EXTENDED TO FEBRUARY 15, 2019

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

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

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

АГ	or the	e 2017 calendar year, or tax year beginning APK 1, 2017 and 6	enaing	MAK 31, 2010)						
B C	heck if	AMERICAN CIVIL LIBERTIES UNION		D Employer identif	ication number						
	Addre chang	FOUNDATION, INC.									
	Name chang	Doing business as			5213516						
	Initial return Final return	125 BROAD STREET, 18TH FLOOR	Room/su		er - 5 4 9 – 2 5 0 0						
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	408,084,070.						
	Amen return	NEW TORK, NI 10004		H(a) Is this a group	return						
	Application	F Name and address of principal officer: ANTHONY D. ROMERO	for subordinate	for subordinates? Yes X No							
SAME AS C ABOVE H(b) Are all subordinates included? Yes											
I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions)											
J Website: ► WWW . ACLU . ORG											
K F	orm of	organization: X Corporation Trust Association Other	L Ye	ear of formation: 1966	M State of legal domicile: NY						
Pa	rt I	Summary									
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PRESICIVIL RIGHTS AND CIVIL LIBERTIES	ERVA'	rion and prom	MOTION OF						
rna	2	Check this box if the organization discontinued its operations or dispos	sed of m	ore than 25% of its net a	assets.						
Š				з	1 40						
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)									
8 8		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			363						
ijΙ		Total number of volunteers (estimate if necessary)			93						
(₹		Total unrelated business revenue from Part VIII, column (C), line 12			0.						
^		Net unrelated business taxable income from Form 990-T, line 34			00 071						
		,		Prior Year	Current Year						
	8	Contributions and grants (Part VIII, line 1h)		140,053,645	134,420,043.						
ň		Program service revenue (Part VIII, line 2g)		4,139,323							
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,685,181							
۳		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,300,171.							
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Г	152,178,320.	146,251,550.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,793,882	6,023,372.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	1						
န္	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			43,297,177.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		311,031.	294,019.						
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 10,411,93	<u> 18.</u> [
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		73,829,725							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			115,464,165.						
	19	Revenue less expenses. Subtract line 18 from line 12		31,216,855							
Net Assets or und Balances			L	Beginning of Current Year							
sset		Total assets (Part X, line 16)		400,374,277							
nd E		Total liabilities (Part X, line 26)			110,180,308.						
		Net assets or fund balances. Subtract line 21 from line 20		297,225,948.	342,625,524.						
	rt II	Signature Block									
		alties of perjury, I declare that I have examined this return, including accompanying schedules at, and complete. Declaration of preparer (other than officer) is based on all information of wh			ny knowledge and bellet, it is						
uue,	COLLEC	n, and complete. Decidiation of preparer (other than officer) is based on an information of with	non prepa	I et tias atty kilowieuge.							
Sigr		Signature of officer		I Date							
Jigi Here		JENNIFER CONSILVIO, CHIEF FINANCIAL OF	FFTCI	₹R							
Here											
		Print/Type preparer's name Preparer's signature		Date Check	PTIN						
Paid		LYNNE JOHNSON	_	10/1/2018 if self-emplo	P00757336						
Prep		Firm's name RSM US LLP		Firm's EIN	42-0714325						
Use Only Firm's address 4 TIMES SQUARE											
		NEW YORK, NY 10036		Phone no. 21	12-372-1000						
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No						

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	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
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 43,988,587. including grants of \$ 1,600,980.) (Revenue \$ 2,695,991.)
4a	(Code:) (Expenses \$ 43,988,587. including grants of \$ 1,600,980.) (Revenue \$ 2,695,991.) 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.
4b	(Code:) (Expenses \$ 43,253,923. including grants of \$ 4,325,158.) (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 NATIONWIDE INITIATIVES DEPARTMENT (ASNI), 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. ASNI OFFERS TRAINING AND
	TECHNICAL ASSISTANCE TO AFFILIATES ACROSS THE COUNTRY ON A VARIETY OF
	TOPICS OF RELEVANCE.
4c	12 000 005 01 025 710 720
	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 1.5 MILLION 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
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 862,810 • including grants of \$ 5,299 •) (Revenue \$)
4e	Total program service expenses ► 101, 201, 385.
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Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		7.7	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441.		Х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Λ
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	45		Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		-22
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		-25
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- '' -		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	0		
.5	complete Schedule G, Part III	19		х
	complete concessor of ranking			

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AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		7.7	
	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		37	
	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	00	Х	
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	21	
2 1 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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			
	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,"			7.7
	complete Schedule L, Part II	26		X
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			Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
9	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	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,	200		
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? 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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		37	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
25-	Part V, line 1	34	Λ	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	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?	330		
50	If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
_				

	990 (2017) FOUNDATION, INC.		13-6213	<u>210</u>	Pa	age 5
Pai						
	Check if Schedule O contains a response or note to any line in this Part V					
			0.5.5		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	277			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		2.50			
	filed for the calendar year ending with or within the year covered by this return		363			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other $\frac{1}{2}$	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices pi	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	uired			
	to file Form 8282?			7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	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:					
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					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					

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14a

Х

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

c Enter the amount of reserves on hand

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

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

13b

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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					
<u>Sec</u>	tion A. Governing Body and Management										
				—	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		L 3							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b		L3							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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										
	of officers, directors, or trustees, or key employees to a management company or other person? \dots					X					
4	Did the organization make any significant changes to its governing documents since the prior Form					X					
5											
6	Did the organization have members or stockholders?			6	X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a										
	more members of the governing body?			7a	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		•		1,,						
	persons other than the governing body?			7b	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				1,77						
а	The governing body?				X						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					3,7					
0	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 Fi	evenu	e Code.)		1.,	·					
40				40	Yes	No					
	Did the organization have local chapters, branches, or affiliates?			10a							
D	If "Yes," did the organization have written policies and procedures governing the activities of such or and beginning to a second the procedure of the procedur			401	x						
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?				77						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
b	 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 										
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			12b	X						
·	in Schedule O how this was done			120	X						
13	Did the organization have a written whistleblower policy?				X						
14	Did the organization have a written document retention and destruction policy?				X						
15	Did the process for determining compensation of the following persons include a review and approv										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			15a	Х						
	Other officers or key employees of the organization			15b	77						
	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 arrange	ment v	vith a								
	taxable entity during the year?			16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	ınizatio	n's								
	exempt status with respect to such arrangements?			16b	1						
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶AK , AR , CA , CO , C	T,F	L,GA,HI,	LL,K	S,KY	,LA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s onl	y) availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website X Another's website X Upon request Upon request		,								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy,	and fina	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 bo	ooks ar	nd records:								
	TERENCE DOUGHERTY - 212-549-2500										
	125 BROAD STREET, 18TH FLOOR, NEW YORK, NY 10004										
732004	SEE SCHEDULE O FOR FULL LIST OF STATES			For	m 990	(2017)					

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.

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

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

(A) Name and Title	(B) Average hours per week	nge (do per box office		Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) CLAUDIA ANGELOS DIRECTOR (UNTIL 1/27/18)	2.50	x						0.	0.	0.		
(2) DEBORAH ARCHER DIRECTOR/	2.50											
GENERAL COUNSEL (FROM 1/1/18)	3.00	Х		x				0.	0.	0.		
(3) LUZ BUITRAGO	2.50											
DIRECTOR (UNTIL 12/31/17)	2.00	Х						0.	0.	0.		
(4) RONALD CHEN DIRECTOR/	2.50											
GENERAL COUNSEL (FROM 1/1/18)	3.00	Х		Х				0.	0.	0.		
(5) MICHELE GOODWIN	3.00											
DIRECTOR	2.50	Х						0.	0.	0.		
(6) TRACI GRIFFITH	2.50											
DIRECTOR (FROM 9/16/17)	2.50	Х						0.	0.	0.		
(7) SUSAN HERMAN	6.50							_	_	_		
DIRECTOR/PRESIDENT	8.00	Х		Х				0.	0.	0.		
(8) MARY HERNANDEZ	2.50								_			
DIRECTOR	3.00	Х						0.	0.	0.		
(9) AUNDRE HERRON	3.00	l										
DIRECTOR	2.00	Х						0.	0.	0.		
(10) JEFFREY HONG	3.00									•		
DIRECTOR (FROM 1/27/18)	2.00	Х						0.	0.	0.		
(11) ALY KASSAM-REMTULLA	2.50	,,							0	0		
DIRECTOR	3.00	Х						0.	0.	0.		
(12) CALIEN M. LEWIS	2.50	. ,							0	0		
DIRECTOR (UNTIL 1/27/18)	3.00	Х						0.	0.	0.		
(13) CARLOS MAHONEY	2.50	x						0.	0.	0.		
DIRECTOR	2.50	Δ						0.	0.	0.		
(14) ANIL MUJUMDAR	2.00	X						0.	0.	0.		
DIRECTOR (FROM 9/16/17)	3.50	^						0.	0.	<u></u>		
(15) ROBERT REMAR DIR./VP/TREASURER/SECRETARY	8.00	x		x				0.	0.	0.		
(16) RONALD TYLER	2.50	<u> </u>		 ^`	_			0.	0.			
DIR./GENERAL COUNSEL		x		х				0.	0.	0.		
(17) SCOTT GREENWOOD	2.50						\vdash					
GENERAL COUNSEL (UNTIL 12/31/17)	2.50	1		x				0.	0.	0.		
700007 11 00 17			_						• • • • • • • • • • • • • • • • • • • •	Form 990 (2017)		

