

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

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning APR 1, 2008 and ending MAR 31, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AMERICAN CIVIL LIBERTIES UNION, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 125 BROAD STREET, 18TH FLOOR City or town, state or country, and ZIP + 4 NEW YORK, NY 10004	D Employer identification number 13-3871360 E Telephone number 212-549-2500 G Gross receipts \$ 30,462,084. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.ACLU.ORG	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1920 M State of legal domicile: DC	

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: PRESERVATION AND PROMOTION OF CIVIL RIGHTS AND CIVIL LIBERTIES			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	82	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	82	
	5	Total number of employees (Part V, line 2a)	5	112	
	6	Total number of volunteers (estimate if necessary)	6	6	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	121,778.	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-16,518.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 31,758,970.	Current Year 30,147,945.
9		Program service revenue (Part VIII, line 2g)			
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	139,545.	90,437.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	162,293.	223,702.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,060,808.	30,462,084.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		152,146.
		14	Benefits paid to or for members (Part IX, column (A), line 4)		
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,787,016.	5,238,174.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	4,443,014.	2,205,518.
		b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,137,412.		
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	21,727,691.	23,011,696.
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,957,721.	30,607,534.
		19	Revenue less expenses. Subtract line 18 from line 12	1,103,087.	-145,450.
		Net Assets or Fund Balances			Beginning of Year
20			Total assets (Part X, line 16)	14,085,173.	15,963,184.
21			Total liabilities (Part X, line 26)	4,078,725.	29,291,780.
		22	Net assets or fund balances. Subtract line 21 from line 20	10,006,448.	-13,328,596.

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.

Sign Here		3/8/10	
	Signature of officer	Date	
	ANTHONY ROMERO, EXECUTIVE DIRECTOR		
	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date 3/8/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 RSM MCGLADREY, INC. 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2602	Preparer's identifying number (see instructions) P00298053	EIN ▶ 41-1944416
		Phone no. ▶ 212-372-1000	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION AS NOTED IN ITS ARTICLES OF INCORPORATION, THE MISSION OF THE ACLU IS "TO MAINTAIN AND ADVANCE CIVIL LIBERTIES, INCLUDING, WITHOUT LIMITATION, THE FREEDOMS OF ASSOCIATION, PRESS, RELIGION AND SPEECH, AND THE RIGHTS TO THE FRANCHISE, TO DUE PROCESS OF LAW, AND TO EQUAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No [X] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No [X] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,193,879. including grants of \$ 112,000.) (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 DEPARTMENT, THE NATIONAL ACLU ALSO PROVIDES GRANTS TO AFFILIATES TO SUPPORT WORK ON SPECIFIC INITIATIVES AND PROJECTS THAT HAVE BEEN IDENTIFIED AS INVOLVING MATTERS OF BOTH LOCAL/REGIONAL AND NATIONAL SIGNIFICANCE. THE AFFILIATE SUPPORT DEPARTMENT OFFERS TRAINING AND TECHNICAL ASSISTANCE TO AFFILIATES ACROSS THE COUNTRY ON A VARIETY OF TOPICS OF RELEVANCE.

4b (Code:) (Expenses \$ 9,984,696. including grants of \$) (Revenue \$) EDUCATION - THROUGH NEWSLETTERS, ITS COMPREHENSIVE WEBSITE, ADVERTISEMENTS, OP-ED ARTICLES, MEDIA INTERVIEWS, PUBLICATIONS, AND NUMEROUS MEETINGS AND WORKSHOPS CONDUCTED IN COLLABORATION WITH ITS AFFILIATES THROUGHOUT THE US, THE ACLU PROVIDES ONGOING EDUCATION TO ITS 500,000 MEMBERS AND TO THE PUBLIC AT LARGE WITH RESPECT TO A WIDE RANGE OF CIVIL LIBERTIES ISSUES AND CONCERNS. THE ORGANIZATION'S EDUCATIONAL CAMPAIGN EMPHASIZE FIRST AMENDMENT RIGHTS TO FREE SPEECH, ASSOCIATION AND ASSEMBLY, AMONG OTHERS; 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.

