Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2016 Open to Public Inspection

OMB No. 1545-0047

APR 1, 2016 A For the 2016 calendar year, or tax year beginning and ending MAR 31, Check if applicable: C Name of organization D Employer identification number AMERICAN CIVIL LIBERTIES UNION Address change FOUNDATION, INC. Name change 13-6213516 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 212-549-2500 125 BROAD STREET, 18TH FLOOR termin-ated 242,375,637. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended NEW YORK, NY 10004 H(a) Is this a group return Applica-F Name and address of principal officer: ANTHONY D. Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3)) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.ACLU.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association Other > L Year of formation: 1966 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: PRESERVATION AND PROMOTION OF Governance CIVIL RIGHTS AND CIVIL LIBERTIES Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 Number of voting members of the governing body (Part VI, line 1a) <u>13</u> Number of independent voting members of the governing body (Part VI, line 1b) Activities & <u>329</u> 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 73 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 89,472,041. 140,053,645. Contributions and grants (Part VIII, line 1h) Revenue 5,422,660. 4,139,323. Program service revenue (Part VIII, line 2g) 5,685,181. -858,562. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,226,704. 2,300,171. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 95,262,843. 152,178,320. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,802,314. 6,793,882. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ο. Benefits paid to or for members (Part IX, column (A), line 4) 36,043,236. 40,026,827. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 264,514. 311,031. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 43,147,578. 73,829,725. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 84,257,642. 120,961,465. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 31,216,855. 11,005,201. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year **End of Year** 400,374,277. 341,682,167. Total assets (Part X, line 16) 96,033,380. 103,148,329. 21 Total liabilities (Part X, line 26) Net/ 245,648,787. 297,225,948. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign TERENCE DOUGHERTY, COO/GENERAL COUNSEL/ASST TREAS Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature JAMES SWEENEY P01263012 Paid Firm's name RSM US LLP 42 - 0714325Preparer Firm's EIN Firm's address 1185 AVENUE OF THE AMERICAS Use Only Phone no. 212 - 372 - 1000 NEW YORK, NY 10036-2602 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Pai	t III 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 \$ 34,212,655 • including grants of \$ 261,700 •) (Revenue \$ 4,139,323 •)
4a	(Code:) (Expenses \$ 34,212,655. including grants of \$ 261,700.) (Revenue \$ 4,139,323.) LITIGATION - THE ACLU FOUNDATION'S LITIGATION PROGRAM IS THE
	CORNERSTONE OF ITS CIVIL LIBERTIES PROGRAM. THE ACLU TODAY IS THE
	NATION'S PREEMINENT CIVIL LIBERTIES ORGANIZATION, WITH A STAFF OF
	ATTORNEYS IN THE NATIONAL OFFICE WORKING IN COLLABORATION WITH
	ATTORNEYS AT AFFILIATE OFFICES NATIONWIDE TO ADDRESS CASES INVOLVING A
	WIDE RANGE OF CIVIL LIBERTIES ISSUES. THE ACLU APPEARS BEFORE THE U.S.
	SUPREME COURT MORE THAN ANY OTHER LEGAL SERVICES ORGANIZATION OR
	GOVERNMENTAL AGENCY EXCEPT THE U.S. DEPARTMENT OF JUSTICE.
	GOVERNMENTAL AGENCT EXCEPT THE 0.5. DEPARTMENT OF UUSTICE.
4b	(Code:) (Expenses \$ 60,011,761. including grants of \$ 6,532,182.) (Revenue \$)
40	(Code:) (Expenses \$ 00,011,761. including grants of \$ 0,532,182.) (Revenue \$ AFFILIATE SUPPORT - THE ACLU HAS AN AFFILIATE OR CHAPTER IN EVERY STATE
	AND IN PUERTO RICO. AFFILIATES HANDLE REQUESTS FOR LEGAL ASSISTANCE,
	LOBBY STATE LEGISLATURES AND HOST EDUCATIONAL FORUMS THROUGHOUT THE
	YEAR. THE NATIONAL ACLU COORDINATES FUNDRAISING EFFORTS WITH ITS
	AFFILIATES AND SHARES THE PROCEEDS OF FUNDRAISING EFFORTS WITH
	AFFILIATES IN ACCORDANCE WITH A DETAILED POLICY. THROUGH ITS AFFILIATE
	SUPPORT AND ADVOCACY DEPARTMENT, THE NATIONAL ACLU ALSO PROVIDES GRANTS
	AND SUPPORT TO AFFILIATES ON SPECIFIC INITIATIVES AND PROJECTS THAT
	HAVE BEEN IDENTIFIED AS INVOLVING MATTERS OF BOTH LOCAL/REGIONAL AND
	NATIONAL SIGNIFICANCE. THE AFFILIATE SUPPORT AND ADVOCACY DEPARTMENT
	OFFERS TRAINING AND TECHNICAL ASSISTANCE TO AFFILIATES ACROSS THE
	COUNTRY ON A VARIETY OF TOPICS OF RELEVANCE.
4c	(Code:) (Expenses \$ 11,890,802 • including grants of \$) (Revenue \$ 1,193,913 •)
	EDUCATION - THROUGH NEWSLETTERS, ITS WEBSITE, ADVERTISEMENTS, OP-ED
	ARTICLES, MEDIA INTERVIEWS, PUBLICATIONS, SOCIAL MEDIA, AND NUMEROUS
	MEETINGS AND WORKSHOPS CONDUCTED IN COLLABORATION WITH ITS AFFILIATES
	THROUGHOUT THE US, THE ACLU FOUNDATION PROVIDES ONGOING EDUCATION TO
	THE ACLU'S 500,000 MEMBERS NATIONWIDE AND TO THE PUBLIC AT LARGE WITH
	RESPECT TO A WIDE RANGE OF CIVIL LIBERTIES ISSUES AND CONCERNS. A CORE
	COMPONENT OF THE ORGANIZATION'S EDUCATIONAL CAMPAIGNS IS THE EMPHASIS
	ON KEY RIGHTS, INCLUDING FIRST AMENDMENT RIGHTS TO FREE SPEECH,
	ASSOCIATION AND ASSEMBLY; THE RIGHT TO EQUAL PROTECTION UNDER THE LAW;
	THE RIGHT TO DUE PROCESS AND TO FAIR TREATMENT WHEN THE LOSS OF LIBERTY
	OR PROPERTY IS AT STAKE; AND THE RIGHT TO PRIVACY AND FREEDOM FROM
	UNWARRANTED GOVERNMENT INTRUSION INTO PERSONAL AND PRIVATE AFFAIRS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,358,592 • including grants of \$) (Revenue \$)
4e	Total program service expenses ► 107, 473, 810.

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AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Form 990 (2016)

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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			7.7
_	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			X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	Α.
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	x	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

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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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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,"			
	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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	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		7.7	
	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		37	
	Part V, line 1	34	Х	37
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		77	
	If "Yes," complete Schedule R, Part V, line 2	36	X	<u> </u>
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1_	37	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 329			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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 Accounts (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?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			7.7
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۱		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76		
C	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. 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.			
	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:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Crieck if Schedule O contains a response or note to any line in this Part VI			77
Sec	tion A. Governing Body and Management			
		, —	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	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.	,l		
b	Enter the number of voting members included in line 1a, above, who are independent 1b	<u>1</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b		8b	Х	
9				
		9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b				
		10b	Х	
11a		11a	X	
b				
12a		12a	X	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14		14	Х	
15	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Join B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent operanization is CEO, Executive Director, or top management official Dither officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77	
а	a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O action B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) b If "Yes," did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. bid the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustess, 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 "Yes," describe in Schedule O how this was done lid the organization have a written whistleblower policy? bid the organization have a written whistleblower policy? bid the organization have a written of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization is CEO, Executive Director, or top management official b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). bid the organization invest in, contribute		X	
b		15b	Х	
16a				v
_		16a		X
b				
Sc.		16b		
		דע מ	VV	Т 7
17				, цА
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallab	ие	
	for public inspection. Indicate how you made these available. Check all that apply. Y Our waste it Y Appth axis waste in School vis Out Out			
40	X Own website X Another's website X Upon request Other (explain in Schedule O)	ـــــــــــــــــــــــــــــــــــــ	ale!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d tinan	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ► TERENCE DOUGHERTY - 212-549-2500			
	125 BROAD STREET, 18TH FLOOR, NEW YORK, NY 10004			
	CEE COUEDITE O FOR FILL LIGH OF CHAMEC	F	000	(0040)

