1</b>		
а	Inve	stment expenses not inclu	ided on Form 990, Part VIII, line 7b . 4a		
b	Othe	er (Describe in Part XIII )	4b		
c	Add	lines 4a and 4b		<b>4</b> c	0
5	Tota	l revenue Add lines <b>3</b> and	4c. (This must equal Form 990, Part I, line 12)	5	36,933,127
Part	XII		kpenses per Audited Financial Statements With Expenses swered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1	Tota		audited financial statements	1	133,424,233
2	A mo	unts included on line 1 but	not on Form 990, Part IX, line 25		
а	Dona	ated services and use of fa	cilities		
b	Prioi	ryear adjustments	2b		
c	Othe	erlosses	2c		
d	Othe	er (Describe in Part XIII )	2d 96,393,773		
e	Add	lines <b>2a</b> through <b>2d</b>	· · · · · · · · · · · · · · · · · · ·	2e	96,393,773
3	Subt	ract line <b>2e</b> from line <b>1</b> .		3	37,030,460
4	A mo	unts included on Form 990	), Part IX, line 25, but not on line <b>1:</b>		
a	Inve	stment expenses not inclu	ided on Form 990, Part VIII, line 7b 4a		
b	Othe	er (Describe in Part XIII )	4b		
c	Add	lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·	4c	0
5	Tota	l expenses Add lines <b>3</b> an	d <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	37,030,460
Part	XIII	Supplemental Inf	ormation		
Part		e 4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to $\frac{1}{2}$		de any addıtıonal
	R	eturn Reference	Explanation		
PART	X, LIN	NE 2	THE UNION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM SECTION 501(C)(4) OF THE U S INTERNAL REVENUE CODE THE UNION FILES TAXES ON UNRELATED BUSINESS INCOME THE UNION FILES TAX	NOIN	IS SUBJECT TO

Return Reference	Explanation
PART X, LINE 2	THE UNION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(4) OF THE U S INTERNAL REVENUE CODE THE UNION IS SUBJECT TO TAXES ON UNRELATED BUSINESS INCOME THE UNION FILES TAX AND INFORMATION RETURNS WITH THE INTERNAL REVENUE SERVICE (THE "IRS") AND WITH VARIOUS STATES MANAGEMENT EVALUATED THE UNION'S TAX POSITIONS AND CONCLUDED THAT IT HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADDITIONAL ADJUSTMENT OR DISCLOSURE TO THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS GENERALLY, THE UNION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR TAX YEARS BEFORE 2010, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD
PART XI, LINE 2D - OTHER ADJUSTMENTS	REVENUES AND ELIMINATIONS INCLUDED ON CONSOLIDATED FS 77,875,293 MINIMUM PENSION LIABILITY ADJUSTMENT 16,484,416
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES AND ELIMINATIONS INCLUDED ON CONSOLIDATED FS 96,393,773
FORM 990, SCHEDULE D	PART V A RELATED ORGANIZATION DOES HOLD AN ENDOWMENT, BUT NONE OF THE HOLDINGS ARE FOR THE BENEFIT OF THE ACLU

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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DLN: 93493274000194

2013

OMB No 1545-0047

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

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding **Fundraising or Gaming Activities** Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

13-3871360

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

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

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?

- Mail solicitations а
- Internet and email solicitations b
- ~ Phone solicitations c
- In-person solicitations

- e 🔽 Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events
- 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 (i) Name and address of (ii) Activity (iii) Did (v) A mount paid to (vi) Amount paid to (iv) Gross receipts individual fundraiser have from activity (or retained by) (or retained by) fundraiser listed in or entity (fundraiser) custody or organization col (i) control of contributions? Yes No TELEMARKETING DSG LLC 6715 SUNSET BLVD 360,816 Νo 1,012,897
- 652,081 LOS ANGELES, CA 90028 *TELEMARKETING* PDA II SHARE PO BOX 204681 Νo 577,325 366,992 210,333 DALLAS, TX 75320 TELEMARKETING TELEFUND PO BOX 2366 Νo 240,362 179,769 60,593 DENVER, CO 80201 TELEMARKETING SD&A TELESERVICES Νo 220,757 166,049 54,708 5757 W CENTURY BLVD LOS ANGELES, CA 90045 TELEMARKETING COMMUNICATIONS CORP 50.582 Νo 161.687 111.105 717 W ST GERMAIN ST ST CLOUD, MN 56301 TELEMARKETING 360 N SEPULVEDA BLVD 134,900 145,522 -10,622 EL SEGUNDO, CA 90245 TELEMARKETING INTEGRAL RESOURCE INC 1972 MASSACHUSETTS Νo 2,705 5,182 -2,477 CAMBRIDGE, MA 02140

2.350.633 . 1.274.912 1.075.721

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

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

. . . . . . . . . . . . . . .

