** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

AI	or the	2014 Calendar year, or tax year beginning APR 1, 2014 and	ending M	AK 31, 2013				
В	Check if applicable	AMERICAN CIVIL LIBERTIES UNION		D Employer identifi	cation number			
	Addres change Name			12 6	212516			
H	lchange □]Initial		Doors/ouite	13-6213516				
	return Final _return/	125 BROAD STREET, 18TH FLOOR	Room/suite	212-549-2500				
	termin- ated			G Gross receipts \$	260,374,101.			
	Amend	NEW TORK, NI 10004		H(a) Is this a group re	eturn			
L	Applica tion pendin	F Name and address of principal officer Additional D. Rostilla		for subordinates	? Yes X No			
_		SAME AS C ABOVE		H(b) Are all subordinates in				
		mpt status: X 501(c)(3)	or 527	4	list. (see instructions)			
		e: WWW.ACLU.ORG		H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year	of formation: 1966	M State of legal domicile; NY			
P		Summary	דות איז רובו	ON AND DROM	OUTON OR			
Activities & Governance	1 1	Briefly describe the organization's mission or most significant activities: PRESICIVIL RIGHTS AND CIVIL LIBERTIES	ERVATI	ON AND PROM	OTION OF			
ĭ	2 (Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	than 25% of its net a				
O.	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	14			
প্র	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	14			
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	381			
Ξ		Total number of volunteers (estimate if necessary)			176			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34			0.			
				Prior Year	Current Year			
ne		Contributions and grants (Part VIII, line 1h)	00.000.000.000	55,110,331.	79,581,425.			
Revenue		Program service revenue (Part VIII, line 2g)		2,504,624.	3,842,201.			
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11,313,103. 1,345,603.	9,226,610.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		70,273,661.	94,047,925.			
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,364,900.	6,862,640.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0,862,640.			
		Benefits paid to or for members (Part IX, column (A), line 4)		37,504,660.	37,912,351.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		280,171.	272,174.			
Jen 2	10a	Professional fundraising fees (Part IX, column (A), line 11e)	38	200,171.	2/2/114			
Ä	170	Total fundraising expenses (Part IX, column (D), line 25) 8 , 0 9 6 , 4 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	50. -	46,195,633.	40,631,178.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		89,345,364.				
		Revenue less expenses. Subtract line 18 from line 12		19,071,703.				
OF	3	TOVORGE 655 GAPGIGGS. GABGIGGT III C 10 11011 III C 12		ginning of Current Year	End of Year			
Net Assets	20	Total assets (Part X, line 16)		323,917,302.				
ASS	21	Total liabilities (Part X, line 26)		75,288,892.				
Net Set	22	Net assets or fund balances. Subtract line 21 from line 20		248,628,410.				
	art II	Signature Block			***			
Und	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is			
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich prepare	has any knowledge.				
				10000				
Sig	jn	Signature of officer		Date				
He	re	TERENCE DOUGHERTY, COO/GENERAL COUNSE	L/ASS1	TREAS				
_		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai		MARTIN GREIF	ur	WELL self-emplo				
	parer	Firm's name MCGLADREY LLP	Firm's EIN	42-0714325				
Us	e Only	Firm's address 1185 AVENUE OF THE AMERICAS			0 270 1000			
-	100 700	NEW YORK, NY 10036-2602		Phone no. 21	2-372-1000			
Ma	ly the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

	t III Statement of Program Service Accomplishments
Га	
-	
1	Briefly describe the organization's mission: AS NOTED IN ITS ARTICLES OF INCORPORATION, THE MISSION OF THE ACLU
	FOUNDATION IS "TO ENCOURAGE, SPONSOR, AND FACILITATE THE CULTIVATION
	AND DIFFUSION OF KNOWLEDGE AND UNDERSTANDING OF THE VARIOUS CIVIL
	LIBERTIES AND CIVIL RIGHTS WHICH ARE PROTECTED BY THE CONSTITUTIONS
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
0	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 30,369,224 • including grants of \$ 2,345,420 •) (Revenue \$ 3,842,201 •)
48	(Code:) (Expenses \$30,369,224 • including grants of \$2,345,420 •) (Revenue \$3,842,201 •) LITIGATION - THE ACLU FOUNDATION'S LITIGATION PROGRAM IS THE
	CORNERSTONE OF ITS CIVIL LIBERTIES PROGRAM. THE ACLU TODAY IS THE
	NATION'S PREEMINENT CIVIL LIBERTIES ORGANIZATION, WITH A STAFF OF
	ATTORNEYS IN THE NATIONAL OFFICE WORKING IN COLLABORATION WITH
	ATTORNEYS AT AFFILIATE OFFICES NATIONWIDE TO ADDRESS CASES INVOLVING A
	WIDE RANGE OF CIVIL LIBERTIES ISSUES. THE ACLU APPEARS BEFORE THE U.S.
	SUPREME COURT MORE THAN ANY OTHER LEGAL SERVICES ORGANIZATION OR
	GOVERNMENTAL AGENCY EXCEPT THE U.S. DEPARTMENT OF JUSTICE.
	GOVERNMENTAL AGENCY DACETY THE C.D. PERMITMENT OF GOOTICE.
4b	(Code:) (Expenses \$ 28,617,006 · including grants of \$ 4,517,220 ·) (Revenue \$)
40	(Code:)(Expenses \$28,017,000. including grants of \$4,517,220.) (Revenue \$) AFFILIATE SUPPORT - THE ACLU HAS AN AFFILIATE OR CHAPTER IN EVERY STATE
	AND IN PUERTO RICO. AFFILIATES HANDLE REQUESTS FOR LEGAL ASSISTANCE,
	LOBBY STATE LEGISLATURES AND HOST EDUCATIONAL FORUMS THROUGHOUT THE
	YEAR. THE NATIONAL ACLU COORDINATES FUNDRAISING EFFORTS WITH ITS
	AFFILIATES AND SHARES THE PROCEEDS OF FUNDRAISING EFFORTS WITH
	AFFILIATES IN ACCORDANCE WITH A DETAILED POLICY. THROUGH ITS AFFILIATE
	SUPPORT AND ADVOCACY DEPARTMENT, THE NATIONAL ACLU ALSO PROVIDES GRANTS
	AND SUPPORT TO AFFILIATES ON SPECIFIC INITIATIVES AND PROJECTS THAT
	HAVE BEEN IDENTIFIED AS INVOLVING MATTERS OF BOTH LOCAL/REGIONAL AND
	NATIONAL SIGNIFICANCE. THE AFFILIATE SUPPORT AND ADVOCACY DEPARTMENT
	OFFERS TRAINING AND TECHNICAL ASSISTANCE TO AFFILIATES ACROSS THE
	COUNTRY ON A VARIETY OF TOPICS OF RELEVANCE.
4c	(Code:) (Expenses \$ 12,325,331. including grants of \$) (Revenue \$ 25,443.)
	EDUCATION - THROUGH NEWSLETTERS, ITS WEBSITE, ADVERTISEMENTS, OP-ED
	ARTICLES, MEDIA INTERVIEWS, PUBLICATIONS, SOCIAL MEDIA, AND NUMEROUS
	MEETINGS AND WORKSHOPS CONDUCTED IN COLLABORATION WITH ITS AFFILIATES
	THROUGHOUT THE US, THE ACLU FOUNDATION PROVIDES ONGOING EDUCATION TO
	THE ACLU'S 500,000 MEMBERS NATIONWIDE AND TO THE PUBLIC AT LARGE WITH
	RESPECT TO A WIDE RANGE OF CIVIL LIBERTIES ISSUES AND CONCERNS. A CORE
	COMPONENT OF THE ORGANIZATION'S EDUCATIONAL CAMPAIGNS IS THE EMPHASIS
	ON KEY RIGHTS, INCLUDING FIRST AMENDMENT RIGHTS TO FREE SPEECH,
	ASSOCIATION AND ASSEMBLY; THE RIGHT TO EQUAL PROTECTION UNDER THE LAW;
	THE RIGHT TO DUE PROCESS AND TO FAIR TREATMENT WHEN THE LOSS OF LIBERTY
	OR PROPERTY IS AT STAKE; AND THE RIGHT TO PRIVACY AND FREEDOM FROM
	UNWARRANTED GOVERNMENT INTRUSION INTO PERSONAL AND PRIVATE AFFAIRS.
44	Other program services (Describe in Schedule O.)
-rui	(Expenses \$ 1,077,767 • including grants of \$) (Revenue \$
4e	Total program service expenses 72,389,328.
	Form 990 (2014)

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. Form 990 (2014) FOUNDATION, Part IV Checklist of Required Schedules

	Some Property Composition and Composition (See Section 1999)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		162	140
		1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
Ü	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ť		
7	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
9	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		_	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	Ė		
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	Ť		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	Х	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. Form 990 (2014) FOUNDATION, INC. Part IV Checklist of Required Schedules (continued)

	The state of the s		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		v	
	Schedule K. If "No", go to line 25a	24a	X	_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		X
4	any tax-exempt bonds?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			v
	Schedule L, Part I	25b		X
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 "Yes,"	00		x
07	complete Schedule L, Part II	26		
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? If "Yes," complete Schedule L, Part III	27		x
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		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
	Note. All Form 990 filers are required to complete Schedule O		990	(201/
		LOLL	220	(2014

Par	Check if Schedule O contains a response or note to any line in this Part V				
	Oncord in deflectable of contains a response of note to any line in this rate of			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 238		100	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
	(gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 381			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				l
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country:	i			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		+ /		L
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transf		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to				_V
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		Ch		
-	were not tax deductible?		6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	nices provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		75		
	to file Form 8282?	•	7c	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year		10		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		_
10	Section 501(c)(7) organizations. Enter:	î î			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	Î.a. Î			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	116			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	112b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.	***************************************			
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
~	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu		14b		
			Eorn	gon	/2014

Form 990 (2014)

FOUNDATION, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 14										
	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.			- 6							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	6	Х								
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	х								
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	х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	X								
	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?	10b	X								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	7. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	Х								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO. Executive Director, or top management official	15a	X								
_	Other officers or key employees of the organization	15b		X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
_	taxable entity during the year?	16a		X							
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed AK, AR, AZ, CA, CO, CT, FL, GA, H	I,II	, KS	KY,							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)										
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website X Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, at	nd finar	ncial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records:										
	TERENCE DOUGHERTY - 212-549-2500										
	125 BROAD STREET, 18TH FLOOR, NEW YORK, NY 10004										
40000	SEE SCHEDILE O FOR FILL LIST OF STATES	Forn	n aa n	/2014							

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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