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)	(B)	Ĭ		(()			(D)	(E)	(F)
Name and Title	Average		not c	Pos heck	more	than		Reportable	Reportable	Estimated
	hours per week			ss pe				compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	Individual trustee or director				pa		organization	(W-2/1099-MISC)	from the
	related	stee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		loyee	comp				and related
	below line)	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANGELOS, CLAUDIA	line) 2 • 5 0	흐	Ë	þ	-S	主旨	요			
DIRECTOR	2.50	Х						0.	0.	0.
(2) ARCHER, DEBORAH (FROM 1/1/17)	2.50							•		
DIRECTOR	2.50	x						0.	0.	0.
(3) BUITRAGO, LUZ	2.50							•		•
DIRECTOR	2.50	х						0.	0.	0.
(4) CHEN, RONALD	2.50								-	<u> </u>
DIRECTOR	2.50	Х						0.	0.	0.
(5) CHESTER, ROBERT (THRU 12/31/16)	3.00									
DIRECTOR	3.50	Х						0.	0.	0.
(6) GOODWIN, MICHELE	2.50									
DIRECTOR	3.00	Х						0.	0.	0.
(7) HERMAN, SUSAN	6.50									
DIRECTOR/PRESIDENT	6.50	Х		Х				0.	0.	0.
(8) HERNANDEZ, MARY (FROM 4/1/16)	2.50									
DIRECTOR		Х						0.	0.	0.
(9) HERRON, AUNDRE	3.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(10) KASSAM-REMTULLA, ALY	2.50									
DIRECTOR		Х						0.	0.	0.
(11) LEWIS, M. CALIEN	2.50									
DIRECTOR	5.50	Х						0.	0.	0.
(12) LITMAN, ROSLYN (THRU 10/4/16)	2.50	١		l					•	•
DIRECTOR/GENERAL COUNSEL	2.50	Х		Х				0.	0.	0.
(13) MAHONEY, CARLOS	2.50	,,							0	0
DIRECTOR	2.50	Х						0.	0.	0.
(14) REMAR, ROBERT	3.50	,,		37					0	0
DIRECTOR/VICE PRES/TREASURER/SEC	9.50	Х		Х				0.	0.	0.
(15) TYLER, RONALD	2.50 2.50								0	0
DIRECTOR/GENERAL COUNSEL	2.50	^		Х				0.	0.	0.
(16) GREENWOOD, SCOTT	2.50	-		х				0.	0.	^
GENERAL COUNSEL (17) ANTHONY D. ROMERO	26.00		\vdash	^		-		0.	0.	0.
EXECUTIVE DIRECTOR/CEO	14.00	1		х				0.	490,139.	42,536.
632007 11-11-16	1 14.00			77				0.	470,139 •	Form 990 (2016)

632007 11-11-16

Form **990** (2016)

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Form 990 (2016) FOONDATT	ON, INC.	•							13-0213	Jio Page o
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	rees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer an	ss pe	more rson i	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) TERENCE DOUGHERTY	26.00									
COO/GENERAL COUNSEL/ASST TREAS	14.00			Х				0.	370,042.	43,280.
(19) DOROTHY M. EHRLICH DEPUTY EXECUTIVE DIRECTOR	26.00 14.00			х				0.	413,520.	143,227.
(20) KARIN JOHANSON	6.00									·
NATIONAL POLITICAL DIRECTOR	34.00				Х			0.	323,439.	25,959.
(21) MARK WIER	34.00									
CHIEF DEVELOPMENT OFFICER	6.00				Х			317,392.	0.	36,381.
(22) GERI ROZANSKI	26.00									
DIRECTOR AFFILIATE SUPPORT/ADVOCACY	14.00				Х			323,467.	0.	84,793.
(23) STEVEN SHAPIRO	40.00									
LEGAL DIRECTOR	0.00				Х			465,507.	0.	127,004.
(24) MICHELE MOORE	26.00								_	
DIRECTOR OF COMMUNICATIONS	14.00				Х			333,586.	0.	30,626.
(25) MATTHEW COLES	40.00								_	
DEPUTY LEGAL DIRECTOR	0.00					Х		229,005.	0.	76,975.
(26) LOUISE MELLING	40.00								_	
DEPUTY LEGAL DIRECTOR	0.00					Х		238,556.	0.	43,998.
1b Sub-total									1,597,140.	654,779.
c Total from continuation sheets to Part V								707,145.		138,547.
d Total (add lines 1b and 1c)							<u> </u>		1,797,140.	793,326.
2 Total number of individuals (including but r	not limited to th	ose	liste	ed al	oove	e) wł	no re	eceived more than \$100	0,000 of reportable	101

compensation from the organization

				110
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	Х	
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 3011, PO BOX 123011, DALLAS, TX 75312	DONOR DATABASE	827,109.
BLACKBAUD, INC.		
PO BOX 930256, ATLANTA, GA 31193	DONOR DATABASE	756,132.
MEREDITH CORPORATION, INC.		
PO BOX 731066, DALLAS, TX 75373	MAGAZINE PRODUCTION	626,239.
ROUNDCORNER, INC., 2075 ALLSTON WAY, ST		
202, BERKELEY, CA 94704	DONOR DATABASE	480,751.
THE PUB LLC, 419 PARK AVENUE SOUTH, 3RD		
FLOOR, NEW YORK, NY 10016	BRAND STRATEGY	439,251.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization 25		

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est			
(A)	(B)			(((D)	(E)	(F)
Name and title	Average hours per	(cl		Pos all t		app I	ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (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
(27) JEFFEREY ROBINSON DEPUTY LEGAL DIRECTOR	40.00					x		279,456.	0.	16,283
(28) DENNIS PARKER	40.00									
DIRECTOR, RACIAL JUSTICE PROJECT (29) JUDY RABINOVITZ	40.00	\vdash				Х		220,185.	0.	64,992
DEPUTY IMMIGRANTS' RIGHTS	0.00	L				х		207,504.	0.	57,272
(30) LAURA W. MURPHY FORMER DIR OF ADMIN & FIN/ASST TR	0.00						х	0.	200,000.	0
									,	
	l		ı		<u> </u>	<u> </u>	<u> </u>	707,145.	200,000.	120 547

- Form 990 (20	AMERICAN CIVIL LIBERT FOUNDATION, INC.	IES UNION
Part VIII	Statement of Revenue	
_	Check if Schedule O contains a response or note to any lin	e in this Part VIII
		(A)
		Total revenue

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			<u>.</u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a	8,582,268.				
		Membership dues						
Α,		Fundraising events						
ar,		Related organizations						
ă, E		Government grants (contribut						
Sig		All other contributions, gifts, gran	· —					
je j	-	similar amounts not included above		131,471,377.				
Ö	а	Noncash contributions included in lines		7,969,186.				
and Other Similar Amounts	_	Total. Add lines 1a-1f			140,053,645.			
				Business Code	, ,			
ָ	2 a	LEGAL EXP AWARDED, NET		541100	4,139,323.	4,139,323.		
	b					, ,		
ומש	c							
š	d							
Revenue	e							
<u> </u>	f	All other program service reve	nue					
		Total. Add lines 2a-2f			4,139,323.			
	3	Investment income (including			, ,			
	•	other similar amounts)			5,258,513.			5,258,513
	4	Income from investment of tax			, ,			, ,
	5	Royalties		. –				
	·	noyumos	(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses	_					
		Rental income or (loss)	1,106,258.					
		Net rental income or (loss)			1,106,258.			1,106,258
		Gross amount from sales of	(i) Securities	(ii) Other	_,,			
	, u	assets other than inventory	90,623,985.	'				
	h	Less: cost or other basis	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1				
		and sales expenses	90 197 317					
	c	Gain or (loss)	426 668					
	ď	Net gain or (loss)	,		426,668.			426,668
		Gross income from fundraising						
une	υu	including \$	of					
š		contributions reported on line						
Ř		Part IV, line 18	•					
Other Reven	h	Less: direct expenses						
0		Net income or (loss) from func						
		Gross income from gaming ac						
		Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
İ		Miscellaneous Revenu		Business Code				
ŀ	11 a	PAMPHLET AND BOOK SALES		511120	1,169,918.	1,169,918.		
	b	OTHER INCOME		900099	23,995.	23,995.		
	C				,	,		
		All other revenue						<u> </u>
	u	All Other revenue		L .				
	^	Total. Add lines 11a-11d		▶	1,193,913.			