732007 11-28-17

Form **990** (2017)

Form 990 (2017)

Form 990 (2017) FOUNDATION, INC. 13-6213316 Page 8																
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)																
(A)	(B)			(0				(D)	(E)	(F)						
Name and title	Average hours per week	Position (do not check more box, unless person i officer and a directo			than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other							
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations						
(18) ANTHONY D. ROMERO	14.00								540 040	10 116						
EXECUTIVE DIRECTOR/CEO	26.00			Х				0.	518,042.	43,146.						
(19) DOROTHY M. EHRLICH	26.00								440 760	160 051						
DEPUTY EXECUTIVE DIRECTOR	14.00			Х				0.	440,760.	163,851.						
(20) TERENCE R. DOUGHERTY CHIEF OPER. OFFICE/GEN COUNSEL	26.00 14.00			х				0.	374,980.	46,680.						
(21) FAIZ R. SHAKIR NATIONAL POLITICAL DIRECTOR	34.00				х			0.	259,180.	23,094.						
(22) KIMBERLY P. TRUEBLOOD CHIEF OF STAFF	26.00 14.00				х			0.	246,436.	23,647.						
(23) JENNIFER S. CONSILVIO CHIEF FINANCIAL OFFICER	26.00 14.00				х			0.	190,283.	61,459.						
(24) KARIN JOHANSON NATIONAL POLITICAL DIRECTOR	34.00				Х			0.	229,459.	3,326.						
(25) DAVID D. COLE NATIONAL LEGAL DIRECTOR	40.00				Х			399,161.	0.	20,696.						
(26) MICHELE M. MOORE CHIEF COMMUNICATION OFFICER	14.00				Х			359,454.		33,708.						
1b Sub-total									2,259,140.							
c Total from continuation sheets to Part							>	1,975,142.		363,607.						
d Total (add lines 1b and 1c)								2,733,757.	2,259,140.	783,214.						
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable																
Compensation from the organization						compensation from the organization 104										

			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
APPIRIO, INC.		
DEPT 3100, PO BOX 123011, DALLAS, TX 75312	DONOR DATABASE	2,632,132.
WORKFORCE SOLUTIONS (ZEROCHAOS)		
PO BOX 534305, ATLANTA, GA 30353	TEMP STAFFING	1,577,212.
THE PUB, LLC, 419 PARK AVE SOUTH, 3RD FL,		
NEW YORK, NY 10016	BRAND STRATEGY	1,304,390.
MEREDITH CORPORATION		
PO BOX 5057, NEW YORK, NY 10087	MAGAZINE PRODUCTION	892,696.
JACKSON RIVER		
2535 13TH ST NW, WASHINGTON , DC 20009	ECRM SERVICES	865,177.
2 Total number of independent contractors (including but not limited to those liste		
\$100,000 of compensation from the organization		

100,000 of compensation from the organization ► 4 /
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2017)

Part VII Section A. Officers, Directors, True		nplo	oyee			ligh	est			
(A)	(B)	l			C)			(D)	(E)	(F)
Name and title	Average hours	(ci		Pos all			ly)	Reportable compensation	Reportable compensation	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) GERI E. ROZANSKI DIR. AFFILIATE SUPPORT & NATIONWIDE	14.00				х			345,028.	0.	91,625
(28) MARK V. WIER CHIEF DEVELOPMENT OFFICER	6.00				X			344,589.	0.	18,652
(29) JEFFEREY P. ROBINSON	40.00				Λ			344,309.	0.	10,032
DEPUTY LEGAL DIRECTOR	0.00					Х		295,084.	0.	17,118
(30) CECILLIA D. WANG DEPUTY LEGAL DIRECTOR	40.00					х		282,199.	0.	32,412
(31) LOUISE MELLING	40.00									
DEPUTY LEGAL DIRECTOR (32) DENNIS PARKER	0.00	\vdash				Х		259,190.	0.	50,853
DIRECTOR, RACIAL JUSTICE PROJECT	0.00					х		229,376.	0.	88,478
33) JUDY RABINOVITZ DEPUTY IMMIGRANTS' RIGHTS DIRECTOR	40.00					х		219,676.	0.	64,469
		_								
		_								
		_								
		_								
Total to Part VII, Section A, line 1c								1,975,142.		363,607

ıa	I (V I			nse or note to any lin	e in this Part VIII			
		Check if Schedule O cont	ans a respo	inse of flote to arry in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	a Federated campaigns	1a	4,295,686.				
ara our	k	b Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts		c Fundraising events						
		d Related organizations						
s, (imil		e Government grants (contribut						
ioi		f All other contributions, gifts, gran						
but		similar amounts not included abo		130,124,357.				
it.		g Noncash contributions included in lines		7,625,478.				
Col	_	h Total. Add lines 1a-1f			134,420,043.			
_				Business Code	, ,			
ø	2 8	a LEGAL EXP AWARDED, NET		541100	2,695,991.	2,695,991.		
vic		b						
Ser		с		_				
E Š		d		_				
Program Service Revenue		e		_				
Pro		f All other program service reve	anue	_				
		g Total. Add lines 2a-2f			2,695,991.			
	3				2,:::,:::.			
	Ū	other similar amounts)			7,057,609.			7,057,609.
	4	Income from investment of ta			.,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	5	Royalties						
	3	Hoyanies	(i) Real					
	6 -	a Gross rents						
		b Less: rental expenses		0.				
		c Rental income or (loss)						
		d Net rental income or (loss)			1,309,887.			1,309,887.
		a Gross amount from sales of	(i) Securiti		1,303,007,			1,303,007.
	1 6	assets other than inventory	261,880,8					
	L	b Less: cost or other basis	201,000,0					
			261 832 5	20				
	_	and sales expenses	18 2	84				
		c Gain or (loss)	40,2	**	48,284.			48,284.
		d Net gain or (loss)a Gross income from fundraisin			40,204.			40,204.
nue	0 0	including \$	`	`				
ver			of					
Re		contributions reported on line		_				
Other Revenu		Part IV, line 18						
ŏ		b Less: direct expensesc Net income or (loss) from fund						
				is				
	9 8	a Gross income from gaming ac						
		Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from gam		· · · · · · · · · · · · · · · · · · ·				
	10 2	a Gross sales of inventory, less		_				
		and allowances						
		b Less: cost of goods sold						
		c Net income or (loss) from sale						
	44	Miscellaneous Revenu		Business Code	E01 1 <i>C</i> 1	E01 161		
		a PAMPHLET AND BOOK SALE	۵	511120	581,161.	581,161.		
		b OTHER INCOME		900099	138,575.	138,575.		
		C		_				
		d All other revenue			710 726			
		e Total. Add lines 11a-11d			719,736.	2 445 505		0 445 500
	12	Total revenue. See instructions.		P	146,251,550.	3,415,727.	0.	8,415,780.

Form 990 (2017) FOUNDATION, I

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									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,983,372.	5,983,372.							
0	Grants and other assistance to domestic	3,303,372.	3,303,372.							
2	individuals. See Part IV, line 22	40,000.	40,000.							
3	Grants and other assistance to foreign	20,000	20,000							
Ü	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	2,884,093.	1,995,716.	547,570.	340,807					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	30,473,731.	24,901,004.	1,316,918.	4,255,809					
8	Pension plan accruals and contributions (include	0 000 115	0 000 074	FAA AT 6	000 51:					
	section 401(k) and 403(b) employer contributions)	2,968,148.	2,098,078.	590,356.	279,714					
9	Other employee benefits	4,648,836.		224,899.	655,864					
10	Payroll taxes	2,322,369.	1,876,810.	117,657.	327,902					
11	Fees for services (non-employees):									
a	Management	577,185.	471,616.	105 560						
b	Legal	177,682.	4/1,010.	105,569. 177,682.						
_	Accounting	1//,002.		1//,002.						
d	, 5	294,019.			294,019					
e	,	536,975.	475,867.	16,539.	44,569					
f g	Investment management feesOther. (If line 11g amount exceeds 10% of line 25,	330,313.	475,0076	10,555.	44,505					
y	column (A) amount, list line 11g expenses on Sch O.)	3,776,956.	3,388,219.	58,967.	329,770					
12	Advertising and promotion	3,229,893.		99,481.	268,081					
13	Office expenses	3,472,017.		17,800.	1,003,423					
14	Information technology	2,886,036.	2,557,605.	88,890.	239,541					
15	Royalties									
16	Occupancy	3,138,980.			398,803					
17	Travel	2,201,756.	1,843,212.	86,259.	272,285					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	1,316,378.	1,190,554.	55,645.	70,179					
20	Interest	1,810.	1,394.		416					
21	Payments to affiliates	2 072 204	2 206 202	100 005	CCE 00C					
22	Depreciation, depletion, and amortization	3,973,384. 322,395.	3,206,293. 269,853.	102,005.	665,086 51,913					
23	Insurance	344,393.	209,003.	629.	51,913					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	CITADED DODUTON CONTUD	25,887,949.	25,887,949.							
b	SPECIAL AFFILIATE SUBSI	6,339,500.								
c	SHARED PORTION - BEQUES	4,106,548.	4,106,548.							
d	EQUIPMENT RENTAL & MAIN	493,692.	28,307.	2,833.	462,552					
	All other expenses	3,410,461.	2,718,113.	241,163.	451,185					
25	Total functional expenses. Add lines 1 through 24e	115,464,165.		3,850,862.	10,411,918					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									