X

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

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

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

Check this box if neither the organization r (A) Name and Title	(B) Average hours per	(do	not c	(C Posi heck r	;) ition	than	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (list any hours for related organizations below	stee or director		d a dì	irecto			from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) ANGELOS, CLAUDIA	line) 2.50		Inst	Officer	Key	Hig	PO.				
DIRECTOR	2.50	X						0.	0.	0	
(2) BUITRAGO, LUZ	2.50										
DIRECTOR	3.00	Х			<u>. </u>			0.	0.	0	
(3) CHEN, RONALD	2.50										
DIRECTOR	2.50	X				_	_	0.	0.	0	
(4) CHESTER, ROBERT	3.00									_	
DIRECTOR	4.50	X	_	_	_		_	0.	0.	0	
(5) GREENWOOD, SCOTT	2.50	.,								,	
DIRECTOR/GENERAL COUNSEL	3.00	X	_	_	_	L	_	0.	0 *	0	
(6) HASAN, REHAN	2.50 3.00	₩.						0.	0.	C	
DIRECTOR	4.50	X	-					0.	0.		
(7) HERMAN, SUSAN DIRECTOR/PRESIDENT	4.50	х		x				0.	0.	0	
(8) HERRON, AUNDRE	3.00	^		Δ.	_		_	0.	0.		
DIRECTOR	3.50	x						0.	0.	C	
(9) KASSAM-REMTULLA, ALY	2.50		\vdash			\vdash					
DIRECTOR	2.50	x						0.	0.	l c	
(10) LEWIS, M. CALIEN	2.50			Т							
DIRECTOR	5.00	X						0.	0 *	(
(11) LITMAN, ROSLYN	2.50			П							
DIRECTOR/GENERAL COUNSEL	5.50	X						0.	0 *	[C	
(12) REMAR, ROBERT	3.50										
DIRECTOR/VP/TREASURER/SECRETARY	5.50	X		X				0.	0.		
(13) TYLER, RONALD	2.50										
DIRECTOR/GENERAL COUNSEL	3.00	X	_			_		0.	0.	(
(14) WILLIAMS, GARY	2.50										
DIRECTOR/VICE PRESIDENT	2.50	X		X		_	_	0.	0.	(
(15) ANTHONY D. ROMERO	26.00								460 561	26.04.	
EXECUTIVE DIRECTOR/CEO	14.00	_	_	X		-		0.	468,564.	36,817	
(16) TERENCE DOUGHERTY	26.00							_	252 100	40 11	
COO/GENERAL COUNSEL/ASST TREAS	14.00	_	_	Х	-	-		0.	353,129.	40,114	
(17) DOROTHY M. EHRLICH	26.00				7.7			_	300 061	04 004	
DEPUTY EXEC. DIRECTOR/ASST SECRETARY	14.00	_	_		X	L		0.	389,861.	84,884	

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Part VII Section A. Officers, Directors, True		ploy	ees			ghe	st C	ompensated Employe	es (continued)				
(A)	(B) (C)							(D) (E)			(F)		
Name and title	Average		not c		more	than		Reportable	Reportable		Estimated		
	hours per week	box	, unle cer ar	ss pe	rson i irecto	is bot or/trus	h an tee)	compensation	compensation	amount of			
	(list any						É	from the	from related organizations	000	other pensa		
	hours for	trustee or director				_		organization	(W-2/1099-MISC)		rom th		
	related	3e or (slee			1 Sate		(W-2/1099-MISC)	(** 27 1000 141100)		anizat		
	organizations	trust	Institutional trustee		yee	эдшо		, ,		· ·	d relat		
	below	Individual t	tution	-a	Key employee	est co	je.			org	anizati	ons	
	line)	iği	Insti	Officer	Key 6	Highest compensated employee	Former						
(18) LAURA W. MURPHY (THRU 2/2015)	26.00				,,				226 004	,	0 6	20	
DIR OF WASHINGTON LEGIS OFFICE	14.00	_	_	_	X	_	_	0.	336,294	1	9,6	34	
(19) MARK WIER	34.00				٦,			277 205	_	,	2 2	Λ.F.	
DIRECTOR OF DEVELOPMENT	6.00			_	Х	_	_	277,395.	0 .	. 3	3,2	U S	
(20) GERI ROZANSKI	40.00				x			210 122	_	7	4 6	<i>C</i> 1	
DIR AFFILIATE SUPPORT & ADVOCACY	40.00	_	_	_	Δ	-		310,123.	0 .	/	4,5	04	
(21) STEVEN SHAPIRO LEGAL DIRECTOR	40.00				x			352,468.	0.	7	2,8	71	
(22) EMILY TYNES	40.00			H	2	\vdash		332,400.		-	4,0	/ 4	
DIRECTOR OF COMMUNICATIONS	10.00	1			x			326,875.	0.	. 8	6,5	84	
(23) MATTHEW COLES	40.00			П		\vdash					,		
DEPUTY LEGAL DIR/DIR CTR EQUALITY						x		231,728.	0	7	2,6	17	
(24) DENNIS PARKER	40.00												
DIRECTOR, RACIAL JUSTICE PROJECT						X		209,147.	0	7	3,9	00.	
(25) JAMEEL JAFFER	40.00												
DEPUTY LEGAL DIR/DIR CTR DEMOCRACY						X		222,227.	0	5	0,2	91	
(26) LOUISE MELLING	40.00								_				
DEPUTY LEGAL DIR/DIR CTR LIBERTY			L			X		218,603.			7,6		
1b Sub-total									1,547,848		3,1		
c Total from continuation sheets to Part \	/II, Section A	*****						201,820.			7,6		
d Total (add lines 1b and 1c)									1,720,348	/ / 3	0,7	30	
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bove	e) wl	ho re	eceived more than \$100	0,000 of reportable			7	
compensation from the organization		_	_	_	_	_					Yes	74 No	
3 Did the organization list any former officer	director or tr	icto	o ka	N/ OF	mole		orl	highest compensated o	mplovoo oa		163	140	
line 1a? If "Yes," complete Schedule J for	, unector, or the such individual	1316	c, n	5y 61	пріс	уусс	, OI I	riigriest compensated e	inployee on	3	х		
4 For any individual listed on line 1a, is the s										3			
and related organizations greater than \$15										4	x		
5 Did any person listed on line 1a receive or													
ter file to the same and the sa								5		Х			
Section B. Independent Contractors	mbridation				Occupation.								
1 Complete this table for your five highest c	ompensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of comper	sation	from		
the organization. Report compensation for	the calendar)	ear	end	ing v	vith	or w	<u>/ithi</u> r	the organization's tax	year.				
(A)								(B)			C)		
Name and busines	s address						- 1	Description of s	services	Compe	ensatio	n	

Name and business address

Description of services

Compensation

MEREDITH CORPORATION

PO BOX 731066, DALLAS, TX 75373

BLACKBAUD, INC.

PO BOX 930256, ATLANTA, GA 31193

DONOR DATABASE

718,474.

PO BOX 930256, ATLANTA, GA 31193

ZEROCHAOS

PO BOX 534305, ATLANTA, GA 30353

DANIEL J. EDELMAN, INC., 200 E. RANDOLPH

DR., 62ND FL., CHICAGO, IL 60601

MEDIA STRATEGY

314,854.

ADVOMATIC LLC
30 VESEY ST., SUITE 900, NEW YORK, NY 10007WEBSITE SERVICES 314,450.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 29

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2014)

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			(C Pos	C) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) JUDY RABINOVITZ	40.00					\		201 020	0.	17 610
DEPUTY DIRECTOR IMMIGRANTS' RIGHTS 28) ALMA MONTCLAIR	0.00	_	_	_	_	X	_	201,820.	0.	47,618
FORMER DIR OF ADMIN & FIN/ASST TREAS	0.00						Х	0.	172,500.	0
										·
								Þ		
						Г				
						-				
		_			-	-				
			\vdash	\vdash	-	-				
		_	H	-	\vdash	-				
				L						

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue business exempt function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 364,441 1 a Federated campaigns **b** Membership dues 1b 1c c Fundraising events d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 79,216,984 similar amounts not included above 3,118,898, g Noncash contributions included in lines 1a-1f: \$ 79,581,425 h Total. Add lines 1a-1f Business Code 2 a LEGAL EXP AWARDED, NET 900099 3,842,201 3,842,201 Program Service Revenue All other program service revenue 3,842,201 Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 6,324,359. other similar amounts) 6,324,359 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real 1,372,246 6 a Gross rents b Less: rental expenses 1,372,246. c Rental income or (loss) 1,372,246 1,372,246. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 169,228,427 assets other than inventory **b** Less: cost or other basis 166,326,176 and sales expenses 2,902,251. c Gain or (loss) 2,902,251. 2,902,251 d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ __ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code OTHER INCOME 900099 19,282 19,282 PAMPHLET AND BOOK SALES 900099 6,161 6,161 b C d All other revenue 25,443, e Total. Add lines 11a-11d 94,047,925, 10,598,856. 3,867,644 Total revenue. See instructions.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 6,862,640 6,862,640. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,758,623 326,154. trustees, and key employees 2,535,104. 450,327. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 27,164,671. 22,087,544. 1,541,995. 3,535,132. Other salaries and wages Pension plan accruals and contributions (include 2,120,118 1,711,072. 122,622. 286,424. section 401(k) and 403(b) employer contributions) 3,941,558. 3,185,257. 246,409. 509,892. Other employee benefits 9 2,150,900. 1,733,486. 141,825. 275,589. 10 Payroll taxes Fees for services (non-employees): a Management 250,288. 99,223. 126,326. 24,739. b Legal 30,000. 30,000. c Accounting d Lobbying 272,174. 272,174. Professional fundraising services. See Part IV, line 17 72,470. 727,380. 622,315. 32,595. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 5,297,679. 4,382,922. 228,534. 686,223. column (A) amount, list line 11g expenses on Sch O.) 58,396. 116,792. 58,396. Advertising and promotion 12 277,331. 67,671. 1,351,491. 1,006,489. Office expenses 56,070. 124,661. 1,251,225. 1,070,494. Information technology 14 15 Royalties 2,477,548 2,033,701. 186,519. 257,328. 16 Occupancy 1,943,180. 1,611,172. 139,265. 192,743. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 110,833. 438,209. 287,205. 40,171. 19 Conferences, conventions, and meetings 31,820. 176,780. 134,353. 10,607. 20 Payments to affiliates 21 4,143,276. 3,264,304. 222,762. 656,210. Depreciation, depletion, and amortization 22 11,914. 121,746. 98,834. 10,998. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 11,133,087. 11,133,087. SHARED PORTION - CONTR. 5,121,629. SPECIAL AFFILIATE SUBSI 5,121,629. 2,376,409. 2,376,409. SHARED PORTION - BEOUES d OTHER EXPENSES 94,444. 2,071,816. 495,128. 1,482,244. 55,637. 1,602,643. 1,255,045. 291,961. e All other expenses 72,389,328. 5,192,577. 8,096,438. 85,678,343. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Par	T X	Balance Sheet			1 1
		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	4	Oach and interest bearing	2 2 2 2 2 2 2 2 2	1	8,315,038.
	1	Cash · non-interest-bearing		2	6,671,146.
	2	Savings and temporary cash investments		3	23,921,540.
	3	Pledges and grants receivable, net	10000	4	23,321,340
		Accounts receivable, net	******	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		5	
	6	Part II of Schedule L Loans and other receivables from other disqualified persons (as defined up		5	
	0	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib			
		employers and sponsoring organizations of section 501(c)(9) voluntary	ding		
.		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Set	7			7	
Assets	8	Notes and loans receivable, net		8	
	9	Inventories for sale or use	820,551.	9	167,344.
		Land, buildings, and equipment: cost or other	020,031	3	207,311
	IUa	basis. Complete Part VI of Schedule D 10a 58,504,6	14.		
	b	Less: accumulated depreciation 10b 29,765,7	06. 29,715,549.	10c	28,738,908.
	11	Investments - publicly traded securities	246,188,825.	11	252,411,671.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	7,374,620.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	202 017 200	16	327,600,267
	17	Accounts payable and accrued expenses	1 400 000	17	3,640,525
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
y.	22	Loans and other payables to current and former officers, directors, trustee			
Liabilities		key employees, highest compensated employees, and disqualified persor			
api		Complete Part II of Schedule L		22	
Ï	23	Secured mortgages and notes payable to unrelated third parties	4 = 000 000	23	14,735,000
	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 D	55,920,670	25	67,490,869
	26	Total liabilities. Add lines 17 through 25	75,288,892	26	85,866,394
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X	and		
Se		complete lines 27 through 29, and lines 33 and 34.			A
S S	27	Unrestricted net assets	161,037,226	27	142,427,163
3919	28	Temporarily restricted net assets	46,829,469	28	57,024,188
Ď.	29	Permanently restricted net assets	40,761,715	29	42,282,522
Ī		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.	100		
ets	30	Capital stock or trust principal, or current funds	*****	30	
455	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
7	33	Total net assets or fund balances	248,628,410		241,733,873. 327,600,267.
_	-		323,917,302	34	

Par	t XI Reconciliation of Net Assets					-			
	Check if Schedule O contains a response or note to any line in this Part XI					X			
			0.4		- 0	٥.			
1	Total revenue (must equal Part VIII, column (A), line 12)	1 2	94,0						
2	Total expenses (must equal Part IX, column (A), line 25)		85,678,343						
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Net unrealized gains (losses) on investments	5		953,723					
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	-16,2	317	7,8	42.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	241,	733	3,8	73.			
Pai	t XII Financial Statements and Reporting					_			
	Check if Schedule O contains a response or note to any line in this Part XII					يط			
			_	_	Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,							
	consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the								
	review, or compilation of its financial statements and selection of an independent accountant?		<u></u>	2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch								
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		t l						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b					
			F	orm	990	(2014)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

AMERICAN CIVIL LIBERTIES UNION Employer identification number Name of the organization 13-6213516 FOUNDATION, INC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (iv) Is the organization (vi) Amount of (ii) EIN (v) Amount of monetary listed in your (described on lines 1-9) organization other support (see support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Total

Schedule A (Form 990 or 990-EZ) 2014 FOUNDATION, INC.