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respor		ner organizations must co this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	6 502 000	6 702 000		
	and domestic governments. See Part IV, line 21	6,793,882.	6,793,882.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	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,	2,838,648.	1,948,765.	513,254.	376,629
	trustees, and key employees	2,030,040.	1,940,703.	313,234.	370,023
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		27,941,987.	22,631,947.	1,560,353.	3,749,687
7 8	Other salaries and wages Pension plan accruals and contributions (include	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22,001,011	±,500,555•	5,145,001
3	section 401(k) and 403(b) employer contributions	2.895.751	2,460,658.	52,598.	382,495
9	Other employee benefits	4,216,834.		115,121.	540,583
0	Payroll taxes	2,133,607.	1,793,178.	67,973.	272,456
1	Fees for services (non-employees):	2/20/00/0	27.3372.33	0.75.50	2,2,23
' a					
b		193,515.	56,445.	71,785.	65,285
c		160,172.	30,1130	160,172.	00,200
d		200/2/20		200/2/20	
e	B () () () () () () () () () (311,031.			311,031
f	Investment management fees	607,721.	538,167.	25,460.	44,094
g		00.7.220	33372373	23,1001	
9	column (A) amount, list line 11g expenses on Sch 0.)	6,259,206.	5,496,950.	277,454.	484,802
2	Advertising and promotion	844,112.	743,831.	39,336.	60,945
3	Office expenses	1,194,252.	858,769.	59,392.	276,091
4	Information technology	1,297,930.	1,024,936.	107,083.	165,911
5	Royalties				
16	Occupancy	3,094,025.	2,414,108.	400,038.	279,879
7	Travel	1,559,745.	1,248,943.	125,414.	185,388
8	Payments of travel or entertainment expenses	, ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- ,	
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	298,843.	202,376.	60,481.	35,986
0	Interest	196,133.	147,100.	13,729.	35,304
1	Payments to affiliates	,	,	,	·
2	Depreciation, depletion, and amortization	4,039,751.	3,175,471.	273,296.	590,984
3	Insurance	298,557.	263,088.	13,913.	21,556
4	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	SHARED PORTION - CONTR.	41,945,868.	41,945,868.		
b	SPECIAL AFFILIATE SUBSI	5,226,911.	5,226,911.		
c	SHARED PORTION - BEQUES	1,613,404.	1,613,404.		
d	EQUIPMENT RENTAL & MAIN	1,355,615.	857,035.	138,648.	359,932
	All other expenses	3,643,965.	2,470,848.	191,484.	981,633
5	Total functional expenses. Add lines 1 through 24e	120,961,465.		4,266,984.	9,220,671
6	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)				

Part X Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	21,059,344.	1	10,658,698.
	2	Savings and temporary cash investments	4,143,262.	2	24,106,316.
	3	Pledges and grants receivable, net	39,142,992.	3	34,798,054
	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			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ĕ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	192,354.	9	370,297
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 67,031,144.			
	b	Less: accumulated depreciation 10b 37,830,572.		10c	29,200,572
	11	Investments - publicly traded securities	240,314,866.	11	294,448,089
	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	7,582,023.	15	6,792,251
	16	Total assets. Add lines 1 through 15 (must equal line 34)	341,682,167.	16	400,374,277
	17	Accounts payable and accrued expenses	3,698,663.	17	5,758,784
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	14,220,000.	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		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	70 114 717		07 200 545
		Schedule D	78,114,717. 96,033,380.		97,389,545, 103,148,329
	26	Total liabilities. Add lines 17 through 25	90,033,300.	26	103,140,329
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ces		complete lines 27 through 29, and lines 33 and 34.	137,069,113.		184,098,680
an	27	Unrestricted net assets	62,118,802.	27	63,113,241
Fund Balances	28	Temporarily restricted net assets	46,460,872.	28 29	50,014,027
pun	29	Permanently restricted net assets	40,400,072.	29	30,014,027
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
s S	20	and complete lines 30 through 34.		20	
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31 32	
Ne.	32	Retained earnings, endowment, accumulated income, or other funds	245,648,787.	33	297,225,948.
	33	Total lichilities and not seed fund balances	341,682,167.		400,374,277.
	34	Total liabilities and net assets/fund balances	J#I,004,10/•	34	Form 990 (2016

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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)	1				20.		
2	Total expenses (must equal Part IX, column (A), line 25)	2				65.		
3	Revenue less expenses. Subtract line 2 from line 1	3				355.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				87.		
5	5 Net unrealized gains (losses) on investments 5 17							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B)) 10 297							
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 O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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?			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 th	e audit	,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si							
	Act and OMB Circular A-133?	-		За		Х		
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b				
				Form	990	(2016)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

| Part | | Passon for Public Charity Status (All preprintings must complete this part) See instructions

Pa	rτι	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	ee instructions.					
he	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)						
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(ii	ii).					
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:										
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	oed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6	Щ	A federal, state, or local government	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (C	section 170(b)(1)(A)(vi). (Complete Part II.)									
8	Щ	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	i II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	,, and state of the collec	je or				
		university:										
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from				
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment				
		income and unrelated busing		(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11	Н	An organization organized a	•	*	-							
12		An organization organized a	=	•	•		· · · · · · · · · · · · · · · · · · ·					
		more publicly supported or						Check the box in				
		lines 12a through 12d that										
а			· · · · · · · · · · · · · · · · · · ·	•	•							
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting				
		organization. You must o										
b												
		control or management o			ame perso	ons that co	ontrol or manage the sup	oported				
		organization(s). You mus										
С								ed with,				
		its supported organization		•								
d		☐ Type III non-functionally						. ,				
		that is not functionally int	-		•		=	riveness				
		requirement (see instruct										
е		Check this box if the orga					ı rype i, rype ii, rype iii					
	Ente	functionally integrated, or		nally integrated support	ng organi.	zation.						
		er the number of supported of the contraction of the following information of the contraction of the contrac	•	od organization(s)								
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)				
				above (see instructions))								
ota	ıl											

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		·	,			
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(-,/	(-)	(-,	(-)	(-,	(4)
	membership fees received. (Do not						
	include any "unusual grants.")	52,043,425.	55,588,295.	78,890,183.	89,472,041.	140,053,645.	416,047,589.
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	52,043,425.	55,588,295.	78,890,183.	89,472,041.	140,053,645.	416,047,589.
	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)						14,107,123.
6	Public support. Subtract line 5 from line 4.						401,940,466.
	ction B. Total Support						, , ,
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	52,043,425.	55,588,295.	78,890,183.	89,472,041.	140,053,645.	416,047,589.
	Gross income from interest,	, ,		, ,	. ,		
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	7,325,387.	7,701,986.	7,082,198.	6,163,920.	6,364,771.	34,638,262.
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.)	99,900.	97,210.	25,443.	95,622.	1,193,913.	1,512,088.
11	Total support. Add lines 7 through 10		- ,	,		, , ,	452,197,939.
12		etc. (see instruction	ons)			12 40	,783,881.
	First five years. If the Form 990 is for	•	,				· · · · · · · · · · · · · · · · · · ·
	organization, check this box and stop				-		
Sec	ction C. Computation of Publi						,
14	Public support percentage for 2016 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	88.89 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	85.62 %
	33 1/3% support test - 2016. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ation			>
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	_					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 1 <mark>7</mark> b	, check this box a	and see instruction	s ▶ 🗌
					Sche	edule A (Form 990	or 990-EZ) 2016

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.)

Sec	ction A. Public Support	elow, piease con	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	,		, ,	, ,		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
1	Tax revenues levied for the organ-						
4	•						
	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						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						•
	ndar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	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						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization	's first second this	d fourth or fifth t	av voar as a soct	ion 501(c)(3) organi	zation
'-		ū			•		· •
Sec	etion C. Computation of Publi						
	Public support percentage for 2016 (li			column (f))		15	9/
						16	9/
	Public support percentage from 2015 ction D. Computation of Inves					10	7
	•					17	0.
	Investment income percentage for 20					 	9
	Investment income percentage from 2					18	17 is not
198	33 1/3% support tests - 2016. If the	-					
_	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2015. If the	· ·			·	•	
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	a box on line 14. 19	a. or 19b. check t	his box and see i	nstructions	▶∟_

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.)