Form 990 (2017)

Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	10,658,698.	1	8,415,554
2	Savings and temporary cash investments	24,106,316.	2	33,638,638
3	Pledges and grants receivable, net	34,798,054.	3	37,033,713
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
<u>v</u>	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
₹ ₈	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	370,297.	9	1,541,515
10:	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 75,135,144.			
	Less: accumulated depreciation 10b 41,803,957.	29,200,572.	10c	33,331,187
11	Investments - publicly traded securities	294,448,089.	11	328,433,064
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	6,792,251.	15	10,412,161
16	Total assets. Add lines 1 through 15 (must equal line 34)	400,374,277.	16	452,805,832
17	Accounts payable and accrued expenses	5,758,784.	17	7,870,702
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	
ဖ္က 22	Loans and other payables to current and former officers, directors, trustees,			
Ĭ	key employees, highest compensated employees, and disqualified persons.			
CIabilities 22	Complete Part II of Schedule L		22	
⊐ ₂₃	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	97,389,545.	25	102,309,606
26	Total liabilities. Add lines 17 through 25	103,148,329.	26	110,180,308
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es es	complete lines 27 through 29, and lines 33 and 34.			
ဋ 27	Unrestricted net assets	184,098,680.	27	215,908,393
<u>R</u> 28	Temporarily restricted net assets	63,113,241.	28	70,760,418
29	Permanently restricted net assets	50,014,027.	29	55,956,713
፬	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ģ	and complete lines 30 through 34.			
8 30	Capital stock or trust principal, or current funds		30	
ဖွို 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	Retained earnings, endowment, accumulated income, or other funds	000 000 010	32	
z 33	Total net assets or fund balances	297,225,948.	33	342,625,524
34	Total liabilities and net assets/fund balances	400,374,277.	34	452,805,832

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)		146,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	115,			
3	Revenue less expenses. Subtract line 2 from line 1	3				85.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	297,			
5	Net unrealized gains (losses) on investments	5	12,	54	3,6	02.
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	2,	06	8,5	89.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	342,	62	5,5	24.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		L	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

AMERICAN CIVIL LIBERTIES UNION **Employer identification number** Name of the organization FOUNDATION, INC. 13-6213516 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 III, 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	55,588,295.	78,890,183.	89,472,041.	140,053,645.	134,420,043.	498,424,207.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	55,588,295.	78,890,183.	89,472,041.	140,053,645.	134,420,043.	498,424,207.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						10,625,810.
6	Public support. Subtract line 5 from line 4.						487,798,397.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	55,588,295.	78,890,183.	89,472,041.	140,053,645.	134,420,043.	498,424,207.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	7,701,986.	7,082,198.	6,163,920.	6,364,771.	8,367,496.	35,680,371.
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	97,210.	25,443.	95,622.	1,193,913.	719,736.	2,131,924.
11	Total support. Add lines 7 through 10						536,236,502.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 41	,146,799.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						<u></u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	90.97 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	88.89 %
16a	33 1/3% support test - 2017. If the o	•		•		•	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2016. If the o						nis box
	and stop here. The organization quali	ifies as a publicly s	supported organiza	tion			▶□
17a	10% -facts-and-circumstances test	t - 2017. If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	iere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	d organization		▶□
b	10% -facts-and-circumstances test	t - 2016. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	ı, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2017

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

qualify under the tests listed Section A. Public Support	below, please com	plete Part II.)				
	(a) 0010	(b) 0014	(a) 0015	(4) 0010	(a) 0017	(4) Tatal
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			•	•		•
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	1	I		<u> </u>
14 First five years. If the Form 990 is fo	or the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	zation,
check this box and stop here Section C. Computation of Pub		roontago				▶∟
· · · · · · · · · · · · · · · · · · ·			. (0)		11	
15 Public support percentage for 2017						
16 Public support percentage from 201					16	
Section D. Computation of Inve					Lan	
17 Investment income percentage for 2						
18 Investment income percentage from						17:
19a 33 1/3% support tests - 2017. If the	-					
more than 33 1/3%, check this box a b 33 1/3% support tests - 2016. If the	e organization did ı	not check a box or	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch						
ALL PRIVATE TOLINGATION IT THE ORGANIZATI	on ala not chack s	. DOV OD 1100 1/1 10	m or iun chackt	THE DAY AND COO II	DETRUCTIONS	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 VI** 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 12a or 12b 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
46		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
Oh		
9b		
9с		
10a		
10b		
m 990 or 99	90-E <i>7</i>	2017

Pa	t IV Supporting Organizations (continued)			
	(GOTHINGO)		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		
	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. All 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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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	tion 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 yea(see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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			
	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? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	^ 1		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		l

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete s	Sections 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			
	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		
Sect	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		
Sect	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		
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-functiona	lly integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)							
Secti	on D - Distributions		,	Current Year						
1	Amounts paid to supported organizations to accomplish exe	mpt purposes								
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported								
	organizations, in excess of income from activity									
3	Administrative expenses paid to accomplish exempt purposes of supported organizations									
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 the	ne organization is responsive	е							
	(provide details in Part VI). See instructions.									
9	Distributable amount for 2017 from Section C, line 6									
10	Line 8 amount divided by line 9 amount									
		(i)	(ii)	(iii)						
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017						
			110 2011	Amount for 2017						
1	Distributable amount for 2017 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2017 (reason-									
	able cause required- explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2017									
a										
	From 2013									
	From 2014									
	From 2015									
	From 2016									
	Total of lines 3a through e									
	Applied to underdistributions of prior years									
	Applied to 2017 distributable amount									
<u> </u>	Carryover from 2012 not applied (see instructions)									
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.									
4	Distributions for 2017 from Section D,									
	line 7: \$									
	Applied to underdistributions of prior years Applied to 2017 distributable amount									
	Remainder. Subtract lines 4a and 4b from 4.									
5	Remaining underdistributions for years prior to 2017, if									
J	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in Part VI. See instructions.									
6	Remaining underdistributions for 2017. Subtract lines 3h									
Ū	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2018. Add lines 3j									
-	and 4c.									
8	Breakdown of line 7:									
	Excess from 2013									
	Excess from 2014									
	Excess from 2015									
	Excess from 2016									
	Excess from 2017									

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION, INC.

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Part VI	Supple	mental	Inform	ation.	Provide th	e explanations	required	by Part	II, line 10; Pa	art II, line 17a or 17b; Part III, ection B, lines 1 and 2; Part	line 12;
	line 1; Pa	rt IV, Secti), lines 5, 6	on D, lin	es 2 and	d 3; Part IV	Section E, line	s 1c, 2a,	2b, 3a,	and 3b; Part	V, line 1; Part V, Section B, for any additional information	line 1e; Part V,
SCHEDU			II,	LIN	E 10,	EXPLANA	TION	FOR	OTHER	INCOME:	
PROMOT	'IONAL	MERC	HAND	ISE	SALES	ROYALT	IES,	AND	OTHER	MISCELLANEOUS	INCOME

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on 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," on 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," on 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