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support	,,,					
-	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
		(a) 2010	(0) 2011	(0) 2012	(4) 2013	(6) 2014	(i) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	64,722,436.	58,074,573.	52,043,425.	55,588,295.	78,890,183.	309,318,912.
	include any "unusual grants.")	04,722,430.	30,074,373.	32,043,423.	33,300,233.	70,000,100.	303,310,312.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					l l	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	64,722,436.	58,074,573.	52,043,425.	55,588,295.	78,890,183.	309,318,912.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			- 4 3			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						16,407,397.
6	Public support. Subtract line 5 from line 4.						292,911,515.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	64,722,436.	58,074,573.	52,043,425.	55,588,295.	78,890,183.	309,318,912.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	5,850,741.	7,350,890.	7,325,387.	7,701,986.	7,082,198.	35,311,202.
0	Net income from unrelated business	0,000,112.	.,550,050.	1,020,001.	.,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
9							
	activities, whether or not the	-27,965.	34,985.				7,020.
	business is regularly carried on	-21,905.	34,303.				7,020.
10	Other income. Do not include gain						
	or loss from the sale of capital	E1 6E2	48,706.	99,900.	97,210.	25 442	322,911.
	assets (Explain in Part VI.)	51,652.	40,700.	99,900.	91,410.	23,443.	
	Total support. Add lines 7 through 10					1 25	344,960,045.
	Gross receipts from related activities,	•	,			h	,786,590.
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	. —
Se	organization, check this box and storection C. Computation of Publ	here	rcentage	*****************	***************************************		
_	Public support percentage for 2014 (aluma (fl)		14	84.91 %
							87.91 %
	Public support percentage from 2013					15	, -
168	33 1/3% support test - 2014. If the						
	stop here. The organization qualifies						
k	33 1/3% support test - 2013. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	·	-	
	meets the "facts-and-circumstances"	-					
t	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the	he "facts-and-circu	ımstances" test, cl	neck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported org	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	ns
					Sche	edule A (Form 990	or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20	014	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							-
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							-
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
,	amount on line 13 for the year Add lines 7a and 7b					1	_	
							-	
	Public support (Subtract line 7c from line 8.)				1			
	indar year (or fiscal year beginning in)	/e\ 2010	/F) 2011	(a) 2012	(4) 2012	1010	014	(f) Total
		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20	014	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
(Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital							
13	assets (Explain in Part VI.)							
	First five years. If the Form 990 is for	r the organization	s first, second. th	ird, fourth, or fifth t	tax year as a section	on 501(c)(3	3) organiza	tion,
	check this box and stop here	-					-	
Se	ction C. Computation of Publ							
	Public support percentage for 2014 (column (fl)		15		%
	Public support percentage from 2013		.0001114	·····		16		%
200	ction D. Computation of Inves					1 10 1		70
_	Investment income percentage for 20				100.71	17		%
18					565 330	18		%
	a 33 1/3% support tests - 2014. If the			on line 14 and lin		-	and line 17	
.50	more than 33 1/3%, check this box a	-					and mile if	•
	o 33 1/3% support tests - 2013. If the						3 1/3% 2	nd
	line 18 is not more than 33 1/3%, che	•						
20	Private foundation. If the organization			·		_		
	Throng to a real management in the organization	a, alla not oricon a	200 201 III (17) 1-1	on or row, or rook t	and bon unu occ in	5410000115	+144+14441111	

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *part y* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	40		
	4c		
	5a		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b	5	
	9c		
	10a	1	
n 9	10b 90 or 99	90-EZ	2014

Pai	t IV Supporting Organizations (continued)			
	1 India 7 7 1 IMMANAMA		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			-
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	100		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	_	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	-	_
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions	;):		
а				
b		S 0	2	
C		struction		L
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		-
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	-	-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		
	of its supported organizations? If "Yes," describe in part VI the role played by the organization in this regard.	3b		1

Schedule A (Form 990 or 990-EZ) 2014 FOUNDATION, INC.

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	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on l	Nov. 20, 1970. See instru	actions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			-
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	15	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrate	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 FOUNDATION, INC.

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	Type III Non-Functionally Integrated 508	alaya) aupporting Orga	(continued)	P2 CHIAPSA
	on D - Distributions	(4)		Current Year
1_	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity	100 00 00 00		
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
c				
d				
_	From 2013			
	Innocalling Chicago			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
i				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
C	Excess from 2013			
	Excess from 2013			
	Excess IIOIII 2014		Sahadula A /	Form 990 or 990-EZ) 20

Schedule A (Form 990 or 990-EZ) 2014 FOUNDATION, INC.	13-6213516	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a o	r 17b: and Part III, line 1	2
	, in o, and i are in, in o i	
Also complete this part for any additional information. (See instructions).		
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
POWER A CHARLE MICH.		
ROYALTY & OTHER MISC. INCOME		
<u></u>		
		_
1		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

Name of the organization

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Employer identification number

13-6213516

ganization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) a any one contributo	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.					
year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year					
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization
AMERICAN CIVIL LIBERTIES UNION
FOUNDATION, INC.

Employer identification number

13-6213516

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$20,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$3,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization AMERICAN CIVIL LIBERTIES UNION Employer identification number

13-6213516 FOUNDATION, INC. Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) Date received from Description of noncash property given (see instructions) Part I (a) (c) (d) No. (b) FMV (or estimate) Date received from Description of noncash property given (see instructions) Part I (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

AMERICAN CIVIL LIBERTIES UNION

FOUNDATION I	NC	٠
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13-6213516

Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000 or	in section 501(c)(/), (8), or (10) that total more than \$1,000 for ring line entry. For organizations least for the year. (Enter this info, once,)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee				
=	Transieree's name, address, a		nerationship of transfer of to transfer ee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
-	Transferee S traine, additess, a		Tiguation and a data of the data of the				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, a	Relationship of transferor to transferee					
-							

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.

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

OMB No. 1545-0047

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-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

,	Castian 504/51/41/45 as (6) associated	ione: Complete Dort III			
	Section 501(c)(4), (5), or (6) organizate of organization AMERICA	N CIVIL LIBERTIES	TINTON	Emr	oloyer identification number
		ION, INC.	01411014		13-6213516
Pa	rt I-A Complete if the org	anization is exempt under	er section 501(c) o	or is a section 527	organization.
					3
4	Provide a description of the organiz	ation's direct and indirect politica	Leampaign activities in	Part IV	
	Political expenditures				\$
	Volunteer hours				
	Toldines, floats manners, mann		**************		
Pa	rt I-B Complete if the org	anization is exempt unde	er section 501(c)(3	3).	
	Enter the amount of any excise tax				\$
2	Enter the amount of any excise tax	incurred by organization manager	rs under section 4955		\$
	If the organization incurred a section				
4a	Was a correction made?				Yes No
h	If "Yes " describe in Part IV				
	rt I-C Complete if the org				
1	Enter the amount directly expended	by the filing organization for sec	tion 527 exempt functi	on activities	\$
	Enter the amount of the filing organ				
	exempt function activities				\$
3	Total exempt function expenditures		,		
	line 17b				
	Did the filing organization file Form				
5	Enter the names, addresses and en				
	made payments. For each organiza				
	contributions received that were propolitical action committee (PAC). If a				rate segregated fund or a
_					L AN A A Security of
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	
					delivered to a separate
					political organization. If none, enter -0
					1
_					
_					

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

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 Part II-A Complete if the organization 501(h)).	FOUNDA janizatio	TION,	INC. npt under section	n 501(c)(3) and fi	13-6 led Form 5768 (e	213516 Page 2 lection under
expenses, and sha	re of excess	lobbying e			d group member's nam	e, address, EIN,
	its on Lobby ditures" me		nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
Total lobbying expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add I d Other exempt purpose expenditure)	uence a legi lines 1a and	slative bod	ly (direct lobbying)		43,880. 894,392. 938,272. 84,740,071.	
					85,678,343.	-
	e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns.					-
If the amount on line 1e, column (a) of			bying nontaxable ame		1,000,000.	
Not over \$500,000	the amount on line 1e.					
Over \$500,000 but not over \$1,00	0.000		0 plus 15% of the exc	ess over \$500.000.		
Over \$1,000,000 but not over \$1,5		0 plus 10% of the exc				
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess o						
Over \$17,000,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$1,000,0				
0.00.000,000		4.100010				
g Grassroots nontaxable amount (er	nter 25% of	line 1f)	71 7112-010-0		250,000.	
h Subtract line 1g from line 1a. If zer					0.	
i Subtract line 1f from line 1c. If zero					0.	
j If there is an amount other than ze						
reporting section 4911 tax for this						Yes No
(Some organizations t	that made a See	section 56 the separa	ate instructions for li	have to complete all nes 2a through 2f.)	of the five columns b	elow.
	Loppi	ying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	1,000	,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))						6,000,000.
c Total lobbying expenditures	462	2,285.	781,896.	643,087.	938,272.	2,825,540.
d Grassroots nontaxable amount	250	,000.	250,000.	250,000.	250,000.	1,000,000.
 Grassroots ceiling amount 						

62,519.

Schedule C (Form 990 or 990-EZ) 2014

346,615.

43,880.

184,787.

f Grassroots lobbying expenditures

55,429.