1		Yes	No
	1		
	1		
	2		
	_		
	За		
	3b		
	3с		
	4a		
	4b		
	40		
	4c		
	5a		
	5b		
	5c		
	6		
	_		
	7		
	8		
	0		
	9a		
	9b		
	9с		
	10a		
	10b		
ո 9	90 or 99	30-EZ	2016

Par	t IV	Supporting Organizations (continued)			
		- (************************************		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son 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 fami	ily member of a person described in (a) above?	11b		
С	A 35%	controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did the	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	zations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
		1		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
	D: 1 !!			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
_	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	•	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•		
_	•	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described in (2), did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
' a		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 insti	ructions)_	
2		ies Test. Answer (a) and (b) below.		Yes	No
		ibstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did the	e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3	Parent	t of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in Part VI.	За		
b	Did the	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its s	supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust c	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete	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-functional	ly integr	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Pai	rt V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)						
Sect	ion D	- Distributions		(Current Year					
1	Amou	unts paid to supported organizations to accomplish exe	mpt purposes							
2	Amou	unts paid to perform activity that directly furthers exemp	ot purposes of supported							
	orgar	nizations, in excess of income from activity								
3	Admi	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns						
4	Amou	unts paid to acquire exempt-use assets								
5	Quali	fied set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions									
7	Total	l annual distributions. Add lines 1 through 6								
8	Distributions to attentive supported organizations to which the organization is responsive									
	(prov	ide details in Part VI). See instructions								
9	Distri	butable amount for 2016 from Section C, line 6								
10	Line	8 amount divided by Line 9 amount								
			(i)	(ii)	(iii)					
Soct	ion E	Distribution Allocations (see instructions)	Underdistributions Pre-2016	Distributable Amount for 2016						
<u> </u>	1011 E	- Distribution Allocations (see instructions)		P16-2010	Amount for 2010					
1	Distri	butable amount for 2016 from Section C, line 6								
2	Unde	erdistributions, if any, for years prior to 2016 (reason-								
	able (cause required- explain in Part VI). See instructions								
3	Exce	ss distributions carryover, if any, to 2016:								
а										
b										
c	From									
d	From									
e	From									
f	Total	of lines 3a through e								
<u>g</u>	Appli	ed to underdistributions of prior years								
h		ed to 2016 distributable amount								
<u>i</u>		vover from 2011 not applied (see instructions)								
<u>j</u>	Rema	ainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distri	butions for 2016 from Section D,								
	line 7	' : \$								
		ed to underdistributions of prior years								
		ed to 2016 distributable amount								
c		ainder. Subtract lines 4a and 4b from 4								
5		aining underdistributions for years prior to 2016, if Subtract lines 3g and 4a from line 2. For result greater								
	-									
		zero, explain in Part VI. See instructions aining underdistributions for 2016. Subtract lines 3h								
6										
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions 7. Evene distributions corresponds 2017, Add lines 3i									
7		ess distributions carryover to 2017. Add lines 3j								
	and 4									
		kdown of line 7:								
a		on from 2012								
		ss from 2013								
		ss from 2014 ss from 2015								
		ss from 2016								
~	上入して:	33 HVIII EU IU								

Schedule A (Form 990 or 990-EZ) 2016

AMERICAN CIVIL LIBERTIES UNION

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC.

13-621<u>3516 Page 8</u>

Part VI	Part line Sect	IV, Se 1; Par tion D	ection A, li t IV, Sectio	nes 1, on D, li	2, 3b, 3 nes 2 a	3c, 41 and 3	b, 4c, 5 ; Part I\	a, 6, 9 √, Sec	9a, 9b, 9 tion E, I	ic, 11a, 1 ines 1c, 1	l 1b, ai 2a, 2b	nd 11 o, 3a,	c; Part IV, S and 3b; Part	art II, line 17a o ection B, lines V, line 1; Part t for any additi	1 and 2; V, Section	Part IV, Se on B, line 1	ction C,
SCHEDU	LE	Α,	PART	II,	LI	NE	10,	EX	PLAN	IATIO	N F	OR	OTHER	INCOME	•		
PAMPHL	ET	ANI	о воог	K SA	LES	&	ОТН	ER	MISC	. IN	COM	ſΕ					

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047 **2016**

Name of the organization

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Employer identification number

13-6213516

Organiz	ation type (check or	те).											
Filers of	f:	Section:											
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization											
		4947(a)(1) nonexempt charitable trust not treated as a private foundation											
		527 political organization											
Form 990-PF		501(c)(3) exempt private foundation											
		4947(a)(1) nonexempt charitable trust treated as a private foundation											
		501(c)(3) taxable private foundation											
Note: O	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.											
General	Rule												
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.											
Special	Rules												
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.											
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.											
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year											
but it m	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization
AMERICAN CIVIL LIBERTIES UNION
FOUNDATION, INC.

Employer identification number

13-6213516

Parti	Contributors (See instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		s3,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

AMERICAN CIVIL LIBERTIES UNION
FOUNDATION, INC.

Employer identification number

13-6213516

Part II	Noncash Property (See instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - _ \$	

Name of organization

AMERICAN CIVIL LIBERTIES UNION
FOUNDATION, INC.

Employer identification number

13-6213516

Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of	ributions to organizations d	escribed in section	on 501(c)(7), (8), or (10) that total more than \$1,000 for		
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions o	f \$1,000 or less for the	ne year. (Enter this info. once.)		
	Use duplicate copies of Part III if addition			,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held		
		(e) Transfo	er of gift			
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held		
-		(e) Transfe	er of aift			
		.,	-			
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee		
(a) Na	-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held		
		(e) Transfe	er oτ gιπ			
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee		
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held		
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee		

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016

Open to Public Inspection

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) organiza				
Nan	ne of organization AMERICA	N CIVIL LIBERTIES	SUNION	Em	ployer identification number
		ION, INC.			13-6213516
Pa	irt I-A Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 527	organization.
	•				
1	Provide a description of the organiz	zation's direct and indirect politica	al campaign activities in	n Part IV.	
2	Political campaign activity expendit	tures	. •	>	\$
	Volunteer hours for political campa				
	·				
	•	ganization is exempt unde	. , ,	•	
1	Enter the amount of any excise tax	incurred by the organization under	er section 4955	>	\$
	Enter the amount of any excise tax				
	If the organization incurred a section				
4a	Was a correction made?				Yes No
_ b	If "Yes," describe in Part IV.		50.1/ \		47. 1/0
Pa	rt I-C Complete if the org	ganization is exempt unde	er section 501(c),	except section 50	1(c)(3).
1	Enter the amount directly expended	d by the filing organization for sec	tion 527 exempt funct	ion activities	\$
2	Enter the amount of the filing organ	nization's funds contributed to oth	er organizations for se	ection 527	
	exempt function activities			>	\$
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL,		
	line 17b			>	\$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and er	mployer identification number (EIN	N) of all section 527 po	litical organizations to wh	ich the filing organization
	made payments. For each organiza	•	0 0		·
	contributions received that were pr			•	rate segregated fund or a
	political action committee (PAC). If	additional space is needed, provi	de information in Part	IV.	<u> </u>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	1 . ,
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				lunus. Il none, enter -o	delivered to a separate
					political organization.
					If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

	dule C (Form 990 or 990-EZ) 2016	FOUNDATION,	INC.		13-6	213516 Page 2
Par	t II-A Complete if the org	janization is exe	mpt under section	n 501(c)(3) and fil	ed Form 5768 (el	ection under
	section 501(h)).					
A Ch	neck 🕨 📖 if the filing organiza	tion belongs to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and shar	re of excess lobbying	expenditures).			
B Ch	neck 🕨 📖 if the filing organiza	tion checked box A a	nd "limited control" pro	visions apply.		
		ts on Lobbying Expe ditures" means amou	nditures ınts paid or incurred.))	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	uence public opinion (grass roots lobbying)		204,164.	
	Total lobbying expenditures to influ				384,903.	
	Total lobbying expenditures (add li	-			589,067.	
	Other exempt purpose expenditure				120,009,521.	
е	Total exempt purpose expenditure				120,598,588.	
	Lobbying nontaxable amount. Enter				1,000,000.	
	If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:		
	Not over \$500,000	20% of	the amount on line 1e.			
	Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
[Over \$1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,	,000,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
	Over \$17,000,000	\$1,000,	000.			
g	Grassroots nontaxable amount (en	nter 25% of line 1f)			250,000.	
h	Subtract line 1g from line 1a. If zer	o or less, enter -0			0.	
i	Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
j	If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	ation file Form 4720	_	
	reporting section 4911 tax for this	year?			L	Yes No
	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 Expe	nditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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	643,087.	938,272.	970,272.	589,067.	3,140,698.			
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	55,429.	43,880.	180,294.	204,164.	483,767.			