Tax	(see separate instructions)	, then			
•	Section 501(c)(4), (5), or (6) or	ganizations: Complete Part III.			
Nar	me of organization AMER	ICAN CIVIL LIBERT	IES UNION	Empl	oyer identification number
	FOUN	DATION, INC.			13-6213516
Pa	art I-A Complete if th	e organization is exempt ι	under section 501(c)	or is a section 527 o	rganization.
	<u>'</u>				
1	Provide a description of the	organization's direct and indirect po	olitical campaign activities i	in Part IV.	
	•	penditures	. •		
	Volunteer hours for political of				
		e organization is exempt ι			
		se tax incurred by the organization			
		se tax incurred by organization ma			
3	If the organization incurred a	section 4955 tax, did it file Form 4	720 for this year?		
4	a Was a correction made?				Ves L No
	b If "Yes," describe in Part IV.			50.1	() ()
Pa	art I-C Complete if th	e organization is exempt ι	under section 501(c)	, except section 501(c)(3).
1	Enter the amount directly exp	pended by the filing organization fo	r section 527 exempt func	tion activities > \$	
2	Enter the amount of the filing	organization's funds contributed t	o other organizations for se	ection 527	
3	Total exempt function expen	ditures. Add lines 1 and 2. Enter he	ere and on Form 1120-POL	,	
	line 17b			▶\$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes L No
5	Enter the names, addresses	and employer identification numbe	r (EIN) of all section 527 pc	olitical organizations to which	th the filing organization
	made payments. For each or	ganization listed, enter the amount	paid from the filing organiz	zation's funds. Also enter th	ne amount of political
	contributions received that w	ere promptly and directly delivered	d to a separate political org	anization, such as a separa	ite segregated fund or a
	political action committee (PA	AC). If additional space is needed, p	provide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
			1	i	1

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

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		FOUNDATION,				213516 Page 2			
	art II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under								
sec	tion 501(h)).								
A Check ►	if the filing organiza	ation belongs to an affi	liated group (and list in	Part IV each affiliated	l group member's nam	e, address, EIN,			
	expenses, and sha	re of excess lobbying	expenditures).						
B Check ► L	if the filing organiza	ation checked box A ar	nd "limited control" pro	visions apply.					
		its on Lobbying Expe ditures" means amou	nditures ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals			
1a Total lobbying	a expenditures to infl	uence public opinion (grass roots lobbying)		108,321.				
, ,	• .		dy (direct lobbying)		885,481.				
			, , , , , , , , , , , , , , , , , , , ,		993,802.				
	t purpose expenditur				114,470,363.				
e Total exempt	purpose expenditure	es (add lines 1c and 1c	i)		115,464,165.				
			e following table in bot		1,000,000.				
If the amount o	on line 1e, column (a)	or (b) is: The lob	bying nontaxable am	ount is:					
Not over \$500	0,000	20% of	the amount on line 1e.						
Over \$500,00	00 but not over \$1,00	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.					
Over \$1,000,0	000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.					
Over \$1,500,0	000 but not over \$17	,000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.					
Over \$17,000	0,000	\$1,000,	000.						
g Grassroots no	ontaxable amount (e	nter 25% of line 1f)			250,000.				
	1g from line 1a. If ze				0.				
i Subtract line	1f from line 1c. If zer	o or less, enter -0- \dots			0.				
j If there is an a	amount other than ze	ero on either line 1h or	line 1i, did the organiza	ation file Form 4720	_				
reporting sec	tion 4911 tax for this	year?			L	Yes No			
(Sc	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)								
		Lobbying Exper	nditures During 4-Yea	r Averaging Period					
Calend	dar year	(a) 2014	(b) 2015	(a) 2016	(d) 2017	(a) Total			

	Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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	938,272.	970,272.	589,067.	993,802.	3,491,413.			
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.			
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.			
f Grassroots lobbying expenditures	43,880.	180,294.	204,164.	108,321.	536,659.			

Schedule C (Form 990 or 990-EZ) 2017

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 e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
	e lobbying activity.	Yes	No	Amount	
1	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:				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	FO4/a\//	- \	-4:	
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(:	o), or se		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			L	
rai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		-		ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	cal			
а	Current year		2a		
	Carryover from last year				
С	Total		l _		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and μ	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	list); Part II-A	A, lines 1	and 2 (see	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Employer identification number 13-6213516

Schedule D (Form 990) 2017

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin		·			
	•	(a) Donor advised funds	(b) Funds and other accounts			
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					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds			
	are the organization's property, subject to the organization's	_				
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of					
Pai						
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).				
	Preservation of land for public use (e.g., recreation or e		orically important land area			
	Protection of natural habitat		ified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b						
С	Number of conservation easements on a certified historic str					
d	Number of conservation easements included in (c) acquired					
	listed in the National Register					
3	Number of conservation easements modified, transferred, re					
	year >					
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements in		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
	>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year			
	▶ \$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservati					
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for			
	conservation easements.					
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.			
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,			
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descri	ibes these items.				
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pu	blic service, provide the following amounts			
	relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre					
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		> \$			
h	Assets included in Form 990, Part X		> \$			

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

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures,	or Othe	er Similar A	sset	S (continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following tha	at are a s	ignificant use o	of its c	ollection	items
	(check all that apply):								
а	Public exhibition	d	Loan or excl	hange progr	ams				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organizat	ion's exe	mpt purpose ir	Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or oth	er similaı	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arran		te if the organizatio	n answered	"Yes" on	Form 990, Par	t IV, li	ne 9, or	
	reported an amount on Form 990, Pal								
1a	Is the organization an agent, trustee, custodi								п
_	on Form 990, Part X?						. Ш	Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					_	
								Amount	
	Beginning balance								
	Additions during the year								
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fo					•	.Ш	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.								
Pai	T V Endowment Funds. Complete i						1		
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years	-		ears back
	Beginning of year balance	69,493,479.	57,840,537.		7,150.	57,852,6			791,742.
	Contributions	6,042,983.	4,455,829.		2,705.	1,343,4			L96,460.
	Net investment earnings, gains, and losses	5,940,073.	7,267,113.	-3,18	6,663.	2,960,6	85.	3,8	361,857.
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	2,622,000.	70,000.	2,23	2,655.	2,249,6	592.	1,9	997,383.
	Administrative expenses								
g	End of year balance	78,854,535.			0,537.	59,907,3	.50.	57,8	352,676.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	ı)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment ► 70.96	<u>%</u>							
С	Temporarily restricted endowment ▶ 2								
	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administe	ered for t	he organizatior	1	_	
	by:							-	es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere								
	Description of property	(a) Cost or ot				ccumulated		(d) Book	value
		basis (investment) basis (other) depreciation							
	Land			5,713.	24	205 242	1 4	1,925	,713.
	Buildings		48,34	0,948.	31,(085,843.	17	,255	,105.
С	Leasehold improvements			2 262		NEC 450	<u> </u>	800	04.0
d	Equipment			3,369.		256,450.			,919.
	Other			5,114.	6,4	161,664.			,450.
<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X, column (B), line 1	0c.)		<u></u>	33	3,33 <u>1</u>	,187.

	ATT TIBEKLIES		
Schedule D (Form 990) 2017 FOUNDATION,	INC.	1	.3-6213516 _{Page}
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	 e 15.)		-
Part X Other Liabilities.			<u>- 1</u>

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	SPLIT INTEREST LIABILITY	13,571,591.	
(3)	DUE TO RELATED PARTY (ACLU -		
(4)	501(C)(4))	17,654,260.	
(5)	BILL OF RIGHTS TRUST HELD FOR		
(6)	AFFILIATES	33,105,485.	
(7)	DUE TO AFFILIATES	26,937,318.	
(8)	DUE TO THE ACLU - ALLOCATED SHARE		
(9)	OF PENSION LIABILITY	11,040,952.	
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	102,309,606.	

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

AMERICAN CIVIL LIBERTIES	UNION	12 6212516 -
Schedule D (Form 990) 2017 FOUNDATION, INC.	and With Davenus new	13-6213516 Page
Part XI Reconciliation of Revenue per Audited Financial Staten	•	Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	1 170 644 600
		1 170,644,698
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 110 540 600	
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		ᅴ
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	2d 2,068,589	
e Add lines 2a through 2d		2e 24,393,148
3 Subtract line 2e from line 1		3 146,251,550
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c 0
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 146,251,550
Part XII Reconciliation of Expenses per Audited Financial State	ments With Expenses pe	r Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ła.	
Total expenses and losses per audited financial statements		1 125,245,122
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	$ _{2a} _{9,780,957}$	•
b Prior year adjustments		7 1
c Other losses		7 1
d Other (Describe in Part XIII.)		7 1
e Add lines 2a through 2d		2e 9,780,957
3 Subtract line 2e from line 1		3 115,464,165
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)		-
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.)		5 115,464,165
Part XIII Supplemental Information.		1 0 ===, ===, ===
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV lines 1h and 2h: Part V line	A: Part Y line 2: Part YI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	·	, 4, 1 at X, iii 6 2, 1 at Xi,
PART V, LINE 4:		
THE PURPOSE OF THE ENDOWMENT FUND IS TO BUIL	LD AN ENDURING E	NDOWMENT TO
CARRY OUT THE WORK OF THE ACLU AND ITS AFFI	T.TATES IN PROTECT	TTNC
CARRI OUT THE WORK OF THE ACED AND THE ATTE	THE TROTLE	1110,
PRESERVING AND EXPANDING THE CIVIL LIBERTIE	S OF ALL PERSONS	IN THE UNITED
STATES OF AMERICA.		
PART X, LINE 2:		
MUE ACIII ECIINDAMION IC EVENDO EDON INCOME O	AVEC IMPED CECOTA	OM E01/C\/3\ OE

THE ACLU FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) THE U.S. INTERNAL REVENUE CODE AND IS SUBJECT TO TAXES ON UNRELATED BUSINESS INCOME, AS APPLICABLE. THE LLC IS TREATED AS A DISREGARDED (TAX) ENTITY.