4c (Code:) (Expenses \$ 2,105,761. including grants of \$ 40,173.) (Revenue \$) LEGISLATION - THE ACLU'S LEGISLATIVE ADVOCATES ARE A CONSTANT PRESENCE ON CAPITOL HILL AND IN STATE LEGISLATURES WORKING TO ADDRESS CIVIL LIBERTIES ISSUES. BASED IN THE ACLU'S WASHINGTON, DC OFFICE, THE ORGANIZATION'S LEGISLATIVE POLICY TEAM WORKS TO ENSURE THAT PROPOSED LEGISLATION MOVES TOWARDS RATHER THAN AWAY FROM THE CIVIL LIBERTIES GOALS OF THE ORGANIZATION. WORKING IN COLLABORATION WITH STAFF FROM ACLU AFFILIATES ACROSS THE COUNTRY AND IN COALITION WITH OTHER GROUPS WITH A SHARED INTEREST IN SPECIFIC CIVIL LIBERTIES ISSUES, THE ACLU CONDUCTS RESEARCH, PUBLISHES POSITION PAPERS, HOSTS FORUMS FOR THE PUBLIC AND MEETS WITH KEY LEGISLATORS AND MEMBERS OF THEIR STAFFS TO DISCUSS STRATEGIES TO PROTECT CIVIL LIBERTIES AND RIGHTS.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,663,129. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 23,947,465. (Must equal Part IX, Line 25, column (B).)

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)? <i>If "Yes," complete Schedule A</i>		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a	8	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
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	112	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
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)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12b		

Part VII Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Table with 11 rows of questions and 3 columns: Question, Yes, No. Includes questions about voting members, family relationships, management control, organizational changes, asset diversions, members, and documentation.

Section B. Policies

Table with 12 rows of questions and 3 columns: Question, Yes, No. Includes questions about conflict of interest policies, whistleblower policies, document retention, compensation review, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, AR, AZ, CO, CT, DC, FL, GA, IL, KS, KY, LA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SAM CHUKWUEZE - 212-549-2500

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DEBORAH ARCHER DIRECTOR	1.00	X					0.	0.	0.	
ANDY SCHATZ DIRECTOR	1.00	X					0.	0.	0.	
JACQUELIN WASHINGTON DIRECTOR	1.00	X					0.	0.	0.	
RON WILSON DIRECTOR	1.00	X					0.	0.	0.	
CICERO BOOKER, JR. DIRECTOR	1.00	X					0.	0.	0.	
DAVID E. KENNISON DIRECTOR	1.00	X					0.	0.	0.	
WILLIAM ACEVES DIRECTOR	1.00	X					0.	0.	0.	
LAILA AL-QATAMI DIRECTOR	1.00	X					0.	0.	0.	
KELLY ANTHONY DIRECTOR	1.00	X					0.	0.	0.	
ADRIENNE ASCH DIRECTOR	1.00	X					0.	0.	0.	
JAY BARTH DIRECTOR	1.00	X					0.	0.	0.	
MARC O. BEEM DIRECTOR	1.00	X					0.	0.	0.	
JUDITH BENDICH DIRECTOR	1.00	X					0.	0.	0.	
PHIL BEREANO DIRECTOR	1.00	X					0.	0.	0.	
VIVIAN BERGER DIRECTOR	1.00	X					0.	0.	0.	
EVE BIGELOW-BAXLEY DIRECTOR	1.00	X					0.	0.	0.	
JOHN BLAKESLEE DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN BODDIE DIRECTOR	1.00	X					0.	0.	0.	
LUZ BUITRAGO DIRECTOR	1.00	X					0.	0.	0.	
M. SUSAN CARLSON DIRECTOR	1.00	X					0.	0.	0.	
ROBERT N. CHESTER DIRECTOR	1.00	X					0.	0.	0.	
DAVID CRUZ GENERAL COUNSEL	1.00	X		X			0.	0.	0.	
EILEEN DURGIN-CLINCHARD DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL ELSNER DIRECTOR	1.00	X					0.	0.	0.	
MILTON ESTES DIRECTOR	1.00	X					0.	0.	0.	
ELLEN FEINGOLD DIRECTOR	1.00	X					0.	0.	0.	
MARY ELLEN GALE DIRECTOR	1.00	X					0.	0.	0.	
1b Total							2,182,763.	956,894.	497,687.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 19