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 FOUNDATION, INC. 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)		(k))
	e lobbying activity.	Yes	No	Amo	ount
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)

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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Employer identification number 13-6213516

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(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		
	impermissible private benefit?		Yes No
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	Preservation of a cert	tified 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	riodic monitoring, inspection, handling of	
	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	0(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 or	f Art, Historical Treasures, or C	other 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 state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	ance 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, ed	ducation, or research in furtherance of pu	iblic 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		<u> </u>
	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.

Schedule D (Form 990) 2016

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Otl	ner Simi	lar Asse	ts (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant	use of its	collection	items
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
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 t	he organization's ex	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o						7	
D-1	to be sold to raise funds rather than to be ma						Yes	No_
Pai	reported an amount on Form 990, Par	-	te if the organizatio	n answered "Yes" o	on Form 99	00, Part IV,	line 9, or	
	Is the organization an agent, trustee, custodi		iary for contribution	ns or other assets n	ot included	<u> </u>		
	on Form 990, Part X?		•				Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							
	, 1	•	3				Amount	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f								
2a	Did the organization include an amount on Fo					·	Yes	□ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part X	III			
Pai	rt V Endowment Funds. Complete in	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line	e 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance	57,840,537.	59,907,150.	57,852,676	. 55,	791,742.	53,	021,155.
b	Contributions	4,455,829.	3,352,705.	1,343,481		196,460.		211,920.
	Net investment earnings, gains, and losses	7,267,113.	-3,186,663.	2,960,685	. 3,	861,857.	4,	206,754.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	70,000.	2,232,655.	2,249,692	. 1,	997,383.	1,	648,087.
f	Administrative expenses							
g	End of year balance	69,493,479.	57,840,537.	59,907,150	. 57,	852,676.	55,	791,742.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	a)) held as:				
	Board designated or quasi-endowment		_%					
	Permanent endowment ► 71.83	%						
С	Temporarily restricted endowment ▶ 2	8.17 <u>%</u>						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organ	ization	_	
	by:							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations							X
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	1	 					
	Description of property	(a) Cost or ot basis (investm			Accumulat epreciation		(d) Book	value
10	Land	,	· ·	5,713.	-p. 55141101		4.925	,713.
	Land				485,6			,410.
	Buildings Leasehold improvements		1,,55	_,			3,000	,
	Equipment		4.58	8,073. 3,	513,7	08.	1,074	,365.
	Other				831,2			,084.
	I. Add lines 1a through 1e. (Column (d) must e				,-			,572.
. 5.0		coo, r art	., 30.a (D), iiilo 1	/			, •	,

Joincadic D	(1 01111 000) 2010	
Part VII	Investments	- Other Securities.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: 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)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11c. See Form 990, Part X	(, line 13.
(a) Description of investment	(b) Book value		on: 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" o	n Form 990, Part IV, line	e 11d. See Form 990, Part X	(, line 15.
	escription	•	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	,		
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11e or 11f. See Form 990.	Part X, line 25.
(a) Description of liability	,	(b) Book value	
(1) Federal income taxes			
(1) FOREITH TAMEDECH LIADITIES		14 024 675	

DUE TO RELATED PARTY (ACLU -9,844,882. 501(C)(4)) (5) BILL OF RIGHTS TRUST HELD FOR (6) AFFILIATES 30,210,580.

32,116,572. DUE TO AFFILIATES DUE TO THE ACLU - ALLOCATED SHARE 10,282,836. OF PENSION LIABILITY

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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) 2016

97,389,545.

		AMERICAN CIVIL LIBERTIES	UNION	T	1 2	6012516	
		(Form 990) 2016 FOUNDATION, INC.		CH. D		6213516	Page
Par	t XI	Reconciliation of Revenue per Audited Financial Staten		ith Revenue per H	etur	n.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			171 711	2 5 0
1		revenue, gains, and other support per audited financial statements			1	174,741	, 336
2		nts included on line 1 but not on Form 990, Part VIII, line 12:	1	10 F00 AF0			
а		nrealized gains (losses) on investments		2,202,732.			
b		ed services and use of facilities		2,202,732.			
С		reries of prior year grants					
d	Other	(Describe in Part XIII.)	2d	2,782,849.			
е	Add li	nes 2a through 2d			2e	22,563	
3		act line 2e from line 1			3	152,178	<u>,320</u>
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Inves	ment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other	(Describe in Part XIII.)	4b				
С	Add li	nes 4a and 4b			4c		0
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	152,178	,320
Pai	t XII	Reconciliation of Expenses per Audited Financial State	ments \	With Expenses per	Retu	urn.	
•		, Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total	expenses and losses per audited financial statements			1	123,164	,197
2		nts included on line 1 but not on Form 990, Part IX, line 25:					
– a		ed services and use of facilities	2a	2,202,732.			
b		/ear adjustments		, , ,			
c					-		
d		losses (Describe in Part XIII.)					
			-		2e	2,202	732
_						120,961	
3					-	120,501	, 105
4		nts included on Form 990, Part IX, line 25, but not on line 1:	ء ا	I			
		ment expenses not included on Form 990, Part VIII, line 7b					
		(Describe in Part XIII.)	4b		_	1	0
_		nes 4a and 4b			4c	120 061	465
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	120,961	,400
		Supplemental Information.					
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			4; Par	t X, line 2; Part	XI,
PAF	RT V	, LINE 4:					
THE	E PU	RPOSE OF THE ENDOWMENT FUND IS TO BUI	LD AN	ENDURING EN	DOW	MENT TO	
CAI	RRY	OUT THE WORK OF THE ACLU AND ITS AFFI	LIATE	S IN PROTECT	ING	} ,	
PRI	ESER	VING AND EXPANDING THE CIVIL LIBERTIE	S OF	ALL PERSONS	IN	THE UNI	TED
STZ	ATES	OF AMERICA.					
PAI	RT X	, LINE 2:					
тні	z ac	LU FOUNDATION IS EXEMPT FROM INCOME T	AXES	UNDER SECTIO	N 5	01(C)(3) OF

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 2013
WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -1,352,270
RECOGNITION OF AFFILIATES' SHARE OF PENSION LIABILITY 4,135,119
TOTAL TO SCHEDULE D, PART XI, LINE 2D 2,782,849

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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.