Schedule C (Form 990 or 990-EZ) 2014 FOUNDATION, INC. 13-621351

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description)	(b)	
of the lobbying activity.	Yes	No	Amount	
 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? 				
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 	(646)			
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	7			
i Other activities?		-		
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), s	oction 501/o	(E) or co	otion	_
501(c)(6).	ection 50 f(c)	o), or se	Cuon	
3.002			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-		
Did the organization agree to carry over lobbying and political expenditures from the prior year'				
answered "Yes." 1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of				
expenses for which the section 527(f) tax was paid).	pontioui	1.00		
a Current year		2a		
b Carryover from last year				
c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of t				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
and a different and the same		4		
Expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information		0		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	group list): Part II	-A lines 1	and 2 (cao	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.	group list, Fart ii	7A, III 103 T	and 2 (See	
Instructions), and Part II-b, line 1. Also, complete this part for any additional information.				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization

AMERICAN CIVIL LIBERTIES UNION FOINDATTON TMC

Employer identification number 13-6213516

Par	t I Organizations Maintaining Donor Advised Fun	ds or Other Similar Funds or	Accounts Complete if the
rai		ad of Other Online Funds of	- Countries of the
_	organization answered "Yes" to Form 990, Part IV, line 6.	(a) Donor advised funds	(b) Funds and other accounts
	Total sussibles at and of season	(a) Donor advised fands	(a) Funda and other decounts
1	Total number at end of year		-
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	0 10 10 10 10 10 10 10 10 10 10 10 10 10	
5	Did the organization inform all donors and donor advisors in writing		
	are the organization's property, subject to the organization's exclusi		
6	Did the organization inform all grantees, donors, and donor advisors		
	for charitable purposes and not for the benefit of the donor or donor		
Day	impermissible private benefit?		/ line 7
Par			t, in e t.
1	Purpose(s) of conservation easements held by the organization (che		h. iaaa askank land ayaa
	Preservation of land for public use (e.g., recreation or education		, ,
	Protection of natural habitat	Preservation of a certified	nistoric structure
	Preservation of open space		P. Control of the Lord
2	Complete lines 2a through 2d if the organization held a qualified cor	iservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included in (c) acquired after 8/		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the orga	anization during the tax
	year >	. :- I	
4	Number of states where property subject to conservation easement		
5	Does the organization have a written policy regarding the periodic n		Yes No
•	violations, and enforcement of the conservation easements it holds		
6	Staff and volunteer hours devoted to monitoring, inspecting, and er		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing boes each conservation easement reported on line 2(d) above satisfied to the conservation of the conservation easement reported on line 2(d) above satisfied to the conservation of the conservation		
8	· · · · · · · · · · · · · · · · · · ·		
•	and section 170(h)(4)(B)(ii)?		************
9	In Part XIII, describe how the organization reports conservation eas		
	include, if applicable, the text of the footnote to the organization's f	inancial statements that describes the c	organization's accounting for
Pa	conservation easements. rt III Organizations Maintaining Collections of Art,	Historical Treasures or Other	Similar Assets
1 4	Complete if the organization answered "Yes" to Form 990, P		Ollimai Madatai
10	If the organization elected, as permitted under SFAS 116 (ASC 958		and halance sheet works of art
Id	historical treasures, or other similar assets held for public exhibition		
	the text of the footnote to its financial statements that describes the		or public service, provide, in real zini,
h	If the organization elected, as permitted under SFAS 116 (ASC 958		halance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition, education		
		on, or research in furtherance of public s	service, provide the following amounts
	relating to these items:		\$
	(i) Revenue included in Form 990, Part VIII, line 1		
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures		
2	the following amounts required to be reported under SFAS 116 (AS		i, provide
_			▶ \$
a	Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990. Part X		\$
D D	ASSELS INCIDDED IN FORM 990, FAR A		Ψ Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Sched	dule D (Form 990) 2014 FOUNDAT:	ION, INC.				13-62	213516	Page 2
Greenwanene	t III Organizations Maintaining C		t, Historical Tr	easures, or Otl	ner Si			
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	signific	ant use of its	collection	items
	(check all that apply):							
а	Public exhibition	d		hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	n how they further t	he organization's ex	empt p	urpose in Pa	rt XIII.	
5	During the year, did the organization solicit or						_	
_	to be sold to raise funds rather than to be ma	The second secon	Control of the Contro				Yes	No_
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes" t	o Form	990, Part IV,	line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi					ded	٦.,	□
	on Form 990, Part X?					******	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				¥	
					-	_	Amount	
	Beginning balance					1c		
	Additions during the year					1d		
_	Distributions during the year					1e		
f O-	Ending balance					-	Yes	No
	If "Yes," explain the arrangement in Part XIII.						162	
Par						*************		
1	and an	(a) Current year	(b) Prior year	(c) Two years back	1	ree years back	(e) Four v	ears back
1a	Beginning of year balance	57,852,676.	55,791,742.	53,021,155		3,004,434		404,027.
	Contributions	1,343,481.	196,460.			1,884,014		214,555.
	Net investment earnings, gains, and losses	2,960,685.	3,861,857.	4,206,754		-20,724		142,555.
	Grants or scholarships							
	Other expenditures for facilities							
	and programs	2,249,692.	1,997,383.	1,648,087		1,846,569	. 1,	756,703
f	Administrative expenses							
g	End of year balance	59,907,150.	57,852,676.	55,791,742	. !	53,021,155	. 53,	004,434.
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment		%					
	Permanent endowment ► 70.28	%	 -					
С	Temporarily restricted endowment ▶ 2	9.72 %						
	The percentages in lines 2a, 2b, and 2c should							
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administered fo	r the or	ganization	_	
	by:						`	Yes No
	(i) unrelated organizations				******		3a(i)	X
	(ii) related organizations							Х
b	If "Yes" to 3a(ii), are the related organizations						3b	
4	Describe in Part XIII the intended uses of the		owment funds.					
Pa	t VI Land, Buildings, and Equipm				SE			
-	Complete if the organization answere						4000	
	Description of property	(a) Cost or o		, ,	Accum		(d) Book	value
		basis (investr	,	(other) 0	deprecia	anon	1 025	,713.
	Land				977	,997.	21,198	
b	Buildings		40,1/	0,133. 24	, , , , ,	, 331 •	41,130	,130.
C	Leasehold improvements	YAV.	A 01	3,233. 2	256	,698.	1,756	535
d	Equipment					,011.		,522.
e Tota	Other						28,738	
lota	i. Add lines Ta through Te. (Column (d) must e	iquai FUIII 990, Pan	A, COIGITITI (E), TITLE	100.				1000.

	TATO
FOUNDATION.	INC

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, lin	e 11c. See Form 990, Part X, line	13.
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" (a)	Description	100000	(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	ne 15.)		
Complete if the organization answered "Yes"	to Form 990, Part IV, lin	ne 11e or 11f. See Form 990, Part	X, line 25.
(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) SPLIT INTEREST LIABILITY		13,615,080.	
(3) DUE TO RELATED PARTY (ACI	JU -		
(4) 501(C)(4))		4,904,044.	
(5) BILL OF RIGHTS TRUST HELD	FOR		
(6) AFFILIATES		28,363,158.	
(7) DUE TO AFFILIATES		6,767,613.	
(8) DUE TO THE ACLU - ALLOCAT	ED SHARE		
(9) OF PENSION LIABILITY		13,840,974.	
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 25.)	67,490,869.	
2. Liability for uncertain tax positions. In Part XIII, provide			atements that reports the
organization's liability for uncertain tax positions unde	EIN 49 (ACC 740) Ch	ack hars if the text of the feetnete	has been provided in Part VIII
organization's liability for uncertain tax positions unde	1 FIN 40 (ASC (40): CIR	ck here if the text of the loothole	nas been provided in Fart Ain

432053 10-01-14

FOUNDATION, INC.

Pa	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		ith Revenue per l	Returi	n.
1	Total revenue, gains, and other support per audited financial statements			1	85,624,189.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	********			03/001/1031
		2a	953,723		
a	Net unrealized gains (losses) on investments Donated services and use of facilities		6,840,383		
b			0,010,000		
C	Recoveries of prior year grants Other (Describe in Part VIII.)		-16,217,842		
d	Other (Describe in Part XIII.)			2e	-8,423,736.
е	Add lines 2a through 2d			3	94,047,925.
3	Subtract line 2e from line 1			3	J4,041,J2J.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4-1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	-		-	
b	Other (Describe in Part XIII.)			-	_
С	Add lines 4a and 4b			4c	94,047,925.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5 r Pote	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		vitii Expenses pe	neu	III.
-	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			1	00 E10 706
1	Total expenses and losses per audited financial statements			1	92,518,726.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	f 3	6 040 202		
а	Donated services and use of facilities	-	6,840,383	•	
b	Prior year adjustments	V-1			
С	Other losses			-	
d	Other (Describe in Part XIII.)				6 040 202
е	Add lines 2a through 2d			2e	6,840,383.
3	Subtract line 2e from line 1	*********		3	85,678,343.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	F	1	0	
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	*******		5	85,678,343.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par			4; Par	t X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	lditional ir	nformation.		
-					
PA	RT V, LINE 4:				
				NTD OT	NENTE EO
TH	E PURPOSE OF THE ENDOWMENT FUND IS TO BUIL	LD AN	ENDURING E	MDOM	MENT TO
CIN	RRY OUT THE WORK OF THE ACLU AND ITS AFFII	ידאותבי	C TH DDOMEC	m T NI C	ı
CA	KRY OUT THE WORK OF THE ACLU AND ITS AFFII	LIATE	S IN PROTEC	TING	T ,
חח	ESERVING AND EXPANDING THE CIVIL LIBERTIES	C OF	ATT DEDCOMO	TM	משפ ואודשפה
PK	SERVING AND EXPANDING THE CIVIL DIBERTIES	5 OF	ALL FERSONS	T14	THE UNITED
СШ	ATES OF AMERICA.				
51	ATES OF AMERICA.				
TO A	RT X, LINE 2:				
FA	XI A, DINE Z:				
тu	E FOUNDATION IS A NOT-FOR-PROFIT ORGANIZA	TTON	EXEMDA EDUM	TNC	יטאר ייטערכ
111	FOUNDATION IS A NOT-FOR-FROFIT ORGANIZA	11014	BARMIT PROM	TIAC	OHAT TAND
ITN	DER SECTION 501(C)(3) OF THE U.S. INTERNAL	L REV	ENTIE CODE.	THE	FOUNDATION
OIN	SHIL DECITOR SOLVEY(S) OF THE O.D. INTERNET	<u> </u>	HIOH CODE:		1 001121111011
TS	SUBJECT TO TAXES ON UNRELATED BUSINESS II	NCOME	THE LLC T	מייי פ	EATED AS A
0					
	DODUCET TO TAKED ON UNKERNIED DODINEDS I.	II COLL	i. IIII DDC I	5 11	
DI		1100112	11111 1110 1	<u> </u>	
DI	SREGARDED (TAX) ENTITY.			<u> </u>	

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities (Form 990 or 990-EZ) 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public

► Attach to Form 990 or Form 990-EZ. Inspection Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fgrm 990. Employer identification number Name of the organization AMERICAN CIVIL LIBERTIES UNION 13-6213516 FOUNDATION, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	Did raiser ustody itrol of utions?	I ITOTH activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
OMP - 1133 19TH ST NW,		Yes	No			
WASHINGTON, DC 20036	TELEMARKETING		Х	7,493,122.	217,550.	7,275,572.
DSG, LLC - 6715 SUNSET BLVD,						
LOS ANGELES, CA 90028	TELEMARKETING		Х	135,272	35,131.	100,141.
DCM INC - 330 W 38TH STREET,						
NEW YORK, NY 10018	TELEMARKETING		Х	59,955.	19,493.	40,462.
-						
			_			
Total			•	7,688,349	272,174.	7,416,175.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ NM, NY, OH, OK, OR, PA, RI, SC, SD, TN, UT, VA, WA, WI, WV

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

Schedule G (Form 990 or 990-EZ) 2014

Schedule G (Form 990 or 990-EZ) 2014 FOUNDATION, INC.