THE ACLU FOUNDATION FILES TAX AND INFORMATION RETURNS WITH THE INTERNAL

Part XIII Supplemental Information (continued)					
REVENUE SERVICE (THE IRS) AND WITH VARIOUS STATES.					
MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE					
ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADDITIONAL					
ADJUSTMENT OR DISCLOSURE TO THE ACCOMPANYING FINANCIAL STATEMENTS.					
GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS					
BY U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR TAX YEARS BEFORE 2015,					
WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD.					
PART XI, LINE 2D - OTHER ADJUSTMENTS:					
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 1,056,450.					
RECOGNITION OF AFFILIATES' SHARE OF PENSION LIABILITY 1,012,139.					
TOTAL TO SCHEDULE D, PART XI, LINE 2D 2,068,589.					

SCHEDULE G

Department of the Treasury

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

Name of the organization

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

FOUNDATION, INC. 13-6213516

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

1 Indicate whether the organization rai		-				
a X Mail solicitations			-	overnment grants		
b X Internet and email solicitation			-	nment grants		
c X Phone solicitations	g Special	fundra	ising	events		
d X In-person solicitations						
2 a Did the organization have a written						
	Part VII) or entity in connection with p					
b If "Yes," list the 10 highest paid indi		uant to	agree	ements under which	the fundraiser is to b	oe .
compensated at least \$5,000 by the	e organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con	ustody	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser	(vi) Amount paid to (or retained by)
C. C (.aaaa		contrib	itions?		listed in col. (i)	organization
BRIEN GARRETT (FORMERLY		Yes	No			
OMP) - 1133 19TH STREET NW,	TELEMARKETING		Х	43,108,181.	226,110.	42,882,071.
OCM INC - 330 W 38TH STREET,						, ,
SUITE 207, NEW YORK, NY	TELEMARKETING		Х	310,725.	67,909.	242,816.
· · · · · · · · · · · · · · · · · · ·				,		,
				42 419 006	204 010	42 124 007
Total 3 List all states in which the organization	on in registered or licensed to policit		ution	43,418,906.	294,019.	43,124,887.
or licensing.	or is registered or licensed to solicit	COITLIL	utions	s of flas been flotillet	a it is exempt nom to	egistration
AK, AL, AR, AZ, CA, CO, CT,	FL.GA.HI.IL.KS.KY.	LA.	MA.	MD.ME.MI.M	N.MO.MS.NC	. ND . NH . NJ
NM,NY,OH,OK,OR,PA,RI,	SC.SD.TN.UT.VA.WA.	WI.	WV	, , ,		7-1-7-1-7-1-

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 FOUNDATION, INC.

13-6213516 Page 2

F	ורנו	of fundraising event contributions and gro	-			
		or fundraising event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	
			(4) = 10.11	(3, 2, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	(c) candi cromic	(d) Total events
						(add col. (a) through
4			(event type)	(event type)	(total number)	col. (c))
Revenue						
eve	1	Gross receipts				
Œ						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	_	Nenggah prizes				
S	5	Noncash prizes				
ense	6	Rent/facility costs				
Direct Expenses						
ž.	7	Food and beverages				
Öİ		-				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
Da	11 irt l		ne 3, column (d)	000 Dort IV line 10 or	reported mare than	
ГС		\$15,000 on Form 990-EZ, line 6a.	answered tes on Form	11 990, Part IV, line 19, or	reported more than	
_		ψ13,000 011 01111 000 LZ, line σα.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
<u> </u>	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	_					
Exp	3	Noncash prizes				
ect		Dont/facility costs				
Ë	4	Rent/facility costs				
	5	Other direct expenses				
	_		Yes %	Yes %	Yes %	
	6	Volunteer labor	No		No —	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
•	En:	tor the state(s) in which the examination condu	esta gamina activitica			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	-			Yes No
		No," explain:			•••••	103 110
~		, Films				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				
	_					_

Sch	hedule G (Form 990 or 990-EZ) 2017 FOUNDATION, INC. 13-6	5213	516	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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:		100	
	a The organization's facility	13a		%
-	b 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
	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
	of gaming revenue retained by the third party > \$			
(c If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Carning manager compensation • • • • • • • • • • • • • • • • • • •			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	🔲	Yes	☐ No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D	organization's own exempt activities during the tax year \$\infty\$ \$ \text{supplemental Information.} Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	in an 0	0h 10)h 15h
	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ines 9,	96, 10	JD, 15D,
SC	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	g.		
50	CHIDOLI C, IMI I, LINI 2D, LISI OI ILM HIGHEST IMID TONDRATELL			
_				
(1	I) NAME OF FUNDRAISER: O'BRIEN GARRETT (FORMERLY OMP)			
(1	I) ADDRESS OF FUNDRAISER:			
<u>11</u>	133 19TH STREET NW, SUITE 300, WASHINGTON, DC 20036			
(]	I) NAME OF FUNDRAISER: DCM INC			
(]	I) ADDRESS OF FUNDRAISER:			
$\frac{1}{33}$		-		

Schedule G	G (Form 990 or 990-EZ)	FOUNDATION,	INC.	13-6213516 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)		U
	••	,		
-				
-				

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Employer identification number 13-6213516

Part I General Information on Grants a	ınd Assistance						
Does the organization maintain records	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion
criteria used to award the grants or assi							X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	c Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II cai	n be duplicated if addit	ional space is need	ded.			
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 noncash assistance	(h) Purpose of grant or assistance
ACLU FUND OF MICHIGAN							
2966 WOODWARD AVENUE		504 (5) (2)	25.000				L
DETROIT, MI 48201	23-7243421	501(C)(3)	35,000.	0.			AFFILIATE PROGRAM
ACLU OF ALASKA FOUNDATION 1057 W FIREWEED LANE ANCHORAGE, AK 99503	23-7113202	501(C)(3)	77,500.	0.			AFFILIATE PROGRAM
ACLU OF FLORIDA 4343 W FLAGLER ST, STE 400 MIAMI, FL 33134	59-0883831	501(C)(4)	30,000.	0.			AFFILIATE PROGRAM LOBBYING ACTIVITIES INCLUDED IN 501(H) ELECTION
ACLU OF HAWAII FOUNDATION PO BOX 3410 HONOLULU, HI 96801	99-0192064	501(C)(3)	52,500.	0.			AFFILIATE PROGRAM
ACLU OF MAINE FOUNDATION 121 MIDDLE STREET PORTLAND, ME 04101	01-0367357	501(C)(3)	52,500.	0.			AFFILIATE PROGRAM
ACLU OF MASSACHUSETTS 211 CONGRESS STREET BOSTON, MA 02110	04-1180450	501(C)(4)	15,000.	0.			AFFILIATE PROGRAM LOBBYING ACTIVITIES INCLUDED IN 501(H) ELECTION
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization							

Schedule I (Form 990)

(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 OF NEVADA FOUNDATION							
601 S RANCHO DR							
LAS VEGAS, NV 89106	88-0217086	501(C)(3)	102,500.	0.			AFFILIATE PROGRAM
ACLU OF OKLAHOMA FOUNDATION							
PO BOX 1626							
OKLAHOMA CITY, OK 73101	73-1003205	501(C)(3)	122,500.	0.			AFFILIATE PROGRAM
ACLU OF WEST VIRGINIA FOUNDATION							
PO BOX 3952	FF 0601F31	E01/G)/3)	100 500	0			ARRITANE DROGRAM
CHARLESTON, WV 25339	55-0681531	501(C)(3)	102,500.	0.			AFFILIATE PROGRAM AFFILIATE PROGRAM
ACIII OE WEST VIDSINIA INS							LOBBYING ACTIVITIES
ACLU OF WEST VIRGINIA, INC.							
	22 7005474	E01/G)/4)	45.000	0			INCLUDED IN 501(H)
CHARLESTON, WV 25339	23-7095474	501(C)(4)	45,000.	0.			ELECTION
1.61.11							AFFILIATE PROGRAM
ACLU, INC.							LOBBYING ACTIVITIES
125 BROAD STREET, 18TH FLOOR				_			INCLUDED IN 501(H)
NEW YORK, NY 10004	13-3871360	501(C)(4)	600,000.	0.			ELECTION
ACLUF OF ALABAMA							
900 S. PERRY STREET, SUITE B							
MONTGOMERY, AL 36104	63-0883872	501(C)(3)	102,500.	0.			AFFILIATE PROGRAM
ioniconinii, iii coici	03 0003072	301(0)(3)	102,300.	· ·			INTIBELIE INCOME
ACLUF OF ARKANSAS							
904 W. 2ND STREET, STE 1							
LITTLE ROCK, AR 72201	71-0473676	501(C)(3)	100,000.	0.			AFFILIATE PROGRAM
·							AFFILIATE PROGRAM
ACLUF OF ARKANSAS							LOBBYING ACTIVITIES
004 W. 2ND STREET, STE 1							INCLUDED IN 501(H)
LITTLE ROCK, AR 72201	71-0473676	501(C)(3)	50,000.	0.			ELECTION
,			<u> </u>	-			
ACLUF OF CONNECTICUT							
765 ASYLUM AVENUE FIRST FLOOR							
HARTFORD, CT 06105	06-0871754	501(C)(3)	102,500.	0.			AFFILIATE PROGRAM