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
GRASSROOTS CAMPAIGN, INC. PO BOX 120557, BOSTON, MA 02112	PUBLIC EDUCATION	2,016,000.
OMP, INC., 1133 19TH STREET, NW SUITE 300, WASHINGTON, DC 20036	FUNDRAISING CONSULTANTS	411,900.
MERKLE RESPONSE SERVICES, INC. 100 JAMISON COURT, HAGERSTOWN, MD 21740	PROFESSIONAL SERVICES	192,572.
BEACONFIRE CONSULTING, INC., 2300 CLARENDON BLVD, SUITE 1100, ARLINGTON, VA	PROFESSIONAL SERVICES	165,159.
RACKSPACE PO BOX 730759, DALLAS, TX 75373	PROFESSIONAL SERVICES	149,474.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 5

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns						
	b	Membership dues						
	c	Fundraising events						
	d	Related organizations						
	e	Government grants (contributions)						
	f	All other contributions, gifts, grants, and similar amounts not included above	30147945.					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		30147945.				
Program Service Revenue	2 a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		90,437.		90,437.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
			b	Less: direct expenses				
			c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
			b	Less: direct expenses				
c			Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11 a	LIST RENTALS	532000	121,778.		121,778.			
b	PENSION LIABILITY INCO	900099	87,570.			87,570.		
c	PAMPHLET & BOOK SALES	900099	14,354.	14,354.				
d	All other revenue							
e	Total. Add lines 11a-11d		223,702.					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		30462084.	14,354.	121,778.	178,007.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	152,146.	152,146.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,496,602.	1,250,624.	97,234.	148,744.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,436,361.	2,035,923.	158,293.	242,145.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	381,090.	343,027.		38,063.
9 Other employee benefits	646,300.	545,663.	40,089.	60,548.
10 Payroll taxes	277,821.	234,561.	17,233.	26,027.
11 Fees for services (non-employees):				
a Management	63,704.		63,704.	
b Legal				
c Accounting	34,500.	34,500.		
d Lobbying	906,047.	906,047.		
e Professional fundraising services. See Part IV, line 17	2,205,518.			2,205,518.
f Investment management fees	1,013.	1,013.		
g Other	1,046,529.	1,046,529.		
12 Advertising and promotion				
13 Office expenses	6,176,954.	4,062,027.	18,509.	2,096,418.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	415,029.	323,211.	47,994.	43,824.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	298,228.	255,574.	42,654.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SHARED PORTION OF MEMBE	8,894,201.	8,894,201.		
b PUBLISHING/PRINTING EXP	2,251,770.	1,469,799.	43.	781,928.
c SPECIAL AFFILIATE SUBSI	1,187,678.	1,187,678.		
d LIST RENTALS EXPENSE	833,338.	567,587.	15,030.	250,721.
e EQUIPMENT RENTAL & MAIN	60,576.	53,666.	6,910.	
f All other expenses	842,129.	583,689.	14,964.	243,476.
25 Total functional expenses. Add lines 1 through 24f	30,607,534.	23,947,465.	522,657.	6,137,412.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,142,933.	1	493,819.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	312,269.	9	167,754.
	10a Land, buildings, and equipment: cost basis ...	10a		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b	10c	
	11 Investments - publicly traded securities	2,225,012.	11	1,951,317.
	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	7,404,959.	15	13,350,294.
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,085,173.	16	15,963,184.	
Liabilities	17 Accounts payable and accrued expenses	945,720.	17	1,063,979.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	3,133,005.	25	28,227,801.
	26 Total liabilities. Add lines 17 through 25	4,078,725.	26	29,291,780.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,431,039.	27	-13,413,713.
	28 Temporarily restricted net assets	4,575,409.	28	85,117.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	10,006,448.	33	-13,328,596.	
34 Total liabilities and net assets/fund balances	14,085,173.	34	15,963,184.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits?		