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

2016

Open to Public Inspection

Name of the organization

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Employer identification number 13-6213516

Part I Fundraising Activities required to complete this par	• Complete if the organization answet.	red "Y	es" or	n Form 990, Part IV,	ine 17. Form 990-EZ	I filers are not		
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includer	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or X Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have co or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
D'BRIEN GARRETT (FORMERLY DMP) - 1133 19TH ST, NW,	TELEMARKETING	Yes	No X	47,362,770.	214,290.	47,148,480.		
DCM INC - 330 W 38TH STREET, SUITE 207, NEW YORK, NY DSG, LLC - 6715 SUNSET BLVD,	TELEMARKETING		Х	215,280.	87,047.	128,233.		
LOS ANGELES, CA 90028	TELEMARKETING		Х	11,900.	9,694.	2,206.		
Total List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	47,589,950. s or has been notified	311,031.	47,278,919. egistration		
AK, AL, AR, AZ, CA, CO, CT, NM, NY, OH, OK, OR, PA, RI,				MD,ME,MI,M	N,MO,MS,NC	,ND,NH,NJ		

632081 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

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

SEE PART IV FOR CONTINUATIONS

		le G (Form 990 or 990-EZ) 2016 FOUNDAT	ION, INC.		13-	6213516 Page 2
Pa	rt I					
		of fundraising event contributions and gr	oss income on Form 990 (a) Event #1	(b) Event #2	(c) Other events	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(C) Other events	(d) Total events
						(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nne			71 7	71 /	,	
Revenue	1	Gross receipts				
ш						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
		Ocale micros				
	4	Cash prizes				
	5	Noncash prizes				
es		Trendadii piilee				
ens	6	Rent/facility costs				
Exp						
Direct Expenses	7	Food and beverages				
ä						
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				
Pa						
		\$15,000 on Form 990-EZ, line 6a.				
е			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			., ,	bingo/progressive bingo	., .	col. (a) through col. (c))
Re						
	1	Gross revenue				_
	2	Cash prizes				
JSe	_					
Expenses	3	Noncash prizes				
ct E						
Direc	4	Rent/facility costs				ļ
	_	.				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
		Volumes labor				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		_	
_	_	hough a shake (a) to substate the				
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a	_	states?		Yes No
		ne organization licensed to conduct gaming at No," explain:		ວເຜເ ບ ວ :		. Les LINO
	••					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	If "	Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2016

632082 09-12-16

AMERICAN CIVIL LIBERTIES UNION

Schedule G (Form 990 or 990-EZ) 2016 FOUNDATION, INC.	-6213516 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	1 1
a The organization's facility	
b An outside facility	13b 9
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶	
Address	
15a Does the organization have a 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 ▶ \$	
Description of services provided ▶	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 	е
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	ERS.
DOMEDOLL OF TIME 17 LINE 127 LIST OF THE MICHEST THE TOMBER	
(I) NAME OF FUNDRAISER: O'BRIEN GARRETT (FORMERLY OMP)	
(1) Hall of Londing Control (Londing Control)	
(I) ADDRESS OF FUNDRAISER:	
1133 19TH ST, NW, SUITE 300, WASHINGTON, DC 20036	
(I) NAME OF FUNDRAISER: DCM INC	
(I) ADDRESS OF FUNDRAISER:	
330 W 38TH STREET, SUITE 207, NEW YORK, NY 10018	

AMERICAN CIVIL LIBERTIES UNION

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)		.
. a.c.iv	саррюнена ньо	(continued)		
-				
-				
-				
-				
_				
•				
-				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

AMERICAN CIVIL LIBERTIES UNION

OMB No. 1545-0047 **2016**

Open to Public Inspection

Employer identification number

FOUNDATIO	N, INC.						13-6213516
Part I General Information on Grants a	ınd Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro 	stance?					sistance, and the selec	
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Part	: IV, line 21, for any
recipient that received more than	\$5,000. Part II cai	n be duplicated if addi	tional 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
ACLUF OF ARIZONA							
P.O. BOX 17148							
PHOENIX, AZ 85011	23-7238580	501(C)(3)	331,442.	0.			AFFILIATE PROGRAM
ACLUF OF DELAWARE 100 W 10TH STREET, SUITE 603	E1 00000EC	F01/(0)/(2)	25 000	0			A HILL LAWE DROGDAY
WILMINGTON, DE 19801	51-0220856	501(C)(3)	25,000.	0.			AFFILIATE PROGRAM
ACLU OF DELAWARE 101 W 10TH STREET, SUITE 603 WILMINGTON, DE 19801	51-0240032	501(C)(4)	35,000.	0.			AFFILIATE PROGRAM LOBBYING ACTIVITIES INC IN 501H ELECTION
ACLU OF FLORIDA 4500 BISCAYNE BLVD., STE. 340 MIAMI, FL 33137	59-0883831	501(C)(4)	12,500.	0.			AFFILIATE PROGRAM LOBBYING ACTIVITIES INC IN 501H ELECTION
ACLUF OF GEORGIA 1900 THE EXCHANGE, ROOM 425 ATLANTA, GA 30339	23-7115937	501(C)(3)	291,472.	0.			AFFILIATE PROGRAM
ACLUF OF MONTANA P.O. BOX 1317							
HELENA, MT 59624	81-0445339	501(C)(3)	792,191.	0.			AFFILIATE PROGRAM
 Enter total number of section 501(c)(3) a Enter total number of other organization 	-	-					

(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 PENNSYLVANIA							
P.O. BOX 40008							
PHILADELPHIA, PA 19106	23-1742013	501(C)(3)	50,000.	0.			AFFILIATE PROGRAM
ACLUF OF SOUTHERN CALIFORNIA							
1313 W. 8TH STREET, STE 200							
LOS ANGELES, CA 90017	95-2673361	501(C)(3)	1,531,082.	0.			AFFILIATE PROGRAM
ACLUF OF TEXAS							
P.O. BOX 8306							
HOUSTON, TX 77288	76-0343171	501(C)(3)	3,100.	0.			AFFILIATE PROGRAM
ACLU OF TEXAS							AFFILIATE PROGRAM
P.O. BOX 8306							LOBBYING ACTIVITIES IN
HOUSTON, TX 77288	76-0343140	501(C)(4)	30,000.	0.			IN 501H ELECTION
ACLU OF WEST VIRGINIA							AFETITAME DDOCDAM
P.O. BOX 3952							AFFILIATE PROGRAM LOBBYING ACTIVITIES IN
CHARLESTON, WV 25339	23-7095474	501(C)(4)	29,000.	0.			IN 501H ELECTION
ACLUF OF ALABAMA							
900 S. PERRY STREET, SUITE B	60 0000000	504 (5) (2)	45.000				
MONTGOMERY, AL 36104	63-0883872	501(C)(3)	15,000.	0.			AFFILIATE PROGRAM
ACLUF OF COLORADO							
303 EAST 17TH AVENUE, ROOM 350							
DENVER, CO 80203	23-7028224	501(C)(3)	481,640.	0.			AFFILIATE PROGRAM
ACLUF OF IDAHO							
P.O. BOX 1897							
BOISE, ID 83701	82-0467428	501(C)(3)	46,000.	0.			AFFILIATE PROGRAM
ACLUF OF INDIANA							
1031 E. WASHINGTON STREET							
INDIANOPOLIS, IN 46202-3952	23-7398358	501(C)(3)	30,000.	0.			AFFILIATE PROGRAM

Schedule I (Form 990)

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.) (c) IRC section (f) Method of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) ACLUF OF KANSAS 3601 MAIN STREET KANSAS CITY, MO 64111 43-0926406 501(C)(3) 60,000 0 AFFILIATE PROGRAM ACLUF OF KENTUCKY 315 GUTHRIE STREET, SUITE 300 LOUISVILLE, KY 40202-3820 61-6058569 501(C)(3) 600 0 AFFILIATE PROGRAM ACLUF OF MARYLAND 3600 CLIPER RD, SUITE 350 BALTIMORE, MD 21211 23-7209538 501(C)(3) 15,000 0 AFFILIATE PROGRAM ACLUF OF MISSISSIPPI P.O. BOX 2242 JACKSON, MS 39225 64-0694013 501(C)(3) 493,792 0 AFFILIATE PROGRAM ACLUF OF MISSOURI 454 WHITTIER STREET ST. LOUIS, MO 63108 43-6070952 501(C)(3) 0 AFFILIATE PROGRAM 568,366, ACLUF OF NEBRASKA 134 SOUTH 13TH STREET, SUITE 1010 LINCOLN, NE 68508 23-7259984 501(C)(3) 0 AFFILIATE PROGRAM 10,000. ACLUF OF NEW MEXICO PO BOX 566 ALBUQUERQUE, NM 87103 85-0275276 501(C)(3) 1 092 927 0 AFFILIATE PROGRAM ACLUF OF OHIO 4506 CHESTER AVE. 23-7137105 501(C)(3) CLEVELAND, OH 44103 100,000. 0 AFFILIATE PROGRAM ACLUF OF OREGON PO BOX 40585 PORTLAND, OR 97240 23-7048829 501(C)(3) 110,000 0 AFFILIATE PROGRAM