Schedule I (Form 990) FOUNDATI Part II Continuation of Grants and Other		overnments and Orga	nizations in the H	nited States (Sch	edule I (Form 990) Pa		3-6213516 Page
(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
ACLUF OF DELAWARE 100 W 10TH STREET, SUITE 603 WILMINGTON, DE 19801	51-0220856	501(C)(3)	27,500.	0.			AFFILIATE PROGRAM
ACLUF OF FLORIDA 4343 W FLAGLER ST, STE 400 MIAMI, FL 33134	23-7137529	501(C)(3)	277,987.	0.			AFFILIATE PROGRAM
ACLUF OF IDAHO P.O. BOX 1897 BOISE, ID 83701	82-0467428	501(C)(3)	145,500.	0.			AFFILIATE PROGRAM
ACLUF OF INDIANA 1031 E. WASHINGTON STREET INDIANOPOLIS, IN 46202	23-7398358	501(C)(3)	112,500.	0.			AFFILIATE PROGRAM
ACLUF OF IOWA 505 5TH AVE., 808 DES MOINES, IA 50309	42-1002093	501(C)(3)	52,500.	0.			AFFILIATE PROGRAM
ACLUF OF KENTUCKY 315 GUTHRIE STREET, SUITE 300 LOUISVILLE, KY 40202	61-6058569	501(C)(3)	132,500.	0.			AFFILIATE PROGRAM
ACLUF OF MARYLAND 3600 CLIPER RD, SUITE 350 BALTIMORE, MD 21211	23-7209538	501(C)(3)	52,500.	0.			AFFILIATE PROGRAM
ACLUF OF MISSISSIPPI P.O. BOX 2242 JACKSON, MS 39225	64-0694013	501(C)(3)	272,500.	0.			AFFILIATE PROGRAM
ACLUF OF MISSOURI 454 WHITTIER STREET ST. LOUIS, MO 63108	43-6070952	501(C)(3)	37,500.	0.			AFFILIATE PROGRAM

Schedule I (Form 990)

Schedule I (Form 990) FOUNDATIO	-						3-6213516 Page
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U │	nited States (Schi	edule I (Form 990), Pa I	rt II.) T	<u> </u>
(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
ACLUF OF MONTANA							
P.O. BOX 1317							
HELENA, MT 59624	81-0445339	501(C)(3)	42,500.	0.			AFFILIATE PROGRAM
ACLUF OF NEBRASKA							
134 SOUTH 13TH STREET, SUITE 1010							
LINCOLN, NE 68508	23-7259984	501(C)(3)	263,500.	0.			AFFILIATE PROGRAM
			·				AFFILIATE PROGRAM
ACLUF OF NEW HAMPSHIRE							LOBBYING ACTIVITIES
18 LOW AVENUE							INCLUDED IN 501(H)
CONCORD, NH 03301	02-0347237	501(C)(3)	50,000.	0.			ELECTION
ACLUF OF NEW MEXICO							
PO BOX 566	85-0275276	501(C)(3)	102 500	0.			AFFILIATE PROGRAM
ALBUQUERQUE, NM 87103	85-02/52/6	501(C)(3)	102,500.	0.			AFFILIATE PROGRAM
ACLUF OF OHIO							
4506 CHESTER AVE.							
CLEVELAND, OH 44103	23-7137105	501(C)(3)	72,500.	0.			AFFILIATE PROGRAM
ACLUF OF OREGON							
PO BOX 40585							
PORTLAND, OR 97240	23-7048829	501(C)(3)	157,500.	0.			AFFILIATE PROGRAM
ACLUF OF PENNSYLVANIA							
P.O. BOX 40008							
PHILADELPHIA, PA 19106	23-1742013	501 (C) (3)	20,000.	0.			AFFILIATE PROGRAM
THE BEST THE STATE OF THE STATE	23 1742013	301(0)(3)	20,000.				INTIBITED TROOMER
ACLUF OF SOUTH CAROLINA							
40 CALHOUN ST., SUITE 210							
CHARLESTON, SC 29401	27-1942832	501(C)(3)	62,500.	0.			AFFILIATE PROGRAM
ACLUF OF SOUTHERN CALIFORNIA							
1313 W. 8TH STREET, STE 200							
LOS ANGELES, CA 90017	95-2673361	pu1(C)(3)	600,000.	0.			AFFILIATE PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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	
ACLUF OF TENNESSEE								
P.O. BOX 120160								
NASHVILLE, TN 37212	62-0988329	501(C)(3)	17,500.	0.			AFFILIATE PROGRAM	
10.00 00 00.00								
ACLUF OF TEXAS								
P.O. BOX 8306	76 0242171	E01/Q\/3\	1 055 250				A FIELL TAME DROODAM	
HOUSTON, TX 77288	76-0343171	501(C)(3)	1,055,250.	0.			AFFILIATE PROGRAM	
ACLUF OF UTAH								
355 NORTH 300 WEST								
SALT LAKE CITY, UT 84103	87-0439810	501(C)(3)	152,500.	0.			AFFILIATE PROGRAM	
ACLUF OF VERMONT								
PO BOX 277								
MONTPELIER, VT 05601	23-7123046	501(C)(3)	102,500.	0.			AFFILIATE PROGRAM	
ACLUF OF WASHINGTON								
901 5TH AVE., SUITE 630	02 5056065	E01/G)/2)	150 000				1	
SEATTLE, WA 98164	23-7076867	501(C)(3)	170,000.	0.			AFFILIATE PROGRAM	
ACLUF OF WISCONSIN								
207 E. BUFFALO ST, STE. 325								
MILWAUKEE, WI 53202	23-7052345	501(C)(3)	152,500.	0.			AFFILIATE PROGRAM	
			, -	-				
MAKE THE ROAD NEW YORK								
301 GROVE ST								
BROOKLYN, NY 11237	11-3344389	501(C)(3)	15,000.	0.			SPONSORSHIP	
-								
ROGER BALDWIN FOUNDATION OF ACLU								
180 NORTH MICHIGAN AVE., SUITE 2300								
CHICAGO, IL 60601	36-2682569	501(C)(3)	188,519.	0.			AFFILIATE PROGRAM	
wa wanta a awa a wanta wa								
US HUMAN RIGHTS NETWORK								
250 GEORGIA AVE SE STE 330 ATLANTA, GA 30312	20-2404443	501(C)(3)	5,000.	0.			SPONSORSHIP	
TILLIAIN, GR JUJIZ	20 2404443	Por(C)(3)	1 3,000.	<u> </u>		<u> </u>	Schodula I (Farma O	

OUTCOMES TO BE ACHIEVED, AND, IF APPLICABLE, THE INDICATORS THAT THE

Schedule I (Form 990) (2017) FOUNDATION, II	110.				13-0213310	Page 2
Part III Grants and Other Assistance to Domestic Individu Part III can be duplicated if additional space is neede	•	e organization answ	vered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as	sistance
MEDAL OF LIBERTY AWARD	2	30,000	. 0.			
DORSEN PRIZE	1	10,000	. 0.			
Part IV Supplemental Information. Provide the information	required in Part I, lir	ne 2; Part III, columi	n (b); and any other a	dditional information.		
PART I, LINE 2: THE ACLU HAS ESTABLISHED PROCEDU		יי ספופאפפ	OF CDAMMC	AC WEIT AC		
FOR MONITORING OF OUTCOMES, TO DE						
				ORGANIZATION		
DOES IS TO ITS AFFILIATES, THE O						
ORGANIZATIONS WHEN IT DETERMINES						
OF ITS MISSION. GRANT AWARDS AR	E CONFIRME	D IN WRIT	ING AND SUP	PORTED BY A		
WRITTEN AGREEMENT THAT SPECIFIES	THE PURPO	SE OF THE	GRANT, THE	SPECIFIC		

Part IV Supplemental Information
PARTIES AGREE WILL BE USED TO MEASURE PROGRESS TOWARDS AGREED UPON GOALS.
WRITTEN AGREEMENTS DETAIL THE SPECIFIC ACTIVITIES FOR WHICH FUNDING IS TO
BE PROVIDED AND DOCUMENT THE COMMITMENT TO USING THE FUNDS PROVIDED TO
PURSUE SPECIFIC STRATEGIES IN ADDRESSING PROGRAM GOALS AND TARGET OUTCOMES.
AFFILIATES AND OTHER ORGANIZATIONS WHO RECEIVE GRANT AWARDS MAY BE REQUIRED
TO PROVIDE QUANTITATIVE AND QUALITATIVE REPORTS, AND THESE REPORTS MAY BE
USED TO DETERMINE WHETHER ADDITIONAL FUNDING MAY BE REQUIRED AND/OR TO
ENHANCE FUTURE GRANT PROGRAMS.