13-6213516 Page 2

		or randialising over the contribution and give				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ا <u>ب</u>			(event type)	(event type)	(total number)	COI. (C))
Hevenue		Owara wasaista				
윈	1	Gross receipts				
1	2	Less: Contributions				
\forall	3	Gross income (line 1 minus line 2)				
1	4	Cash prizes				
1	_	Namanala miran				
g	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
\$						
	7	Food and beverages				
,	8	Entertainment				
1	9	Other direct expenses				
1	10	Direct expense summary. Add lines 4 through		(******************************		
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)		<u> </u>	
a	rt I	Gaming. Complete if the organization	answered "Yes" to Fori	m 990, Part IV, line 19, or	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.			ř	
2			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
מממומם				Diligo, progressive Diligo		col. (a) throught col. (c
	1	Grace revenue				
7	_	Gross revenue				
ا مِ	2	Cash prizes				
5	3	Noncash prizes				
				1	l.	1
3	4	Rent/facility costs				
	4	Rent/facility costs				
	4	Rent/facility costs Other direct expenses				
	5	Other direct expenses	Yes9			
			Yes %	6 Yes %	Yes%	
מופסו	5	Other direct expenses Volunteer labor	No No	□ No	No No	
	5	Other direct expenses	No No	□ No	No No	
Direct	5	Other direct expenses Volunteer labor	No n 5 in column (d)	No	No b	
	5 6 7 8	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No n 5 in column (d)	No No	No b	
9	5 6 7 8	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No n 5 in column (d) from line 1, column (d) ucts gaming activities:	No No	No b	
9 a	5 6 7 8 En ls 1	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a	No 'from line 1, column (d) ucts gaming activities: ctivities in each of thes	No No	No b	
9 a	5 6 7 8 En ls 1	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No 'from line 1, column (d) ucts gaming activities: ctivities in each of thes	No No	No b	
а	5 6 7 8 En ls 1	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a	No 'from line 1, column (d) ucts gaming activities: ctivities in each of thes	No No	No b	
9 a b	5 6 7 8 En ls t	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a	No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of thes	No No	No b	Yes No
9 a b	5 6 7 8 En ls t	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses re	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No se states? terminated during the tax	No b	Yes No
9 a b	5 6 7 8 En ls t	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a No," explain:	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No se states? terminated during the tax	No b	Yes No

Sch	edule G (Form 990 or 990-EZ) 2014 FOUNDATION, INC.	3-6213516	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	□ No
13	Indicate the percentage of gaming activity conducted in:	- N	
	The organization's facility	13a	%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
•	c If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
			
	Director/officer Employee Independent contractor		
4-			
	Mandatory distributions:		
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	□ No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	******	
	organization's own exempt activities during the tax year > \$		
P	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part	III, lines 9, 9b, 1	10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		
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Schedule G	(Form 990 or 990-EZ)	FOUNDATION,	INC.	13-6213516	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)			
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432084 05-01-14

SCHEDULE I (Form 990) Department of the Treasury

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.

2014
Open to Public
Inspection

OMB No. 1545-0047

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

2 Employer identification number 13-6213516 (h) Purpose of grant or assistance AFFILIATE PROGRAM AFFILIATE PROGRAM AFFILIATE PROGRAM FFILIATE PROGRAM AFFILIATE PROGRAM AFFILIATE PROGRAM X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 o, 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 30,833, 404 38, 792, 331,564 25,900 12,000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 562 UNION (c) IRC section if applicable AMERICAN CIVIL LIBERTIES 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 43-0926406 51-0220856 63-0883872 23-7028224 23-7238580 23-7115937 General Information on Grants and Assistance INC. (p) EIN criteria used to award the grants or assistance? FOUNDATION, 1 (a) Name and address of organization 303 EAST 17TH AVENUE, ROOM 350 SUITE 603 ACLU FOUNDATION OF COLORADO ACLU FOUNDATION OF DELAWARE **ROOM 425** ACLU FOUNDATION OF ALABAMA ACLU FOUNDATION OF GEORGIA ACLU FOUNDATION OF ARIZONA ACLU FOUNDATION OF KANSAS or government KANSAS CITY, MO 64111 MONTGOMERY, AL 36106 WILMINGTON, DE 19801 Name of the organization 1900 THE EXCHANGE, 100 W 10TH STREET, PHOENIX, AZ 85011 GA 30339 DENVER, CO 80203 3601 MAIN STREET P.O. BOX 17148 P.O. BOX 6179 ATLANTA, Part Part II

432101 10-15-14

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

Schedule I (Form 990) (2014)

Schedule (Form 990) FOUNDATION, INC.

Schedule I (Form 990) FOUNDATION, INC. Doct Continuetion of Grants and Other Assistance to Governments and Ornanizations in the United States (Schedule I (Form 990))	N, INC.	• Covernments and Orners	rizations in the III	oited States (Sche	dula I (Form 990) Par	Dart II.	3-6213516 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 MASSACHUSETTS 211 CONGRESS ST BOSTON, MA 02110	23-7312949	501(C)(3)	33,333.	0			AFFILIATE PROGRAM
ACLU FOUNDATION OF MICHIGAN 2966 WOODWARD AVENUE DETROIT, MI 48201	23-7243421	501(C)(3)	407,967.	*0			AFFILIATE PROGRAM
ACLU FOUNDATION OF MISSISSIPPI P.O. BOX 2242 JACKSON, MS 39225	64-0694013	501(0)(3)	316,742.	*0			APFILIATE PROGRAM
ACLU FOUNDATION OF MISSOURI 454 WHITTIER STREET ST. LOUIS, MO 63108	43-6070952	501(c)(3)	394,230.	*0			APFILIATE PROGRAM
ACLU FOUNDATION OF MONTANA P.O. BOX 1317 HELENA, MT 59624	81-0445339	\$01(c)(3)	341,596.	.0			APFILIATE PROGRAM
ACLU FOUNDATION OF NEW MEXICO PO BOX 566 ALBUQUERQUE, NM 87103	85-0275276	501(C)(3)	486,094.	*0			AFFILIATE PROGRAM
ACLU FOUNDATION OF NORTHERN CALIFORNIA - 39 DRUMM STREET - SAN FRANCISCO, CA 94111	94-0279770	501(c)(3)	221,742,	*0			AFFILIATE PROGRAM
ACLU FOUNDATION OF OHIO 4506 CHESTER AVE. CLEVELAND, OH 44103	23-7137105	501(c)(3)	237,700.	*0			AFFILLIATE PROGRAM
ACLU FOUNDATION OF OREGON PO BOX 40585 PORTLAND, OR 97240	23-7048829	501(C)(3)	10,000.	*0			AFFILIATE PROGRAM
							Schedule I (Form 990)

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Page 1 (h) Purpose of grant or assistance AFFILIATE PROGRAM AFFILIATE PROGRAM AFFILIATE PROGRAM 13-6213516 (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 (e) Amount of non-cash assistance (d) Amount of cash grant 226,000, 50,000, 201,102 (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 23-1742013 23-7039364 27-1942832 FOUNDATION, INC. (**p**) EIN ACLU FOUNDATION OF SOUTH CAROLINA ACLU FOUNDATION OF RHODE ISLAND ACLU FOUNDATION OF PENNSYLVANIA (a) Name and address of organization or government ACLU FOUNDATION OF SOUTHERN 40 CALHOUN ST., SUITE 210 128 DORRANCE ST, STE 220 PHILADELPHIA, PA 19106 CHARLESTON, SC 29401 PROVIDENCE, RI 02903 Schedule I (Form 990) P. O. BOX 40008

AFFILIATE PROGRAM

0

983,944.

501(C)(3)

95-2673361

CALIFORNIA - 1313 W. 8TH STREET, STE 200 - LOS ANGELES, CA 90017

ACLU FOUNDATION OF TENNESSEE

ACLU FOUNDATION OF TEXAS

P.O. BOX 8306 HOUSTON

TX 77288

NASHVILLE, TN 37212

P.O. BOX 120160

AFFILIATE PROGRAM

0

170,834,

501(C)(3)

62-0988329

AFFILIATE PROGRAM

0

384,776

501(C)(3)

76-0343171

AFFILIATE PROGRAM

0

42,000,

501(C)(3)

87-0439810

Schedule I (Form 990)

PFFILIATE PROGRAM

0

75,000,

52-6070446 501(C)(3)

AFFILIATE PROGRAM

0

38,333

501(C)(3)

23-7076867

ACLU FOUNDATION OF WASHINGTON

901 5TH AVE., STE 630

SEATTLE, WA 98164

SALT LAKE CITY, UT 84103

ACLU FOUNDATION OF UTAH

355 NORTH 300 WEST

ACLU FUND OF THE NATIONAL CAPITAL

SUITE 434 - WASHINGTON, DC 20008 AREA - 4301 CONNECTICUT AVE, NW,

40

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Schedule Form 990 FOUNDATION, INC.	CIVIL LIE N, INC.	SERTIES UNION	Z			1	13-6213516 Page 1
n of (Assistance to Go	vernments and Organ	nizations in the U	nited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 NEW JERSEY FOUNDATION PO BOX 32159 NEWARK, NJ 07102	22-2010593	501(C)(3)	10,000,	*0		4	AFFILIATE PROGRAM
ACLU OF ARKANSAS 904 w. 2ND, SUITE 1 LITTLE ROCK, AR 72201	71-0467186	501(C)(4)	7,000,	.0			AFFILIATE PROGRAM LOBBYING ACTIVITIES INC IN 501H ELECTION
ACLU OF COLORADO 303 EAST SEVENTEENTH AVENUE, ROOM DENVER, CO 80203	84-0437750	501(C)(4)	7,000.	,0			AFFILIATE PROGRAM LOBBYING ACTIVITIES INC IN 501H BLECTION
ACLU OF FLORIDA 4500 BISCAYNE BLVD., STE. 340 MIAMI, FL 33137	59-0883831	501(c)(4)	20,000.	0			AFFILIATE PROGRAM LOBBYING ACTIVITIES INC IN 501H ELECTION
ACLU OF IDAHO FOUNDATION PO BOX 1897 BOISE, ID 83701	82-0467428	501(C)(3)	32,000.	*0			AFFILIATE PROGRAM
ACLU OF INDIANA FOUNDATION 1031 E WASHINGTON STREET INDIANAPOLIS, IN 46202	23-7398358	501(0)(3)	.000,88	0.	el .		AFFILIATE PROGRAM
ACLU OF MAINE FOUNDATION 121 MIDDLE STREET, STE. 301 PORTLAND, ME 04101	01-0367357	501(0)(3)	81,000.	.0			AFFILIATE PROGRAM
ACLU OF MARYLAND 3600 CLIPPER RD, SUITE 350 BALTIMORE, MD 21211	52-0746271	501(c)(4)	9,091.	0.			AFFILIATE PROGRAM LOBBYING ACTIVITIES INC IN 501H ELECTION
ACLU OF NC LEGAL FOUNDATION, INC. P.O. BOX 28004 RALEIGH, NC 27611	56-1019644	501(C)(3)	37,000.	0.			AFFILIATE PROGRAM
							Schedule I (Form 990)

Schedule I (Form 990)

AMERICAN CIVIL LIBERTIES UNION FOUNDATION. INC.

Schooling CONTRACTOR CIVIL LIBERTIES Schooling (Recompose) FOUNDATION, INC.	CIVIL LIB N INC	EKTIES UNION	Z.			\vdash	13-6213516 Page 1
n of G	Assistance to Go	vernments and Organ	nizations in the U	nited States (Sche	idule I (Form 990), Pai	r II.)	
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 NEVADA FOUNDATION 601 S. RANCHO DRIVE, SUITE B11 LAS VEGAS, NV 89106	88-0217086	501(C)(3)	8,000.	,0			APPILIATE PROGRAM
ACLU OF TENNESSEE P.O. BOX 120160 NASHVILLE, TN 37212	62-0790133	501(C)(4)	50,500.	*0			AFFILIATE PROGRAM LOBBYING ACTIVITIES INC IN 501H ELECTION
ACLU OF TEXAS P.O. BOX 8306 HOUSTON, TX 77288	76-0343140	501(C)(4)	25,600.	*0			AFFILIATE PROGRAM LOBBYING ACTIVITIES INC IN 501H ELECTION
ACLU OF WISCONSIN FOUNDATION, INC. 207 E. BUFFALO ST, STE. 325 MILWAUKEE, WI 53202	23-7052345	501(C)(3)	23,925.	*0			APPILIATE PROGRAM
ACLUF OF MARYLAND 3600 CLIPPER RD, SUITE 350 BALTIMORE, MD 21211	23-7209538	501(C)(3)	10,000.	0.			APFILIATE PROGRAM
ACLUF OF VIRGINIA 701 E. FRANKLIN STREET, ROOM 1412 RICHMOND, VA 23219	52-1283242	\$01(C)(3)	16,670。	0.			AFFILIATE PROGRAM
AMERICAN CIVIL LIBERTIES UNION, INC 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-3871360	501(C)(4)	.000,000.	0.			AFFILIATE PROGRAM LOBBYING ACTIVITIES INC IN 501H ELECTION
FOUNDATION FOR CRIMINAL JUSTICE							MOTHER TWENCH CHIEF THE

Schedule I (Form 990)

MEDAL OF LIBERTY PRIZE

0

30,000

13-3116646 501(C)(3)

333 SEVENTH AVENUE, 13TH FLOOR

NEW YORK, NY 10001

HUMAN RIGHTS FIRST

RELATED ORGANIZATION

PROGRAM

0

250,000.