Total.

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut	ion answered "Yes" to tions and gross income	Form 990, Part IV, li on Form 990-EZ, lin	ne 18, or reported es 1 and 6b. List			
			(a) Event #1	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))			
Revenue			(event type)	(event type)	(total number)	(-),			
	1	Gross receipts							
eVe	2	Less Contributions							
<u>~</u>	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
ရှ	5	Noncash prizes							
Expenses	6	Rent/facility costs							
ă	7	Food and beverages .							
Direct	8	Entertainment							
ā	9	Other direct expenses .							
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		( )			
	11	Net income summary Subtract li	ne 10 from line 3, colum	n (d)					
Par	t II	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than			
<u>Ф</u>		\$13,000 OH FORM 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add			
Revenue				bingo/progressive bingo		col (a) through col (c)			
<u>~</u>	1	Gross revenue							
ses	2	Cash prizes							
Expenses	3	Non-cash prizes							
Direct B	4	Rent/facility costs							
<u>ā</u>	5	Other direct expenses							
	6	Volunteer labor	✓ Yes         %           ✓ No         %	Г Yes% Г Nо	<ul><li>☐ Yes</li></ul>				
	7	Direct expense summary Add lines	s 2 through 5 in column	(d)					
	8	Net gaming income summary Subt	ract line 7 from line 1, c	olumn (d)					
9	Ent	er the state(s) in which the organiza	ition operates gaming ac	ctivities					
а									
b	If"	No," explain							
10a b		re any of the organization's gaming l Yes," explain							

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No	
12	Is the organization a grantor, beneficia					
	formed to administer charitable gaming	g <sup>,</sup>			· Fyes [	– No
13	Indicate the percentage of gaming act	ıvıty operated ın				
а	The organization's facility			<del></del>		%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords	
	Name <b>▶</b>					
	Address 🟲					
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	– No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e thırd party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	<b>E</b> mployee	☐ Independent cor	ntractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to		
	retain the state gaming license?				┌ Yes 「	— No
b	Enter the amount of distributions requi	red under state law (	distributed to other exempt organi	ızatıons or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	∕ear <b>⊳</b> \$			
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and
	Return Reference		Explanat	ıon		
		<u> </u>	<u> </u>		rm 990 or 990-	7) 2012

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**Employer identification number** 

DLN: 93493274000194

Open to Public Inspection

AMERICAN CIVIL LIBERTIES UNIO	NINC						
						13-3871360	
Part I General Information  Does the organization maintain the selection criteria used to average Describe in Part IV the organization.	records to substantı vard the grants or as:	ate the amount of the			the grants or assist	ance, and	√ Yes
Part II Grants and Other A Form 990, Part IV, lin	ssistance to Gov	ernments and O	rganizations in the	United States. Cor			es" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 5	01(c)(3) and govern	nent organizations lis	ted in the line 1 table .				1

Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . .

Schedule I	(Form 990) 2013	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 2	22.
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance				
Complemental Information, Drough the information required in Dart II line 2. Dart III, column (b), and any other additional information									

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Software ID:

**Software Version:** EIN: 13-3871360

Name: AMERICAN CIVIL LIBERTIES UNION INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACLU OF ALABAMA 207 MONTGOMERY STREET SUITE 910 MONTGOMERY,AL 36104	23-7093412	501(C)(4)	6,156				AFFILIATE PRO GRAM
ACLU OF DELAWARE 100 W 10TH STREET SUITE 603 WILMINGTON, DE 19801	51-0240032	501(C)(4)	39,667				AFFILIATE PRO GRAM
ACLU OF GEORGIA 1900 THE EXCHANGE ROOM 425 ATLANTA,GA 30339	58-0951433	501(C)(4)	25,000				AFFILIATE PRO GRAM
ACLU OF HAWAII PO BOX 3410 HONOLULU,HI 96801	99-0156207	501(C)(4)	222,750				AFFILIATE PRO GRAM
ACLU OF IDAHO PO BOX 1897 BOISE,ID 83701	82-0467427	501(C)(4)	20,000				AFFILIATE PRO GRAM
ACLU OF ILLINOIS 180 N MICHIGAN AVE SUITE 2300 CHICAGO,IL 60601	27-1629328	501(C)(4)	230,000				AFFILIATE PRO GRAM
ACLU OF INDIANA 1031 E WASHINGTON STREET INDIANAPOLIS,IN 46202	35-0930337	501(C)(4)	195,000				AFFILIATE PRO GRAM
ACLU OF IOWA 505 5TH AVENUE INS EXCHANGE BUILDING RM 901 DES MOINES,IA 50309	42-0892616	501(C)(4)	15,000				AFFILIATE PRO GRAM
ACLU OF KANSAS & WESTERN MISSOURI 3601 MAIN STREET KANSAS CITY, MO 64111	91-2090691	501(C)(4)	29,780				AFFILIATE PRO GRAM
ACLU OF MASSACHUSETTS 211 CONGRESS ST 3RD FL BOSTON, MA 02110	04-1180450	501(C)(4)	12,000				AFFILIATE PRO GRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ACLU OF MICHIGAN 2966 WOODWARD AVENUE DETROIT,MI 48201	38-1643182	501(C)(4)	39,575				A FFILIATE PRO GRAM	
ACLU OF NEVADA 601 S RANCHO DRIVESUITE B11 LAS VEGAS,NV 89106	88-0106971	501(C)(4)	10,000				AFFILIATE PRO GRAM	
ACLU OF NEW JERSEY PO BOX 32159 NEWARK,NJ 07102	22-1758950	501(C)(4)	155,333				A FFILIATE PRO GRAM	
ACLU OF NEW MEXICO PO BOX 566 ALBUQUERQUE,NM 87103	85-0197858	501(C)(4)	75,000				A FFILIATE PRO GRAM	
ACLU OF NORTH CAROLINA PO BOX 28004 RALEIGH,NC 27611	56-0863265	501(C)(4)	20,908				AFFILIATE PRO GRAM	
ACLU OF NORTHERN CALIFORNIA 39 DRUMM STREET SAN FRANCISCO,CA 94111	94-2151925	501(C)(4)	85,000				A FFILIATE PRO GRA M	
ACLU OF OREGON 506 SW 6TH AVENUE SUITE 700 PORTLAND, OR 97204	93-0556378	501(C)(4)	110,000				A FFILIATE PRO GRAM	
ACLU OF SOUTH CAROLINA 40 CALHOUN ST SUITE 210 CHARLESTON, SC 29401	27-1942885	501(C)(4)	6,300				A FFILIATE PRO GRAM	
ACLU OF TEXAS PO BOX 8306 HOUSTON,TX 77288	76-0343140	501(C)(4)	43,000				A FFILIATE PRO GRAM	
ACLU OF UTAH 355 N 300 W SUITE 1 SALT LAKE CITY, UT 84103	27-1307106	501(C)(4)	27,500				A FFILIATE PRO GRA M	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ACLU FOUNDATION OF MISSISSIPPI PO BOX 2242 JACKSON,MS 39225	64-0694013	501(C)(3)	25,000				AFFILIATE PROGRAM	
HUMAN RIGHTS CAMPAIGN INC 1640 RHODE ISLAND WASHINGTON,DC 20036	52-1243457	501(C)(4)	100,000				RELATED ORGANIZATION PROGRAM	
FAIR POCATELLO PO BOX 184 POCATELLO,ID 83204	46-5025455	501(C)(4)	10,000				RELATED O RGA NI ZATIO N PRO GRA M	
FREEDOM TO MARRY ACTION INC 155 W 19TH ST 2ND FLOOR NEW YORK, NY 10011	90-0554218	501(C)(4)	50,000				RELATED O RGA NI ZATIO N PRO GRA M	
NEW YORK CIVIL LIBERTIES UNION 125 BROAD STREET 19TH FLOOR NEW YORK, NY 10004	13-5628799	501(C)(4)	10,000				AFFILIATE PROGRAM	

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DLN: 93493274000194

OMB No 1545-0047

### Schedule J (Form 990)

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► 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 INC