(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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
ACLUF OF SOUTH CAROLINA							
40 CALHOUN ST., SUITE 210							
CHARLESTON, SC 29401	27-1942832	501(C)(3)	75,000.	0.			AFFILIATE PROGRAM
CHRISTON, De 23101	2, 1, 12, 12, 0, 2	501(0)(3)	75,000.	•••			INTIBINITE INCOME
ACLUF OF TENNESSEE							
P.O. BOX 120160							
NASHVILLE, TN 37212	62-0988329	501(C)(3)	334,637.	0.			AFFILIATE PROGRAM
ACLUF OF UTAH							
355 NORTH 300 WEST							
SALT LAKE CITY, UT 84103	87-0439810	501(C)(3)	30,000.	0.			AFFILIATE PROGRAM
ACLUF OF VIRGINIA							
701 E. FRANKLIN STREET, ROOM 1412							
RICHMOND, VA 23219	52-1283242	501(C)(3)	50,000.	0.			AFFILIATE PROGRAM
RICHMOND, VA 23219	32-1203242	501(0)(3)	30,000.	0.			AFFIDIATE FROGRAM
ACLUF OF WASHINGTON							
901 5TH AVE., SUITE 630							
SEATTLE, WA 98164	23-7076867	501(C)(3)	54,633.	0.			AFFILIATE PROGRAM
,			, -				
ACLUF OF WISCONSIN							
207 E. BUFFALO ST, STE. 325							
MILWAUKEE, WI 53202	23-7052345	501(C)(3)	20,000.	0.			AFFILIATE PROGRAM
RODGER BALDWIN FOUNDATION OF ACLU							
180 NORTH MICHIGAN AVE., SUITE 2300)						
CHICAGO, IL 60601	36-2682569	501(C)(3)	500.	0.			AFFILIATE PROGRAM
HUMAN RIGHTS FIRST							
805 15TH STREET NW, SUITE 500							
WASHINGTON, DC 20005	13-3116646	501(C)(3)	25,000.	0.			MEDAL OF LIBERTY AWAR
TAXPAYERS FOR SENTENCING REFORM							BALLOT INITIATIVE -
5 3RD STREET, SUITE 724							LOBBYING ACTIVITIES 1
SAN FRANCISCO, CA 94103	47-5053989	501 (C) (A)	50,000.	0.			IN 501H ELECTION
DAM ENAMCIBOO, CA 34103	±1-3033363	Por(C)(4)	50,000.	0.			TH 201H EDECITOR

Schedule I (Form 990)

(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 assistance
art IV Supplemental Information. Provide the information re	equired in Part I, lin	ie 2; Part III, columr	n (b); and any other a	dditional information.	
ART I, LINE 2:					
HE ACLU HAS ESTABLISHED PROCEDUR	ES FOR TH	E RELEASE	OF GRANTS,	AS WELL AS	
OR MONITORING OF OUTCOMES, TO DE	TERMINE W	HETHER THE	E GOALS OF	A PARTICULAR	
RANT AWARD HAVE BEEN MET. WHILE	THE PRIM	ARY GRANTM	MAKING THE	ORGANIZATION	
DES IS TO ITS AFFILIATES, THE OR	GANIZATIO	N ALSO MAR	KES GRANTS	TO OTHER	
RGANIZATIONS WHEN IT DETERMINES	THAT DOIN	G SO WILL	BE IN THE	FURTHERANCE	
F ITS MISSION. GRANT AWARDS ARE	CONFIRME	D IN WRITI	ING AND SUP	PORTED BY A	
RITTEN AGREEMENT THAT SPECIFIES					
JTCOMES TO BE ACHIEVED, AND, IF			·		

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

OMB No. 1545-0047

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Inspection **Employer identification number** 13-6213516

	·		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			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed 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	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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		Х
b	Any related organization?	5b		Х
	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		Х
	Any related organization?	6b		Х
	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		Х
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		Х
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.

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	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title	Ī	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(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)	481,804.	0.	8,335.	20,603.	21,933.	532,675.	0.
(2) TERENCE DOUGHERTY	(i)	0.	0.	0.	0.	0.	0.	0.
COO/GENERAL COUNSEL/ASST TREAS	(ii)	355,930.	0.	14,112.	15,782.	27,498.	413,322.	0.
(3) DOROTHY M. EHRLICH	(i)	0.	0.	0.	0.	0.	0.	0.
DEPUTY EXECUTIVE DIRECTOR	(ii)	404,028.	0.	9,492.	113,945.	29,282.	556,747.	0.
(4) KARIN JOHANSON	(i)	0.	0.	0.	0.	0.	0.	0.
NATIONAL POLITICAL DIRECTOR	(ii)	322,400.	0.	1,039.	9,033.	16,926.	349,398.	0.
(5) MARK WIER	(i)	322,400.	0.	-5,008.	13,700.	22,681.	353,773.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GERI ROZANSKI	(i)	324,398.	0.	-931.	53,398.	31,395.	408,260.	0.
DIRECTOR AFFILIATE SUPPORT/ADVOCACY	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) STEVEN SHAPIRO	(i)	446,000.	0.	19,507.	100,883.	26,121.	592,511.	0.
LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICHELE MOORE	(i)	322,400.	0.	11,186.	13,700.	16,926.	364,212.	0.
DIRECTOR OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MATTHEW COLES	(i)	229,167.	0.	-162.	51,600.	25,375.	305,980.	0.
DEPUTY LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LOUISE MELLING	(i)	243,100.	0.	-4,544.	26,424.	17,574.	282,554.	0.
DEPUTY LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JEFFEREY ROBINSON	(i)	276,833.	0.	2,623.	14,884.	1,399.	295,739.	0.
DEPUTY LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DENNIS PARKER	(i)	225,783.	0.	-5,598.	34,745.	30,247.	285,177.	0.
DIRECTOR, RACIAL JUSTICE PROJECT	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JUDY RABINOVITZ	(i)	211,716.	0.	-4,212.	39,705.	17,567.	264,776.	0.
DEPUTY IMMIGRANTS' RIGHTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) LAURA W. MURPHY	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER DIR OF ADMIN & FIN/ASST TR	(ii)	0.	0.	200,000.	0.	0.	200,000.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 4A:

ONE INDIVIDUAL RECEIVED SEVERANCE PAYMENTS; THE AMOUNTS ARE REPORTED ON

SCHEDULE J. DUE TO CONFIDENTIALITY CONCERNS, THE NAME OF THE INDIVIDUAL IS

NOT DISCLOSED. THE DETAILED INFORMATION IS AVAILABLE TO THE IRS UPON

REQUEST.

FORM 990, SCHEDULE J

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

BONUS PAYMENTS (THERE WERE NONE IN 2016) 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

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.
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

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047

2016

Open To Public Inspection

Name of the organization

AMERICAN CIVIL LIBERTIES UNION

Employer identification number

F	OUNDATIC	ON, INC.						13	-62	135	16				
			01(c)(3	3), sect	ion 501(c)(4), and 50)1(c)	(29) organization	ns only	y).						
					art IV, line 25a or 25l					Ob.					
1	(b)	Relationship bet			lified						(d)	(d) Corrected?			
(a) Name of disqualified p	erson	person and o	(0) De	escription of tran	isactio	on		Y	No					
2 Enter the amount of tax is	ncurred by the	organization mar	nagers	or disc	qualified persons du	ring	the year under								
section 4958									▶ \$						
3 Enter the amount of tax,	if any, on line 2	, above, reimburs	sed by	the or	ganization				> \$						
David III I aana da ana	1/au -	towastad Day													
Part II Loans to and															
•	•				, Part V, line 38a or l	Forn	n 990, Part IV, lir	ne 26;	or if th	ne orga	anizati	on			
reported an amo			6, or 2	2. can to or						/h\ An	nroved	es 14	/_:		
(a) Name of interested person	(b) Relationship with organization		fror	m the	(e) Original principal amount	(f) Balance due) In ault?	(h) Ap by bo	ard or	agree	ritten ment?		
interested person	With organization	- Or loan		ization?	principal arrioditi					comm		-			
		+	То	From				Yes	No	Yes	No	Yes	No		
		-	-												
		+	-												
		+											_		
		+	+												
		+											 		
		†													
													<u> </u>		
Total					> \$										
Part III Grants or As	sistance Be	nefiting Inte	reste	d Pe	rsons.										
Complete if the c	organization ans	wered "Yes" on	Form	990, Pa	art IV, line 27.										
(a) Name of interested p		(b) Relationship			(c) Amount of		(d) Type	of		(e) Purp	ose o	f		
		interested pers		nd	assistance		assistan	ce			assist	ance			
		the organiz	ation												
		-													
									\perp						
	1						1								

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

Schedule L (Form 990 or 990-EZ) 2016

	. (FOIII 990 OF 990-EZ) 2010 1 CONDITI 1 CIT, 111C .
Part IV	Business Transactions Involving Interested Persons.