52-2289169 501(C)(3)

1660 L STREET NW, 12TH FLOOR

WASHINGTON, DC 20036

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. Schedule I (Form 990)

Schedule I (Form 990) FOUNDATION, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	N, INC. Assistance to G	overnments and Organiz	nizations in the U	nited States (Sche	dule I (Form 990), Pai		13-6213516 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HAMPSHIRE CIVIL LIBERTIES UNION FOUNDATION - 18 LOW AVENUE - CONCORD, NH 03301	02-0347237	501(c)(3)	16,670.	*0			AFFILIATE PROGRAM
NEW YORK CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET, 189H FLOOR - NEW YORK, NY 10004	13-6167267	501(c)(3)	38,333.	,0			AFFILIATE PROGRAM
NORTH DAKOTANS AGAINST MEASURE ONE BREMER NATIONAL ASSOCIATION SOUTH ST. PAUL, MN 55104	46-3760681	501(0)(4)	25,000.	*0			RELATED ORGANIZATION PROGRAM - LOBBYING ACTIVITIES INC IN 501H ELECTION
ROGER BALDWIN FOUNDATION OF ACLU, INC 180 N. MICHIGAN AVE., SUITE 2300 - CHICAGO, IL 60601	36-2682569	501(c)(3)	116,838.	*0			AFFILIATE PROGRAM
RUTGERS FOUNDATION 7 COLLEGE AVENUE, WINANTS HALL NEW BRUNSWICK, NJ 08901	23-7318742	501(C)(3)	40,000.	*0			RELATED ORGANIZATION PROGRAM
VOTE NO ON ONE TENNESSEE 1900 CHURCH ST, SUITE 305 NASHVILLE, TN 37203	46-4730513	501(C)(4)	50,000.	0.			RELATED ORGANIZATION PROGRAM - LOBBYING ACTIVITIES INC IN 501H ELECTION
							Schedule I (Form 990)

13-6213516

(f) Description of non-cash assistance

FOUNDATION, INC.

Schedule I (Form 990) (2014)

(e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

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

N LINE H PART ITS OF GRANTS OF RELEASE THE ESTABLISHED PROCEDURES FOR THE ACLU HAS THE TO DETERMINE WHETHER OUTCOMES AS FOR MONITORING OF AS WELL AFFILIATES

GRANT AWARDS ARE PARTICULAR GRANT AWARD HAVE BEEN MET. ď OF. GOALS SPECIFIES WRITTEN AGREEMENT THAT ď ΒY SUPPORTED CONFIRMED IN WRITING AND

년 H AND, THE SPECIFIC OUTCOMES TO BE ACHIEVED, THE GRANT, OF THE PURPOSE TO MEASURE BE USED THE INDICATORS THAT THE PARTIES AGREE WILL APPLICABLE,

PROGRESS TOWARDS AGREED UPON GOALS.

BE PROVIDED AND DOCUMENT THE AFFILIATE'S ΔĮ FOR WHICH FUNDING IS ACTIVITIES

432102 10-15-14

SPECIFIC

THE

WRITTEN AGREEMENTS DETAIL

Schedule I (Form 990) (2014)

13-6213516 Page 2 FOUNDATION, INC. Schedule I (Form 990) Part IV Supplemental Information COMMITMENT TO USING THE FUNDS PROVIDED TO PURSUE SPECIFIC STRATEGIES IN ADDRESSING PROGRAM GOALS AND TARGET OUTCOMES. AFFILIATES AND OTHER ORGANIZATIONS THAT RECEIVE GRANT AWARDS MAY BE REQUIRED TO PROVIDE QUANTITATIVE AND/OR QUALITATIVE REPORTS, AND THESE REPORTS MAY BE USED TO DETERMINE WHETHER ADDITIONAL FUNDING MAY BE REQUIRED AND/OR TO ENHANCE FUTURE GRANT PROGRAMS.

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. AMERICAN CIVIL LIBERTIES UNION

Employer identification number FOUNDATION, INC. 13-6213516 Part I | Questions Regarding Compensation

			Yes	No
1a	Check the appropriate 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 indemnification 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 on 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	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
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.	- 11		
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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 or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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		X
	Any related organization?	5b		X
	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:	5		
а	The organization?	6a		X
	Any related organization?	6b		X
	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	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

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)(i)-(iii) 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

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	E
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	ın columın (B) reported as deferred in prior Form 990
(1) ANTHONY D. ROMERO	Ξ	0	0	0	0	0	0	0.0
EXECUTIVE DIRECTOR/CEO	=	460,125.	0	8,439.	18,059.	18,758.	505,381.	* 0
(2) TERENCE DOUGHERTY	3	0	0	*0		*0		0
COO/GENERAL COUNSEL/ASST TREAS	E	340,492.		12,637.	13,84	26,270.	393,243.	0
(3) DOROTHY M. EHRLICH	≘	0	0	*0				0.
DEPUTY EXEC. DIRECTOR/ASST SECRETARY (II)	1	386,505.	0	3,356.	53,382.	31,502.	474,745.	
MURPHY (THRU	3	0		0	0	0	* 0	.0
0		331,84	0	4,452.	15,352.	4,280.	5,	.0
(5) MARK WIER	8	284,357.	0	-6,962.	13,448.	19,757.	310,600.	.0
DIRECTOR OF DEVELOPMENT	=	0	0	0		0		.0
(6) GERI ROZANSKI	€	310,329.	0	-206.	46,52	28,040.	384,687.	0
DIR AFFILIATE SUPPORT & ADVOCACY	E	0	0	0		H W		
(7) STEVEN SHAPIRO	Ξ	347,650.	0	4,818.	47,594.	25,280.	425,34	
LEGAL DIRECTOR	E	0	0	0.				
(8) EMILY TYNES	€	310,32	0	16,547.	56,20	30,378.	413,459.	
DIRECTOR OF COMMUNICATIONS	€			.0				
(9) MATTHEW COLES	Ξ	234,31		-2,582.	45,45	27,165.	304,34	0
DEPUTY LEGAL DIR/DIR CTR EQUALITY	Ξ			0.				
(10) DENNIS PARKER	8	215,991.		-6,844.	29,49	44,404.	283,04	
DIRECTOR, RACIAL JUSTICE PROJECT	€			0				
(11) JAMEEL JAFFER	8	211,379.		10,848.	9,836.	40,45	272,51	
DEPUTY LEGAL DIR/DIR CTR DEMOCRACY	€							
(12) LOUISE MELLING	8	222,595.		-3,99	21,59	16,037.	256,23	
DEPUTY LEGAL DIR/DIR CTR LIBERTY	Ξ			0.				
(13) JUDY RABINOVITZ	≘	202,534.		-714.	33,753.	13,865.	249,43	
DEPUTY DIRECTOR IMMIGRANTS' RIGHTS	\equiv	0 0	* 0	0	0	0.0		0
(14) ALMA MONTCLAIR	ε		* 0	0.		0		0
FORMER DIR OF ADMIN & FIN/ASST TREAS (ii)	(E	172,500.	0	0	• 0	.0	172,500.	.0
	8							
	≘							
	Ξ							
	Ξ							

Schedule J (Form 990) 2014

13-6213516

Page 3

FOUNDATION, INC.

Part III | Supplemental Information

Schedule J (Form 990) 2014

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.

1A: LINE Ĥ PART THROUGH APRIL COVERAGE EMPLOYEES WITH DOMESTIC PARTNER JO L GROSS-UP PAYMENTS

TAXABLE INCOME AS TREATED ALL 30TH;

D, SCHEDULE 990 FORM

COLUMN B(II) INCLUDES BASE COMPENSATION INCLUDES COLUMN B(I) HH PART

2014) AND COLUMN B(III) INCLUDES ALL Z (THERE WERE NONE BONUS PAYMENTS

FOR DOMESTIC "GROSS UPS" ANY INCLUDING REPORTABLE COMPENSATION, OTHER TAXABLE COMPENSATION RELATED T_O PARTNER HEALTH COVERAGE, AND REDUCTIONS

IF/AS SPENDING ACCOUNTS, DEPENDENT OR HEALTH Z TO PARTICIPATION

THE AMOUNTS OCCUR WHEN IN COLUMN B(III) NEGATIVE NUMBERS APPLICABLE.

COSTS OF FROM REPORTABLE COMPENSATION ARE GREATER THAN THE DEDUCTED

U COLUMN THIS COLUMN. NI OTHER TAXABLE BENEFITS REPORTED

THE DEFINED BENEFIT PENSION PLAN

457(B) PLAN; THE TOTALS

THE

OĮ.

ANY,

ΙĿ

AND CONTRIBUTIONS,

401(K) PLAN,

OR NOT THE

WHETHER

CONTRIBUTION

THE DEFINED

O.L

2009,

 $\overline{\Box}$

EMPLOYEES HIRED ON OR AFTER APRIL

EMPLOYER CONTRIBUTIONS TO

FOR

OR,

INCLUDES

COLUMN D INCLUDES NON-TAXABLE BENEFITS

SHOWN REFLECT AMOUNTS EARNED DURING THE YEAR,

FULLY VESTED.

EMPLOYEE IS

BYHEALTH AND OTHER INSURANCE, AS WELL AS AMOUNTS SET ASIDE

SUCH AS

Schedule J (Form 990) 2014

13-6213516

Page 3

Schedule J (Form 990) 2014

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.

EMPLOYBES IN THE HEALTH AND/OR DEPENDENT CARE FLEXIBLE SPENDING PLANS, WHICH HAVE BEEN ADDED BACK TO PROVIDE THE FULLEST PICTURE POSSIBLE OF TOTAL COMPENSATION.	
--	--

Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990)

2014 Open to Public Inspection

OMB No 1545-0047

Schedule K (Form 990) 2014 (i) Pooled financing Yes No Employer identification number × S å (g) Defeased (h) On behalf 13-6213516 ₈ of issuer × Yes Yes Yes % × Yes ž ô FOR Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at www. ins. gov/form990.

AMERICAN CIVIL LIBERTIES UNION O (f) Description of purpose Yes Yes I SEE PART OOO.DETAILS å ŝ m ω Yes Yes (e) Issue price 000 20, 5,265,000 20,225,905 225,905 390,719 160,000 15,782,366 3,665,915 å ŝ 2008 01/05/05 (d) Date issued 20X Yes Yes × × × 3-2906040|64971C3V4 422121 10-15-14 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) CUSIP# Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? maintain adequate books and records to support the final INC. which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? NEW YORK CITY INDUSTRIAL FOUNDATION Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Amount of bonds legally defeased Capitalized interest from proceeds A DEVELOPMENT AGENCY Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name Part III Private Business Use Other unspent proceeds bond-financed property? Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization Bond Issues Proceeds Does the organ Part II Part

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AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

13-6213516 Schedule K (Form 990) 2014 FOUNI
Part III Private Business Use (Continued)

Page 2

Tall III Filade Dusiness Ose (Continued)	<		0		C		0	
3a Are there any management or service contracts that may result in private	Yes		Yes	No.	Yes	2	Yes	No
		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
 Are there any research agreements that may result in private business use of bond-financed property? 		×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		% 00.		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		% 00.		%		%		%
6 Total of lines 4 and 5		% 00.		%		%		%
١.		×						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
0[%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-27	×							
Part IV Arbitrage							8	
		A	8			O	۵	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?								
- 22		×						
b Exception to rebate?		×						
c No rebate due?	×							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	×							Í
٦								
hedge with respect to the bond issue?	×							
	됩	CHASE						
c Term of hedge	5	0000000						
d Was the hedge superintegrated?		×						
e Was the hedge terminated?		×						
482122 10-15-14						Sch	edule K (For	Schedule K (Form 990) 2014

13-6213516

FOUNDATION, INC.