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

**Employer identification number** 

13-3871360

Pa	Questions Regarding Compensation					
			Yes	No		
1a	Check the approprate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items					
	First-class or charter travel  Housing allowance or residence for personal use					
	Travel for companions  Payments for business use of personal residence					
	Tax idemnification and gross-up payments  [ Health or social club dues or initiation fees					
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III					
	✓ Compensation committee					
	✓ Independent compensation consultant ✓ Compensation survey or study					
	Form 990 of other organizations  Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization	n				
а	Receive a severance payment or change-of-control payment?					
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
c	c Participate in, or receive payment from, an equity-based compensation arrangement?					
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.					
5	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the revenues of					
а	The organization?	5a		Νo		
b	Any related organization?	5b		Νo		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of					
а	The organization?	6a		Νo		
b	Any related organization?	6b		Νo		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III					
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was					
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe					
	ın Part III	8		No		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9				

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	<b>(B)</b> Breakdown o	V-2 and/or 1099-MISC compensation (C) Retirement and	(D) Nontaxable	<b>(E)</b> Total of	(F) Compensation		
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2013

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	GROSS-UP PAYMENTS TO EMPLOYEES WITH DOMESTIC PARTNER COVERAGE, ALL TREATED AS TAXABLE
	PART II COLUMN B(I) INCLUDES BASE COMPENSATION, COLUMN B(II) INCLUDES BONUS PAYMENTS (THERE WERE NONE IN 2013) AND COLUMN B(III) INCLUDES ALL OTHER REPORTABLE COMPENSATION, INCLUDING ANY "GROSS UPS" FOR DOMESTIC PARTNER HEALTH COVERAGE, AND REDUCTIONS TO TAXABLE COMPENSATION RELATED TO PARTICIPATION IN HEALTH OR DEPENDENT SPENDING ACCOUNTS, IF/AS APPLICABLE NEGATIVE NUMBERS IN COLUMN B(III) OCCUR WHEN THE AMOUNTS DEDUCTED FROM REPORTABLE COMPENSATION ARE GREATER THAN THE COSTS OF OTHER TAXABLE BENEFITS REPORTED IN THIS COLUMN COLUMN C INCLUDES EMPLOYER CONTRIBUTIONS TO THE DEFINED BENEFIT PENSION PLAN OR, FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2009, TO THE NEW DEFINED CONTRIBUTION 401(K) PLAN, THE TOTALS SHOWN REFLECT AMOUNTS EARNED DURING THE YEAR, WHETHER OR NOT THE EMPLOYEE IS FULLY VESTED COLUMN D INCLUDES NON-TAXABLE BENEFITS, SUCH AS HEALTH AND OTHER INSURANCE, AS WELL AS AMOUNTS SET ASIDE BY EMPLOYEES IN THE HEALTH AND/OR DEPENDENT CARE FLEXIBLE SPENDING PLANS, WHICH WE HAVE ADDED BACK TO PROVIDE THE FULLEST PICTURE POSSIBLE OF TOTAL COMPENSATION

Schedule J (Form 990) 2013

Software ID: Software Version:

**EIN:** 13-3871360

Name: AMERICAN CIVIL LIBERTIES UNION INC

Form 990, Schedule J, P	art II	- Officers, Direct	ors, Trustees, Key	/ Employees, and I	Highest Compens	ated Employees		
(A) Name			of W-2 and/or 1099-MI		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
ANTHONY ROMERO EXECUTIVE DIRECTOR/CEO	(ı) (ıı)	) 0	o o	- ,	15,538 0	17,328 0	497,376 0	0
ALMA MONTCLAIR DIR OF ADMIN & FIN/ASST TR	(ı) (ıı)	) 0	ō	1 ' 1	182,893 0	28,416 0	507,403	0 0
TERENCE DOUGHERTY COO & GENERAL COUNSEL/ASST TREASURER	(I) (II)		0 0	18,794	11,804	25,051 0	331,724	0
DOROTHY M EHRLICH DEPUTY EXEC DIRECTOR	(I) (II)		0 0	· 1	45,905 0	40,022 0	399,970	0
LAURA W MURPHY DIR WASHINGTON LEGIS OFFICE	(ı) (ıı)		0 0	1 ' 1	16,157 0	6,261 0	317,014	0
MARK WIER CHIEF DEVELOPMENT OFFICER	(I) (II)	230,063	0 0		0 12,376	0 16,238	0 254,147	0
GERI ROZANSKI DIRECTOR AFFILIATE SUPPORT/ADVOCACY	(I) (II)		0 0	1	0 39,786	0 26,662	0 340,431	0
STEVEN SHAPIRO LEGAL DIRECTOR	(1)	306,221	0 0		0 41,555	0 24,558	0 376,809	0
EMILY TYNES DIRECTOR OF COMMUNICATIONS	(I) (II)		0 0	I	0 53,035	0 28,342	0 375,826	0
DAVID S BAIRD DIRECTOR OF OPERATIONS	(I) (II)		0 0		21,216 0	24,348 0	202,302	0
GERALDINE LYNN ENGEL DEPUTY DIRECTOR OF DEVELOPMENT	(I) (II)		0 0	-2,048	18,356 0	24,452 0	197,764	0
CHRISTOPHER E ANDERS SENIOR LEGISLATIVE COUNSEL	(I) (II)	0	o o		12,387	44,783 0	203,602	0
MICHAEL W MACLEOD-BALL CHIEF COUNSEL - LEGIS & POLICY	(I) (II)	) 162,558 ) 0	0 0		22,648	24,882 0	208,213	0
ERIC J VIELAND CORPORATE COUNSEL	(I) (II)		0 0		8,060	11,073 0	173,476	0