Complete if the organization answered (a) Name of interested person	(b) Relationship be person and the	etween inter	ested	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
						Yes	No	
GARY D. SOWARDS	SPOUSE OF	AN OFF	ICE	241,380.	PAYMENT FOR		Х	
Part V Supplemental Information Provide additional information for response	onses to guestions of	n Schedule	l (see	instructions)				
SCH L, PART IV, BUSINESS T					ED PERSONS:			
(A) NAME OF PERSON: GARY D	. SOWARDS							
(B) RELATIONSHIP BETWEEN I	NTERESTED	PERSON	AN	D ORGANIZAT	CION:			
SPOUSE OF AN OFFICER/KEY E	MPLOYEE							
(C) AMOUNT OF TRANSACTION	\$ 241,380.							
(D) DESCRIPTION OF TRANSAC	TION: PAYM	ENT FO	R L	EGAL SERVIC	EES			
(E) SHARING OF ORGANIZATIO	N REVENUES	3? = NC)					
PART IV								
DURING FISCAL YEAR 2017 GA	RY D. SOWA	RDS, I	HE	SPOUSE OF C	FFICER/KEY			
EMPLOYEE, DOROTHY EHRLICH,	PROVIDED	LEGAL	SER	VICES IN CO	NNECTION WI	TH		
THE ACLU FOUNDATION'S JOHN	ADAMS PRO	JECT,	WHI	CH HAS ARRA	NGED FOR TH	E		
REPRESENTATION OF AN INDIV	IDUAL CHAR	GED WI	TH	A CAPITAL C	CRIME. A			
NATIONALLY KNOWN EXPERT IN	CAPITAL P	UNISHM	ENT	, MR. SOWAR	RDS WAS RETA	INED	1	
VIA A DECISION MAKING PROC	ESS THAT D	OID NOT	IN	VOLVE THE C	FFICER/KEY			
EMPLOYEE AND AT RATES THAT	ARE CUSTO	MARY F	OR	THE SERVICE	S PROVIDED.			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

16

Open To Public Inspection

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.

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

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Employer identification number 13-6213516

Pai	rt I Types of Property						
	·	(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	ıts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	494	7,948,275.	SELLING PRI	CE	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (TELEPHONES)	Х	1	20,911.	FMV		
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organi		•				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			T
						Yes	No
30a	During the year, did the organization receive b	•			-		
	must hold for at least three years from the date						v
	exempt purposes for the entire holding period	?				30a	X
	If "Yes," describe the arrangement in Part II.			- f	.ti0	04 V	
31	Does the organization have a gift acceptance		-	•		31 X	<u> </u>
32a	Does the organization hire or use third parties		-			32a X	
L						32a X	
	If "Yes," describe in Part II.	olumo (a) f-	r a tuna of area = :-	v for which column (a) is the	ookod		
33	If the organization didn't report an amount in o	olumn (C) fo	r a type of propert	y for which column (a) is che	eckea,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

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 DONORS
OF NON-CASH CONTRIBUTIONS 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.
632142 08-23-16 Schedule M (Form 990) (2016

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

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

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 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. 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, 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. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 1,358,592.

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

ACLU FOUNDATION IS A MEMBERSHIP ORGANIZATION. ITS MEMBERS ARE THE BOARD LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016) Name of the organization AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Employer identification number 13-6213516

DIRECTORS OF THE AMERICAN CIVIL LIBERTIES UNION.

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

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

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

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

FORM 990, PART VI, SECTION B, LINE 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 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

53

15480928 759915 7663617

Employer identification number 13-6213516

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

NY, OH, OK, OR, PA, RI, SC, TN, UT, WA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FORM 990, FOR THE PAST THREE OR MORE YEARS, EXCLUDING
SCHEDULE B, IS AVAILABLE ON THE ORGANIZATION'S WEBSITE. COPIES OF THE
ORGANIZATION'S FORM 990 ARE ALSO AVAILABLE ON THE GUIDESTAR WEBSITE. THE
ORGANIZATION'S IRS FORM 1023, BYLAWS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS FOR THE PRIOR THREE OR MORE YEARS ARE AVAILABLE ON TH
ORGANIZATION'S WEBSITE. THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE
AVAILABLE UPON REQUEST OR THROUGH THE NEW YORK OFFICE OF THE SECRETARY OF
STATE.
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B
THE NUMBER OF HOURS REPORTED FOR THOSE INDIVIDUALS RECEIVING
COMPENSATION IS BASED ON WEEKLY HOURS FOR PAYROLL PURPOSES. THE ACTUAL
NUMBER OF HOURS WORKED IS CONSIDERABLY HIGHER.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -1,352,270
RECOGNITION OF AFFILIATES' SHARE OF PENSION LIABILITY 4,135,119
TOTAL TO FORM 990, PART XI, LINE 9 2,782,849

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.

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

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Employer identification number 13-6213516

(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					
NASHINGTON, DC 20005	REAL ESTATE HOLDING COMPANY	DISTRICT OF COLUMBIA	865,870.	7,993,759.	N/A

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 Part II 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	contr	512(b)(13) rolled ity?
				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				LINE 12D,			
NEW YORK, NY 10004	SUPPORTING ORGANIZATION	DELAWARE	501(C)(3)	III-O	N/A		Х

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

.3-6213516

Page 2

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>			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	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	tions?	amount in box	partner	ownership
		country)		sections 512-514)		833013	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes N	
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	1										
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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	(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	contr	tion b)(13) rolled ity?
		country)		or trusty		433013		Yes	No
CHARITABLE REMAINDER TRUSTS (6)	CHARITABLE TRUST	NY	ACLUF					х	
CHARITABLE REMAINDER TRUST (1)	CHARITABLE TRUST	AL	ACLUF					x	
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	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X				
b	Gift, grant, or capital contribution to related organization(s)	1b		X				
С	Gift, grant, or capital contribution from related organization(s)	1c		<u> </u>				
d	Loans or loan guarantees to or for related organization(s)	1d		X				
	Loans or loan guarantees by related organization(s)	1e		Х				
f	Dividends from related organization(s)	1f		X				
g	Sale of assets to related organization(s)	1g		Х				
	Purchase of assets from related organization(s)	1h		Х				
i	Exchange of assets with related organization(s)	1i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X				
-1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х				
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х					
	Sharing of paid employees with related organization(s)	10	X					
р	Reimbursement paid to related organization(s) for expenses	1p	X					
	Reimbursement paid by related organization(s) for expenses	1q	X					
r	Other transfer of cash or property to related organization(s)	1r		Х				
	Other transfer of cash or property from related organization(s)	1s		X				
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							

(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	6,087,398.	FTE BASED ALLOCATION METHODOLOGY
(2) AMERICAN CIVIL LIBERTIES UNION	0	3,692,939.	REVENUE BASED ALLOCATION METHOD
(3) AMERICAN CIVIL LIBERTIES UNION	P	6,087,398.	FTE BASED ALLOCATION METHODOLOGY
(4) AMERICAN CIVIL LIBERTIES UNION	Q	3,692,939.	REVENUE BASED ALLOCATION METHOD
<u>(5)</u>			
<u>(6)</u>	FO		

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	n? ownersh
		country)	sections 512-514)	Yes	Nο	income	assets	Vac	No	(Form 1065)	Yes	<u>.</u>
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Schedule F	R (Form 990) 2016	FOUNDATION,	INC.	13-6213516 Page 5
Part VII	R (Form 990) 2016 Supplemental Inf	ormation.		<u> </u>
	Provide additional infor	mation for responses to d	uestions on Schedule R. See instructions.	
	T TO VIGO GGGILIOTIGI IITIOI	matier for respenses to q	addition of contidute in coo mendentine.	