Page 3

Schedule K (Form 990) 2014

Part IV Arbitrage (Continued)								
	V		B		O		٥	
	Yes	No	Yes	No	Yes	Š	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
b Name of provider	N/A							
		×						
	×							
7 Has the organization established written procedures to monitor the requirements of section 148?	×							
Part V Procedures To Undertake Corrective Action								
	A		В		O		۵	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation is not available under applicable								
regulations?	×							
Part VI Supplemental Information. Provide additional information for responses to question	is on Schedule	K (see instru	- C-4					
SCHEDULE K, SUPPLEMENTAL INFORMATION: SCHEDULE K, PART I, LINE A,	(, PART	I, LIN	100	COLUMN				
F: DESCRIPTION OF PURPOSE: (1) PAY PORTION OF THE	IE COSTS	OF PU	PURCHASING	IG,				
AND EQUIPPING THE	COST OF		PURCHASING	Æ				
COMMON INTEREST IN LAND ASSOCIATED	WITH THE	E 17TH,	18TH	AND				
SROAD STREET, NY, NY; (2)	REFUNDING	THE 1997	97 BONDS	S, AND				
(3) COST OF ISSUANCE.								
SCHEDITLE K. PART III. LINE 4: FOLLOWING IMPLEMENTATION	SNTATION	QF.	VOLUNTARY					
EEMENT WITH IRS EFFECTIVE	2011.							
K DART IV LINE 2C: CALCIII.ATION DONE	OCTOBER	7	2010 AS C	OF				
2010.								
		- 1	- 1	- 1				
SCHEDULE K, PART IV, LINE 4E: THE HEDGE EXPIRED 2010.	PURSUANT TO	- 1 1	ITS TERMS	IS IN				
	- 1	- 1	- 1	- 1				
SCHEDULE K, PART IV, LINE 6: PROCEEDS INVESTED	AT BELOW	- 1	ARBITRAGE	YIELD ON	z			
BONDS.								
THE 7. AS DROWING IN	TERACITRY B	RECITT.ATTON	- 11	SECTION				
B) THE AMOUNT OF PRIVATE		EN INT	16 1	TNI				
				100000				

Schedule K (Form 990) 2014

UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE 10-15-14

FOR ANY OF THE PROPERTY OF THE PROPERTY OF THE PARENTY OF THE PARE	4
ormation. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)	1
AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN	
S OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS,	1 1
UNRELATED TRADE OR BUSINESS REPORTE	1
OF AMOUNT	Τ
OF THE CODE.	1
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Schedule K (Form 990) 2014	14

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open To Public Inspection

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	OUNDATIO				=04/3/0		(00)			135	16			
					on 501(c)(4), and 50									
					rt IV, line 25a or 25b	o, or	Form 990-EZ, P	art V,	line 40	b.	L	0.000		
(a) Name of disqualified p	erson (b) F	Relationship beta person and o			ified (c	:) De	escription of tran	sactio	n				cted?	
		person and or	garnze	alion		_				_	Y	es	No	
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						_					+	\dashv		
			_									_		
2 Enter the amount of tax in	nourred by the o	rganization mar	naners	or disc	uualified nersons du	ring	the year under							
									\$					
3 Enter the amount of tax, i										-				
e Entor the amount of tax,	in dirty, orr in to z,	45575, 15111541		4170 01	yana.,o ,					-				
Part II Loans to and	/or From Int	erested Per	sons											
Complete if the o	organization ansv	wered "Yes" on	Form 9	990-EZ	, Part V, line 38a or I	Forn	n 990, Part IV, Iir	ne 26;	or if th	ne orga	anizati	on		
reported an amou	•									_				
(a) Name of	(b) Relationship	nship (c) Purpose (d) Loan			(e) Original	(f) Balance due		ln	(h) App	proved ard or	(i) V	(i) Written	
interested person	with organization	of loan		ization?	principal amount			defa	ault?	comm	committee?		ment?	
			То	From				Yes	No	Yes	No	Yes	No	
			_			_								
			-	_		_			ļ	<u> </u>			<u> </u>	
<u> </u>			-	-		_		_					_	
			-	-		_							_	
- Control of the Cont										-	_	_	_	
Part III Grants or As	eletanco Bo	nofiting Into	rocto	od Do	reone \$						_			
Complete if the o							(all Turns	of	-1		1 Duna		ε	
(a) Name of interested p	person	(b) Relationship interested per			(c) Amount of assistance		(d) Type assistar					Purpose of ssistance		
		the organiz		10										
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2014

13-6213516 Page 2 Schedule L (Form 990 or 990-EZ) 2014 FOUNDATION, INC. Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (a) Name of interested person (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No GARY D. SOWARDS SPOUSE OF A KEY EMP 141,149. PAYMENT FOR X Part V | Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: GARY D. SOWARDS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SPOUSE OF A KEY EMPLOYEE

- (C) AMOUNT OF TRANSACTION \$ 141,149.
- (D) DESCRIPTION OF TRANSACTION: PAYMENT FOR LEGAL SERVICES
- SHARING OF ORGANIZATION REVENUES? = NO

PART IV

DURING FISCAL YEAR 2015 GARY D. SOWARDS, THE SPOUSE OF KEY EMPLOYEE, DOROTHY EHRLICH, PROVIDED LEGAL SERVICES IN CONNECTION WITH THE ACLU FOUNDATION'S JOHN ADAMS PROJECT, WHICH HAS ARRANGED FOR THE REPRESENTATION OF AN INDIVIDUAL CHARGED WITH A CAPITAL CRIME. NATIONALLY KNOWN EXPERT IN CAPITAL PUNISHMENT, MR. SOWARDS WAS RETAINED VIA A DECISION MAKING PROCESS THAT DID NOT INVOLVE THE KEY EMPLOYEE AND AT RATES THAT ARE CUSTOMARY FOR THE SERVICES PROVIDED.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization AME

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Employer identification number 13-6213516

Par	TI Types of Property							
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	167	3,018,950.	SELLING PRI	CE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate · Other X 1 65,476 · COUNTY TAX							
18	Collectibles	X	1	34,472.	SELLING PRI	CE		
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organ							
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29				
						_	Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period	l?				30a		X
b	,							
31	Does the organization have a gift acceptance					31	X	_
32a	Does the organization hire or use third parties	or related o	organizations to so	licit, process, or sell noncash	1		32	
	contributions?					32a	X	
b	If "Yes," describe in Part II.					11		
33	If the organization did not report an amount in	column (c)	for a type of prope	erty for which column (a) is c	hecked,		1.	-
	describe in Part II.							

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

Schedule M (Form 990) (2014)

Schedule M (Form 990) (2014) FOUNDATION, INC.	13-6213516	Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	nd 33, and whether the organizati a combination of both. Also comp	ion lete
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER OF CONTRIBUTIONS SHOWN ABOVE REPRESENTS THE	TOTAL NUMBER OF	
DONORS OF NON-CASH CONTRIBUTIONS DURING THE YEAR.		
SCHEDULE M, LINE 32B:		
WE ENGAGE BROKERS, WITH EXPERTISE SELLING PROPERTY CON	TRIBUTED TO THE	
ORGANIZATION, TO FACILITATE SALES OF NONCASH PROPERTY	ON OUR BEHALF.	
,		
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8		
	-	

Schedule M (Form 990) (2014)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 14 Open to Public Inspection

Name of the organization

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Employer identification number 13-6213516

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND LAWS OF THE UNITED STATES OR OF THE VARIOUS STATES...TO PERSONS INVOLVED IN ACTIVITIES WHEREIN THEIR CIVIL RIGHTS AND LIBERTIES...ARE THREATENED OR INFRINGED..." THE ACLU FOUNDATION TODAY REMAINS FOCUSED ON THE OVERARCHING GOALS SET BY ITS FOUNDERS, SERVING AS THE NATION'S GUARDIAN OF LIBERTY, WORKING DAILY IN COURTS, LEGISLATURES AND COMMUNITIES TO DEFEND AND PRESERVE THE INDIVIDUAL RIGHTS AND LIBERTIES THE ACLU ALSO THAT THE CONSTITUTION AND LAWS OF THE US GUARANTEE. WORKS TO EXTEND RIGHTS TO SEGMENTS OF THE POPULATION THAT HAVE TRADITIONALLY BEEN DENIED THEIR RIGHTS, INCLUDING PEOPLE OF COLOR; WOMEN; LESBIANS, GAY MEN, BISEXUALS AND TRANSGENDER PEOPLE; PRISONERS; AND PERSONS WITH DISABILITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: LEGISLATIVE ADVOCACY - THE ACLU SEEKS TO IMPACT CIVIL LIBERTIES THROUGH WORK ON LEGISLATION AT THE FEDERAL AND STATE LEVEL, AS APPROPRIATE. THE ORGANIZATION'S LEGISLATIVE ADVOCATES ARE A CONSTANT PRESENCE ON FEDERAL AND STATE CIVIL LIBERTIES LEGISLATIVE ISSUES. UPDATES ON KEY LEGISLATIVE ISSUES IMPACTING CIVIL LIBERTIES ARE INCLUDED IN MAIL, EMAIL, AND OTHER COMMUNICATIONS TO ACLU MEMBERS NATIONWIDE, AS WELL AS IN PUBLIC EDUCATION CAMPAIGNS. IN ADDITION, THE ACLU DEVELOPS POLICY RELATING TO POSITIONS ON CIVIL LIBERTIES ISSUES. EXPENSES \$ 1,077,767. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

ACLU FOUNDATION IS A MEMBERSHIP ORGANIZATION. ITS MEMBERS ARE THE BOARD Schedule O (Form 990 or 990-EZ) (2014) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

432211 08-27-14

Name of the organization AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Employer identification number 13-6213516

DIRECTORS OF THE AMERICAN CIVIL LIBERTIES UNION.

FORM 990, PART VI, SECTION A, LINE 7A:

ACLU FOUNDATION'S MEMBERS ELECT THE BOARD DIRECTORS OF ACLU FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7B:

ACLU FOUNDATION'S MEMBERS HAVE THE AUTHORITY TO AMEND ITS BYLAWS, AND UNDER NEW YORK LAW, THE ORGANIZATION'S MEMBERS HAVE THE RIGHT TO APPROVE A DECISION BY THE BOARD TO DISSOLVE, MERGE/CONSOLIDATE WITH ANOTHER ORGANIZATION OR DISPOSE OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS.

FORM 990, PART VI, SECTION B, LINE 11:

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.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION DISTRIBUTES ITS CONFLICT OF INTEREST POLICY ON AN ANNUAL

BASIS TO EVERY KEY EMPLOYEE, OFFICER, BOARD DIRECTOR AND STANDING COMMITTEE

MEMBER 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, AN OFFICER OR A STANDING COMMITTEE MEMBER, HE REFERS THE MATTER TO

THE BOARD PRESIDENT AND APPROPRIATE FOLLOW UP IS UNDERTAKEN AS SET FORTH IN

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Schedule O (Form 990 or 990-EZ) (2014)

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, STANDING COMMITTEE MEMBERS 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, AMONG OTHER THINGS, 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.