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DLN: 93493274000194

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

**Noncash Contributions** 

Open to Public Inspection

Name of the organization	
MEDICAN CIVIL LIBERTIES LINION INC	

**Employer identification number** 

13-3871360

Pa	TTT Types of Prope	rty						
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(c Method of d noncash contrib	letermır		IS
1	Art—Works of art			- 9				
	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded		1	2,255,683	SALES PRICE			
	Securities—Closely held sto							
	Securities—Partnership, LL or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—O ther							
	Collectibles							
	Food inventory							
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts .							
	O ther ► ()							
	O ther ►()							
	O ther ▶()							
	Other ► () Number of Forms 8283 rece	L the ora	I	r for contributions				
23	for which the organization c				29		Yes	No
30a	During the year, did the org	ganization receiv	e by contribution any prope	erty reported in Part I. lines	1 through 28, that			
				ution, and which is not requi	-			
	for exempt purposes for the	•		·		30a		No
b	If "Yes," describe the arrai					Joa		110
31	•	_		review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire	or use third part	ies or related organizations	s to solicit, process, or sell i	noncash			
	contributions?					32a		No
h	If "Yes," describe in Part I	I				- J-u		
33	If the organization did not i		t in column (c) for a type of	property for which column (	a) is checked.			
	describe in Part II	F an amoun	22.2 (5) 101 d C) po 01	F Fa.ty . S. miles column (	,			

Part II

Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2013)

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493274000194

OMB No 1545-0047

2013

Open to Public
Inspection

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
AMERICAN CIVIL LIBERTIES UNION INC

13-3871360

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ACLU'S BY LAWS WERE AMENDED TO DECREASE THE NUMBER OF DIRECTORS, INCREASE THE NUMBER OF EXECUTIVE COMMITTEE MEMBERS AND PROVIDE FOR GREATER EXECUTIVE COMMITTEE AUTHORITY IN ITS DECISION-MAKING ON BEHALF OF THE ORGANIZATION TO THAT END, THE BOARD HAS DELEGATED GREATER AUTHORITY TO THE EXECUTIVE COMMITTEE, INCLUDING WITH RESPECT TO ITS ROLE IN THE PROCESS OF ADOPTING THE ACLU'S ANNUAL BUDGET

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

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

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

Return Reference	Explanation
,	THE FORM 990 WAS PREPARED BY MANAGEMENT IN CONSULTATION WITH THE ORGANIZATION'S AUDITORS THE ORGANIZATION'S AUDIT COMMITTEE AND ITS TREASURER REVIEWED A DRAFT OF THE 990 AND PROVIDED COMMENTS A COMPLETE COPY OF THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT WAS FILED

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

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

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

Return Reference	Explanation
A, LINE 1A, COLUMN B	THE NUMBER OF HOURS REPORTED FOR THOSE INDIVIDUALS RECEIVING COMPENSATION IS BASED ON WEEKLY HOURS FOR PAYROLL PURPOSES THE ACTUAL NUMBER OF HOURS WORKED IS CONSIDERABLY HIGHER

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CANVASSING PROGRAM SERVICE EXPENSES 2,471,045 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 38,717 TOTAL EXPENSES 2,509,762 OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 2,778,919 MANAGEMENT AND GENERAL EXPENSES 446,440 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,225,359