Schedule I (Form 990)

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.

Open to Public

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Inspection **Employer identification number**

13-6213516

Questions Regarding Compensation Part I

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 (such as, 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		
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 on line 1a?	2		
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.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on 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
	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 on 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" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on 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		X
9	If "Yes" on 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) 2017

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 on 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 aren't 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 \	N-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) ANTHONY D. ROMERO	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR/CEO	(ii)	508,638.	0.	9,404.	26,049.	17,097.	561,188.	0.
(2) DOROTHY M. EHRLICH	(i)	0.	0.	0.	0.	0.	0.	0.
DEPUTY EXECUTIVE DIRECTOR	(ii)	428,036.	0.	12,724.	136,989.	26,862.	604,611.	0.
(3) TERENCE R. DOUGHERTY	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF OPER. OFFICE/GEN COUNSEL	(ii)	377,377.	0.	-2,397.	20,519.	26,161.	421,660.	0.
(4) FAIZ R. SHAKIR	(i)	0.	0.	0.	0.	0.	0.	0.
NATIONAL POLITICAL DIRECTOR	(ii)	264,167.	0.	-4,987.	14,353.	8,741.	282,274.	0.
(5) KIMBERLY P. TRUEBLOOD	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF OF STAFF	(ii)	248,750.	0.	-2,314.	13,681.	9,966.	270,083.	0.
(6) JENNIFER S. CONSILVIO	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	203,725.	0.	-13,442.	13,697.	47,762.	251,742.	0.
(7) KARIN JOHANSON	(i)	0.	0.	0.	0.	0.	0.	0.
NATIONAL POLITICAL DIRECTOR	(ii)	229,199.	0.	260.	0.	3,326.	232,785.	0.
(8) DAVID D. COLE	(i)	396,586.	0.	2,575.	17,419.	3,277.	419,857.	0.
NATIONAL LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHELE M. MOORE	(i)	354,800.	0.	4,654.	13,872.	19,836.	393,162.	0.
CHIEF COMMUNICATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) GERI E. ROZANSKI	(i)	344,166.	0.	862.	61,972.	29,653.	436,653.	0.
DIR. AFFILIATE SUPPORT & NATIONWIDE	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARK V. WIER	(i)	342,063.	0.	2,526.	13,872.	4,780.	363,241.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JEFFEREY P. ROBINSON	(i)	292,123.	0.	2,961.	15,524.	1,594.	312,202.	0.
DEPUTY LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) CECILLIA D. WANG	(i)	284,833.	0.	-2,634.	18,612.	13,800.	314,611.	0.
DEPUTY LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) LOUISE MELLING	(i)	263,238.	0.	-4,048.	34,345.	16,508.	310,043.	0.
DEPUTY LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) DENNIS PARKER	(i)	238,519.	0.	-9,143.	42,163.	46,315.	317,854.	0.
DIRECTOR, RACIAL JUSTICE PROJECT	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JUDY RABINOVITZ	(i)	223,815.	0.	-4,139.	47,613.	16,856.	284,145.	0.
DEPUTY IMMIGRANTS' RIGHTS DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.

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.

FORM 990, SCHEDULE J

PART II: COLUMN B(I) INCLUDES BASE COMPENSATION, COLUMN B(II) INCLUDES

BONUS PAYMENTS (THERE WERE NONE IN 2017) AND COLUMN B(III) INCLUDES ALL

OTHER REPORTABLE COMPENSATION, INCLUDING ANY REDUCTIONS TO TAXABLE

COMPENSATION RELATED TO PARTICIPATION IN HEALTH OR DEPENDENT SPENDING

ACCOUNTS, IF/AS APPLICABLE. NEGATIVE NUMBERS IN COLUMN B(III) OCCUR

WHEN THE AMOUNTS DEDUCTED FROM REPORTABLE COMPENSATION ARE GREATER THAN

THE COSTS OF OTHER TAXABLE BENEFITS REPORTED IN THIS COLUMN. COLUMN C

INCLUDES EMPLOYER CONTRIBUTIONS TO THE DEFINED BENEFIT PENSION PLAN OR,

FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2009, TO THE DEFINED

CONTRIBUTION 401(K) PLAN, AND CONTRIBUTIONS, IF ANY, TO THE 457(B)

PLAN; THE TOTALS SHOWN REFLECT AMOUNTS EARNED DURING THE YEAR, WHETHER

OR NOT THE EMPLOYEE IS FULLY VESTED. COLUMN D INCLUDES NON-TAXABLE

BENEFITS, SUCH AS HEALTH AND OTHER INSURANCE, AS WELL AS AMOUNTS SET

ASIDE BY EMPLOYEES IN THE HEALTH AND/OR DEPENDENT CARE FLEXIBLE

SPENDING PLANS, WHICH HAVE BEEN ADDED BACK TO PROVIDE THE FULLEST

PICTURE POSSIBLE OF TOTAL COMPENSATION.

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN CIVIL LIBERTIES UNION

Employer identification number

FOUN	ATIC	ON, INC.									135	16						
Part I Excess Benefit Tr	nsact	ions (section 50	01(c)(3	3), sect	tion 501	(c)(4), and 50)1(c)(29) organizatio	ns only	y).								
Complete if the organization	tion ans	wered "Yes" on	Form	990, P	art IV, lir	ne 25a or 25l	o, oı	r Form 990-EZ, F	art V,	line 40	Db.							
1		(b) Relationship between disqualified			ip between disqualified						(d) Corrected?							
(a) Name of disqualified person	` `	person and or	ganiz	ation		(0	;) D	escription of trar	isactio	n		Y	es	No				
												_						
												+						
												+	-+					
												+	-+					
2 Enter the amount of tax incurred	by the	organization man	agers	or die	·aualified	d nereone du	rina	the year under										
	•	•	•		•	•	•	•		> \$								
section 4958 3 Enter the amount of tax, if any,										\$								
5 Litter the amount of tax, if any,	11 11116 2,	above, reimburs	eu by	i ii e oi	i gai iizati					Ψ								
Part II Loans to and/or F	om In	terested Per	sons															
Complete if the organization	tion and	wered "Ves" on	Form	990.F7	7 Part V	line 38a or l	=orr	n 990 Part IV lir	ne 26.	or if th	ne oraș	nizati	nn -					
reported an amount on					_,	, 11110 000 01 1	OII	11 330,1 art 14, 111	10 20,	01 11 11	ic orga	ii iiZati	511					
	tionship	i ita		1 1/ 1		i iza				e) Original (f) Balance of			e due (g) In			proved ard or	(i) W	ritten
	anization			m the ization?	nringing lam		(i) Dalarice due			ault?	by bo	ard or	agree	ment?				
			To	From	;	•			Yes	No	Yes	No	Yes	No				
			10	1 10111	' 				163	140	163	140	163	140				
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					1													
					1													
Total Part III Grants or Assista	co Ro	nefiting Inte	roeta	d Da	reone	> \$												
		•																
Complete if the organization	tion ans							() =										
(a) Name of interested person		(b) Relationship			1 ') Amount of assistance		(d) Type assistar) Purp assista		Ī				
		interested pers the organiza	ation	Iu	'	assistance		assistai	100		'	233131	arice					
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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) 2017

scheaule L	(Form 990 or 9	90-EZ) 2017 🗜 🕻	TIMUMIT	ои, т	.110.
Part IV	Business 1	ransactions	Involving	Interes	ted Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
				Yes	No
GARY D. SOWARDS	SPOUSE OF AN OFFICE	199,431.	PAYMENT FOR		Х
Part V Supplemental Information Provide additional information for resp	onses to questions on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: GARY I	. SOWARDS				
(B) RELATIONSHIP BETWEEN 1	NTERESTED PERSON AN	D ORGANIZAT	TION:		
SPOUSE OF AN OFFICER/KEY E	EMPLOYEE				
(C) AMOUNT OF TRANSACTION	\$ 199,431.				
(D) DESCRIPTION OF TRANSAC	CTION: PAYMENT FOR L	EGAL SERVIC	CES		
(E) SHARING OF ORGANIZATIO	ON REVENUES? = NO				
PART IV					
DURING FISCAL YEAR 2018 GA	ARY D. SOWARDS, THE	SPOUSE OF C	OFFICER/KEY		
EMPLOYEE, DOROTHY EHRLICH,	PROVIDED LEGAL SER	VICES IN CO	ONNECTION WI	TH	
THE ACLU FOUNDATION'S JOHN	N ADAMS PROJECT, WHI	CH HAS ARRA	ANGED FOR TH	E	
REPRESENTATION OF AN INDIV	JIDUAL CHARGED WITH	A CAPITAL C	CRIME. A		
NATIONALLY KNOWN EXPERT IN	N CAPITAL PUNISHMENT	, MR. SOWAF	RDS WAS RETA	INED	
VIA A DECISION MAKING PROC	CESS THAT DID NOT IN	VOLVE THE C	OFFICER/KEY		
EMPLOYEE AND AT RATES THAT	ARE CUSTOMARY FOR	THE SERVICE	ES PROVIDED.		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Go to www.irs.gov/Form990 for the latest information. AMERICAN CIVIL LIBERTIES UNION

Open To Public Inspection

Employer identification number

13-6213516

FOUNDATION, INC.

Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 7 Intellectual property 8 761 7,625,478. SELLING PRICE Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other 26 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

			Yes	NO
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it			
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for			
	exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			

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

Schedule M (Form 990) 2017

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
THE NUMBER OF CONTRIBUTIONS ABOVE REPRESENTS THE TOTAL NUMBER OF STOCK
GIFTS DURING THE YEAR.
SCHEDULE M, LINE 32B:
WE ENGAGE BROKERS, WITH EXPERTISE SELLING PROPERTY CONTRIBUTED TO THE
ORGANIZATION, TO FACILITATE SALES OF NONCASH PROPERTY ON OUR BEHALF.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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. Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

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 THAT THE CONSTITUTION AND LAWS OF THE US GUARANTEE. THE ACLU ALSO 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 4C, PROGRAM SERVICE ACCOMPLISHMENTS: AFFAIRS.

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 \$ 862,810. INCLUDING GRANTS OF \$ 5,299. REVENUE \$

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

Schedule O (Form 990 or 990-EZ) (2017)

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

Employer identification number 13-6213516

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

ACLU FOUNDATION IS A MEMBERSHIP ORGANIZATION. ITS MEMBERS ARE THE BOARD 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 11B:

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/GENERAL COUNSEL/ASSISTANT TREASURER OF THE

ORGANIZATION REVIEWS ANY DISCLOSURES MADE DURING THIS ANNUAL REVIEW. IF A

Employer identification number 13-6213516

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

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 15:

ON AN ANNUAL BASIS, A COMMITTEE OF THE BOARD OF THE ORGANIZATION

ESTABLISHES THE EXECUTIVE DIRECTOR'S COMPENSATION, AND THE AUDIT COMMITTEE

APPROVES THE COMPENSATION OF ALL OTHER KEY EMPLOYEES, AS RECOMMENDED BY THE

EXECUTIVE DIRECTOR. NO MEMBER OF EITHER COMMITTEE HAS A CONFLICT OF

INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT. EACH COMMITTEE

REVIEWS COMPENSATION STUDIES AND COMPARABLE COMPENSATION DATA FOR

FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

EACH COMMITTEE CONTEMPORANEOUSLY DOCUMENTS AND RECORDS, IN ITS MINUTES, ITS

DELIBERATIONS AND DECISIONS. NO ACLU OFFICER RECEIVES COMPENSATION IN

HIS/HER CAPACITY AS AN OFFICER.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NV

Name of the organization AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.	Employer identification number 13-6213516
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	EARS, EXCLUDING
SCHEDULE B, IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.	COPIES OF THE
ORGANIZATION'S FORM 990 ARE ALSO AVAILABLE ON THE GUIDEST	AR WEBSITE. THE
ORGANIZATION'S IRS FORM 1023, BYLAWS, CONFLICT OF INTERES	T POLICY AND
FINANCIAL STATEMENTS FOR THE PRIOR THREE OR MORE YEARS AF	RE AVAILABLE ON THE
ORGANIZATION'S WEBSITE. THE ORGANIZATION'S ARTICLES OF IN	CORPORATION 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 RECEIVE	7ING
COMPENSATION IS BASED ON WEEKLY HOURS FOR PAYROLL PURPOSE	S. 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	1,056,450.
RECOGNITION OF AFFILIATES' SHARE OF PENSION LIABILITY	1,012,139.
TOTAL TO FORM 990, PART XI, LINE 9	2,068,589.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

AMERICAN CIVIL LIBERTIES UNION

Employer identification number 13-6213516

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

FOUNDATION, INC.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
15 15TH STREET, LLC - 13-6213516					
15 15TH STREET NW					
VASHINGTON, DC 20005	REAL ESTATE HOLDING COMPANY	DISTRICT OF COLUMBIA	926,571.	8,072,057.	N/A
	 				

Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	
				501(c)(3))		Yes	No
AMERICAN CIVIL LIBERTIES UNION, INC	PRESERVATION AND PROMOTION						
13-3871360, 125 BROAD STREET, 18TH FLOOR,	OF CIVIL RIGHTS AND						
NEW YORK, NY 10004	LIBERTIES	DISTRICT OF COLUMBIA	501(C)(4)		N/A		X
RBSO, INC 04-3730759							
125 BROAD STREET, 18TH FLOOR							
NEW YORK, NY 10004	SUPPORTING ORGANIZATION	DELAWARE	501(C)(3)	LINE 12B, II	N/A		X

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

Part III 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.

<u> </u>		<u> </u>	1			1					
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	alloca	itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
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Part IV 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 organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(t contr ent	tion b)(13) rolled tity?
		Joanni, y						Yes	No
CHARITABLE REMAINDER TRUSTS (6)	CHARITABLE TRUST	NY	ACLUF					х	
CHARITABLE REMAINDER TRUST (1)	CHARITABLE TRUST	AL	ACLUF					х	
CHARITABLE REMAINDER TRUST (1)	CHARITABLE TRUST	GA	ACLUF					х	
CHARITABLE REMAINDER TRUST (1)	CHARITABLE TRUST	NM	ACLUF					Х	
	_								

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.													
1	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations list	ted in Parts II-IV?											
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a		Х								
	b Gift, grant, or capital contribution to related organization(s)		1b		X								
С	c Gift, grant, or capital contribution from related organization(s)		1c		X								
	d Loans or loan guarantees to or for related organization(s)		1d		X								
	e Loans or loan guarantees by related organization(s)		1e		X								
f	f Dividends from related organization(s)		1f		Х								
g	g Sale of assets to related organization(s)		1g		X								
	h Purchase of assets from related organization(s)		1h		X								
i	i Exchange of assets with related organization(s)		1i		X								
i	j Lease of facilities, equipment, or other assets to related organization(s)		1j		X								
•			j										
k	k Lease of facilities, equipment, or other assets from related organization(s)		1k		Х								
1	l Performance of services or membership or fundraising solicitations for related organization(s)		11		X								
m	m Performance of services or membership or fundraising solicitations by related organization(s)		1m		X								
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	Х									
	Sharing of paid employees with related organization(s)		10	Х									
•	o change, para on project many class or gain a larger many control of the control												
n	n Reimbursement paid to related organization(s) for expenses		1p	х									
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses													
ч	4 Hombardonian paid by rolated digametation(d) for expensed		1q	X									
r Other transfer of cash or property to related organization(s)													
	s Other transfer of cash or property from related organization(s)		1r 1s		$\frac{x}{x}$								
	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cover		13										
	(a)												

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN CIVIL LIBERTIES UNION	N	5,984,096.	FTE BASED ALLOCATION METHODOLOGY
(2) AMERICAN CIVIL LIBERTIES UNION	0	2,398,161.	REVENUE BASED ALLOCATION METHOD
(3) AMERICAN CIVIL LIBERTIES UNION	P	5,984,096.	FTE BASED ALLOCATION METHODOLOGY
(4) AMERICAN CIVIL LIBERTIES UNION	Q	2,398,161.	REVENUE BASED ALLOCATION METHOD
<u>(5)</u>			
_(6)	F 0		

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.

(a)	(b)	(c)	(d)	Are a partners 501(c orgs)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	ali s sec.	Share of	Share of	Dispr	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	l or Percenta
of entity		(state or foreign	(related, unrelated, leveluded from tax under	501(c)(3)	total	end-of-year	alloca	nate itions?	amount in box 20	partn	r? ownersh
		country)	sections 512-514)	Yes	Nο	income	assets	Vac	No	(Form 1065)	Yes	<u>.</u>
			,	163	140			163	110	,	103	
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