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 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 FOUNDATION 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 CONSIDERED AND DECISIONS ARE CONTEMPORANEOUSLY IN LIGHT OF RECENT CHANGES IN STATE LAW, GOING FORWARD, THE DOCUMENTED. COMPENSATION OF KEY EMPLOYEES, OTHER THAN THE EXECUTIVE DIRECTOR, WILL BE APPROVED BY THE AUDIT COMMITTEE.

Schedule O (Form 990 or 990-EZ) (2014) Page 2 Name of the organization AMERICAN CIVIL LIBERTIES UNION **Employer identification number** FOUNDATION, INC. 13-6213516 FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM NY, OH, OK, OR, PA, RI, SC, TN, UT, WA, WI, WV 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. COPIES OF THE ORGANIZATION'S FORM 990 ARE ALSO AVAILABLE ON THE GUIDESTAR WEBSITE. THE ORGANIZATION'S IRS FORM 1023, BYLAWS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS FOR THE PRIOR THREE OR MORE YEARS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE UPON REQUEST OR THROUGH THE NEW YORK OFFICE OF THE SECRETARY OF STATE. FORM 990, PART VII, SECTION 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. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -2,376,868. RECOGNITION OF AFFILIATES SHARE OF PENSION LIABILITY -13,840,974. TOTAL TO FORM 990, PART XI, LINE 9 -16,217,842.

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

Open to Public Inspection 2014

OMB No. 1545-0047

▶information about Schedule R (Form 990) and its instructions is at www.irs.cov/form990. AMERICAN CIVIL LIBERTIES UNION

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

INC.

FOUNDATION,

Name of the organization

Part

Department of the Treasury Internal Revenue Service

Employer identification number 13-6213516

(g) Section 512(b)(13) controlled entity? Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Ξ 8,121,750.N/A End-of-year assets (e) 514,519, Total income 0 0 Legal domicile (state or REAL ESTATE HOLDING COMPANY DISTRICT OF COLUMBIA foreign country) Primary activity 9 Name, address, and EIN (if applicable) 915 15TH STREET, LLC - 13-6213516 of disregarded entity WASHINGTON, DC 20005 915 15TH STREET NW Part II

entity N/A N/A Public charity status (if section 501(c)(3)) INE 11D, O-III section DISTRICT OF COLUMBIA 501(C)(4) 501(C)(3) foreign country) DELAWARE PRESERVATION AND PROMOTION SUPPORTING ORGANIZATION DF CIVIL RIGHTS AND LIBERTIES 13-3871360, 125 BROAD STREET, 18TH FLOOR, INC. of related organization AMERICAN CIVIL LIBERTIES UNION, 125 BROAD STREET, 18TH FLOOR NEW YORK, NY 10004 RBSO, INC. - 04-3730759 NEW YORK, NY 10004

Š

Yes

Direct controlling

Exempt Code

Legal domicile (state or

Primary activity

Name, address, and EIN

×

×

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

Schedule R (Form 990) 2014

432161 08-14-14 LHA

Schedule R (Form 990) 2014 FOUNDATION, INC.

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

Page 2

13-6213516

organizations treated as a partnersnip during the tax year.	arrnersnip during the ta	ix year.									
(a) Name address and FIN	(b) Primary activity	(C)	(d) Direct controlling	(e) Predominan		(f) Share of total	(g) Share of	(h) Disproportionate		General or	(k) Percentage
of related organization	רוווומוץ מכנועונץ	domicile (state or foreign country)		(related, unrelated, excluded from tax under sections 512-514)		income	end-of-year assets	allocations? Yes No	amount in box 20 of Schedule K-1 (Form 1065)	ox managing ile partner? (5) Yes No	managing ownership partner? Yes No
3											
										_	
										+	
Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	rganizations Taxable	as a Corp	oration or Trust Co	mplete if the	e organization	answered "Yes	s" on Form 990,	Part IV, line 3	4 because it had	d one or mo	re related
organizations treated as a corporation or trust during the tax year.	orporation or trust duril	ng the tax	year								
(a)			(q)	(၁)	(p)	(e)		(£)	(6)	Œ	
Name, address, and EIN	EIN	Prim	Primary activity	Legal domicile (state or	Direct controlling entity	Iling Type of entity (C corp. S corp.		Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled
				foreign country)		or tr					
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ī											
432162 08-14-14				63					Sched	lule R (Forr	Schedule R (Form 990) 2014

Schedule R (Form 990) 2014

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

) 2014	Schedule R (Form 990) 2014		64	432169 08-14-14
				(9)
	. ACTUAL	250,000	Д	(5) AMERICAN CIVIL LIBERTIES UNION
8	115. REVENUE BASED ALLOCATION METHOD	2,788,11	a	(4) AMERICAN CIVIL LIBERTIES UNION
ZSC	FTE BASED ALLOCATION METHODOLOGY	5,349,049	ц	(3) AMERICAN CIVIL LIBERTIES UNION
8	REVENUE BASED ALLOCATION METHOD	2,788,115	0	(2) AMERICAN CIVIL LIBERTIES UNION
ZĐC	FTE BASED ALLOCATION METHODOLOGY	5,349,049。FTE	z	(1) AMERICAN CIVIL LIBERTIES UNION
	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
	information on who must complete this line, including covered relationships and transaction thresholds.	this line, including cover	who must complete	2 If the answer to any of the above is "Yes," see the instructions for information on
××	15			r Other transfer of cash or property to related organization(s)
Ц	10 X 10 X			 p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses
		에 보는 이 사용하게 되면 보는 것이 되면 보면 보면 되면 되면 되면 보면 수 있는 것이 되면 보면 되면 되면 보면 되면 되면 보면 보면 되면 되면 되면 되면 되면 되었다.		O Shalling of paid employees with earth organization(s)
	10 💥		ation(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
×	1m T		ganization(s)	$oldsymbol{m}$ Performance of services or membership or fundraising solicitations by related organization(s)
×	-		ganization(s)	
×	1 Y			b I among the familities and invariant or other assets from related ordanization(s)
×	17			j Lease of facilities, equipment, or other assets to related organization(s)
×			***************************************	h Purchase of assets from related organization(s)
4 ×	19			
×	11		***************************************	f Dividends from related organization(s)
×	16			Loans or loan guarantees by related organization(s)
×	pt 1d			
×	10			Unit, grant, or capital contribution from related organization(s)
	1b X		, j	
×	ed in Parts II-1V?	related organizations list	ins with one or more	
Š	Yes			Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

13-6213516 Page 4

Schedule R (Form 990) 2014 FOUNDATION, INC.

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.

(K)	ercentage wnership				,	Schedule R (Form 990) 2014
	ral or P				*	orm
0	General or managing partner?					R (F
(1)	Cod amount of Sch (Forr					Schedule
Ξ	Dispropor- tionate allocations?					
-	Ols ols					
(a)	Share of end-of-year assets					
9	Share of total income					
(6)	Are all pattners sec. 501 (o)(3) ords?					
(a)	t income related, tax under 2-514)					
Sion for certain any	nicile oreigr v)					
indenous regarding exclusive	Primary activity					
(a) (b) (c) (d) (d) (d) (d)	Name, address, and EIN of entity					

AMERICAN CIVIL LIBERTIES UNION FOUNDATION. INC.

Schedule R (Form 990) 2014 FOUNDATION, INC.	13-6213516 Page 5
Schedule R (Form 990) 2014 FOUNDATION, INC. Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions).	
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	Г			Idon Be	Can F	ORM 990 PAGE 1 Description of			990
Asset Number		a Date	T 10 11 - 17	1 ()4-	Lina			A day a	0
		Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	L.P	ND VARIES	SSL	.000	16	4,925,713.			0
2	ΒŪ					NDOMINIUM			
		VARIES	SSL		16	46,176,135.		24,977,997.	2,948,400
3	CC	MPUTE				IPMENT		2 256 600	581,401
Δ	CC	VARIES MPUTER	S SOFT		16	4,013,233.		2,256,698.	301,401
-		VARIES		1.000	116	3,389,533.		2,531,011.	613,475
	*	TOTAL	990 E			EPR			
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Form **8868**

(Rev. January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

nternal Reve	nue Service	► Information about Form 886	B and its i	insπuctions is at _{www.lrs} .gov/form	8868			
If you a	re filing for an Aut	omatic 3-Month Extension, complet	e only Pa	rt I and check this box			X	
		litional (Not Automatic) 3-Month Ext						
		ss you have already been granted a				m 8868.		
Electroni	c filing مارائه کا	u can electronically file Form 8868 if y	ou need a	3-month automatic extension of tim	ne to file (6	months for a co	rporation	
	٠, ,	or an additional (not automatic) 3-mor						
	•	ns listed in Part I or Part II with the exc						
	•	which must be sent to the IRS in paper						
	en en sant	lick on e-file for Charities & Nonprofits.		december and additionally. For more deciding of	11 (110 0100	aorno ming or an	0 101111,	
Part I	The same of the sa	3-Month Extension of Time		ubmit original (no copies nee	ded).			
	·	e Form 990-T and requesting an auton						
Part I only	·	or contract the second						
-		ding 1120-C filers), partnerships, REM						
	ome tax returns.	ang 1120 0 meray, paranerampa, rienni	OS, and tr	asis mast ase to mit root to reques		r's identifying n	umber	
		t organization or other filer, see instruc	otiono	Ĩ		identification nu		
Type or		CIVIL LIBERTIES UN			Employer	identification nu	TIDEL (LIN) OF	
print		ON, INC.	11011			13-62135	:16	
File by the		and room or suite no. If a P.O. box, se	:	il	Casialas			
due date for filing your	125 BROA	Social sec	curity number (S	SIN)				
return. See instructions								
III STI UCTIONS	NEW YORK	st office, state, and ZIP code. For a for NY 10004	reign add	ress, see instructions.				
	NEW TORR	, 141 10004						
	Datum and fout	a until matter that the combination is for file		to application for each voture)			0 1	
Enter the	Return code for tr	e return that this application is for (file	a separa	te application for each return)			011	
A (! !			Datum	Apulication			Return	
Is For	5 000 57		Code	Is For			Code	
	or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990			02	Form 1041-A	_		08	
	0 (individual)		03	Form 4720 (other than individual)			09	
Form 990			04	Form 5227			10	
)-T (sec. 401(a) or 4		05	Form 6069			11	
Form 990)-T (trust other than		06	Form 8870			12	
		TERENCE DOUGHER		Omii =1 000 NHI WO	D	10004		
		e of 125 BROAD STREE	ST, 18		RK, N	Y 10004		
		2-549-2500		Fax No.				
		not have an office or place of business						
If this	is for a Group Retu	ım, enter the organization's four d <u>igit (</u>	Group Exe	emption Number (GEN) I	f this is for	r the whole group	, check this	
		t of the group, check this box 🕨 📖				ers the extensior	is for.	
1 re	quest an automati	c 3-month (6 months for a corporation	required :	to file Form 990-T) extension of time	until			
	NOVEMBER	16, 2015 , to file the exemp	t organiza	tion return for the organization name	ed above.	The extension		
is f	or the organization	's return for:						
	alendar year							
	X tax year begii	nning APR 1, 2014	, an	d ending MAR 31, 2015		====		
		-						
2 If the	he tax year entered	l in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n		
	Change in acco	ounting period						
3a If ti		or Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any				
		s. See instructions.	,		3a	\$	0.	
_		or Forms 990-PF, 990-T, 4720, or 6069	. enter an	v refundable credits and				
		nts made. Include any prior year overp			3b	s	0.	
		ct line 3b from line 3a. Include your pa				7.TO.	-	
		tronic Federal Tax Payment System).			Зс	s	0.	
		make an electronic funds withdrawal				nd Form 8870.EC		
inetruction.		mane an electronic lunus withdrawal	laneor de	ong wan and rount 6000, see Folling	HOU-LU al	10 1 01111 007 3°EC	ioi payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions. 423841 05-01-14

Form 8868 (Rev. 1-2014)