	Return Reference	Explanation
FORM 990, PART XI, LINE 9		MINIMUM PENSION LIABILITY ADJUSTMENT 16,484,416

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

DLN: 93493274000194

2013

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2013

**Employer identification number** 

# SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN CIVIL LIBERTIES UNION INC

				13-38713	360			
Part I Identification of Disregarded Entities Comp	lete if the organization a	nswered "Yes" on	Form 990, Pa	art IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	D	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	the tax year.				art IV,			
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ection Public charity (if section 501		<b>(f)</b> Direct controlling entity	Section (13) co	<b>g)</b> 512(b) ontrolled tity?
(1) AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC 125 BROAD STREET 18TH FLOOR	PRESERVATION AND PROMOTION OF CIVIL RIGHTS AND LIBERTIES	NY	501(C)(3)	LINE 7		AMERICAN CIVIL LIBERTIES UNION INC	Yes	No
NEW YORK, NY 10004 13-6213516								

Cat No 50135Y

<b>(a)</b> Name, address, and EIN of related organization		<b>(b)</b> Primary activit	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		prtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging :ner?	(k) Percentag ownersh
					314)			Yes	No	1	Yes	No	
V Identification of Related Org								were	d "Yes	" on Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		<b>(d)</b> Direct controllin entity	(e) Type of entit (C corp, S corp, or trust)	y Share of income	total Share e of	(g) e of end- year ssets		(h) ercentage ownership	Section (b) cont	i) on 512 (13) rolled tity?	!
					1				_		Yes		No
					_	+			_				+

Part V	Transactions With Related Organizations Complete if the organization	answered "Yes" on For	m 990, Part IV, lın	e 34, 35b, or 36.					
Note	complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				7	Yes	No		
<b>1</b> During	the tax year, did the orgranization engage in any of the following transactions with one or n	nore related organizations	listed in Parts II-IV	>					
<b>a</b> Rec	eipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1	а		No		
<b>b</b> Gift,	grant, or capital contribution to related organization(s)			1	b		No		
<b>c</b> Gıft,	grant, or capital contribution from related organization(s)			1	c		No		
<b>d</b> Loai	ns or loan guarantees to or for related organization(s)			1	d		No		
e Loans or loan guarantees by related organization(s)									
<b>f</b> Divi	dends from related organization(s)			1	f		No		
<b>g</b> Sale	of assets to related organization(s)			1	g		No		
<b>h</b> Puro	chase of assets from related organization(s)			1	h		No		
i Exch	nange of assets with related organization(s)			1	.i		No		
<b>j</b> Leas	e of facilities, equipment, or other assets to related organization(s)			1	j		No		
<b>k</b> Leas	se of facilities, equipment, or other assets from related organization(s)			1	k		No		
	prmance of services or membership or fundraising solicitations for related organization(s)			1	.ī		No		
<b>m</b> Perfo	ormance of services or membership or fundraising solicitations by related organization(s)			1	m		No		
<b>n</b> Shar	ing of facilities, equipment, mailing lists, or other assets with related organization(s)			<u> </u>	ln \	Yes			
<b>o</b> Sha	ring of paid employees with related organization(s)			1	0 1	Yes			
<b>p</b> Rein	nbursement paid to related organization(s) for expenses			1	p \	Yes			
<b>q</b> Reir	nbursement paid by related organization(s) for expenses			1	q Y	Yes			
<b>r</b> Othe	er transfer of cash or property to related organization(s)			1	.r		No		
s Oth	er transfer of cash or property from related organization(s)			1	s		No		
<b>2</b> If th	e answer to any of the above is "Yes," see the instructions for information on who must cor	mplete this line, including o	covered relationships	and transaction thresholds					
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amour	nt invo	olved			
(1) ACLU FO	DUNDATION INC	N	6,842,129	FTE BASED ALLOCATION METHODOLO	ΙGΥ				
(2) ACLU FO	DUNDATION INC	0	4,183,752	REVENUE BASED ALLOCATION METHO	DD				
(3) ACLU FO	DUNDATION INC	Р	6,842,129	FTE BASED ALLOCATION METHODOLO	ΙGΥ				
(4) ACLU FO	OUNDATION INC	Q	4,183,752	REVENUE BASED ALLOCATION METHO	DD				

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations <sup>7</sup>	_	(i) Code V <sup>2</sup> UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

Schedule R (Form 990) 2013

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013