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

AMERICAN CIVIL LIBERTIES UNION, INC.

Employer identification number

13-3871360

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements with multiple questions and checkboxes regarding land preservation, monitoring, and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets with questions about reporting and amounts.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIV and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Investment earnings or losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the year end balance held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) 0.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

FIN 48 FINANCIAL STATEMENT FOOTNOTE: THE UNION IS A NOT-FOR-PROFIT

ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(4) OF THE U.S.

INTERNAL REVENUE CODE. THE UNION IS SUBJECT TO TAXES ON UNRELATED

BUSINESS INCOME.

WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN

WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE

OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN

Part XIV Supplemental Information (continued)

OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED. THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY. TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS. TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50 PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY.

THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS REFLECTED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION.

INTEREST AND PENALTIES ASSOCIATED WITH UNRECOGNIZED TAX BENEFITS ARE CLASSIFIED AS ADDITIONAL INCOME TAXES IN THE CONSOLIDATED STATEMENT OF ACTIVITIES.

SCHEDULE G
(Form 990 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

Name of the organization **AMERICAN CIVIL LIBERTIES UNION, INC.** Employer identification number **13-3871360**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
MERKLE RESPONSE SERVICES			X	0.	192,572.	0.
SKYVIEW DIRECT MAIL			X	0.	85,397.	0.
ST. JOHN ASSOCIATES			X	0.	176,780.	0.
PUBLIC INTEREST COMMUNICATIONS			X	0.	6,298.	0.
SHARE GROUP			X	0.	297,410.	0.
TELEFUND			X	0.	1,447,061.	0.
Total					2,205,518.	

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts				
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses				
	8	Direct expense summary. Add lines 4 through 7 in column (d)				()
	9	Net income summary. Combine lines 3 and 8 in column (d)				()

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				()

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide 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?

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:

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization **AMERICAN CIVIL LIBERTIES UNION, INC.** Employer identification number **13-3871360**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACLU OF COLORADO 400 CORONA STREET DENVER, CO 80218	84-0437750	501(C)(4)	5,000.	0.			AFFILIATE PROGRAM
ACLU OF FLORIDA 4500 BISCAYNE BLVD. SUITE 340 MIAMI, FL 33137	59-0883831	501(C)(4)	19,468.	0.			AFFILIATE PROGRAM
ACLU OF ILLINOIS 180 N. MICHIGAN AVE SUITE 2300 CHICAGO, IL 60601	36-2070060	501(C)(4)	8,205.	0.			AFFILIATE PROGRAM
ACLU OF KENTUCKY 315 GUTHRIE STREET SUITE 300 LOUISVILLE, KY 40202	61-0597514	501(C)(4)	6,000.	0.			AFFILIATE PROGRAM
ACLU OF NEW MEXICO 1410 COAL SW P.O. BOX 566 ALBUQUERQUE, NM 87103	85-0197858	501(C)(4)	10,000.	0.			AFFILIATE PROGRAM
ACLU OF VIRGINIA 530 E. MAIN STREET SUITE 310 RICHMOND, VA 23219	54-0345509	501(C)(4)	20,000.	0.			AFFILIATE PROGRAM

- 2** Enter total number of section 501(c)(3) and government organizations ▶ **9.**
- 3** Enter total number of other organizations ▶ **9.**

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

Schedule I (Form 990) 2008

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(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 non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE ACLU HAS ESTABLISHED PROCEDURES FOR THE
RELEASE OF GRANTS TO ITS AFFILIATES, AS WELL AS FOR MONITORING OF OUTCOMES
TO DETERMINE WHETHER THE GOALS OF A PARTICULAR GRANT AWARD HAVE BEEN MET.
GRANT AWARDS ARE CONFIRMED IN WRITING AND, IN THE CASE OF GRANTS ISSUED AND
OVERSEEN BY THE AFFILIATE SUPPORT DEPARTMENT, SUPPORTED BY A WRITTEN
AGREEMENT THAT SPECIFIES THE PURPOSE OF THE GRANT, THE SPECIFIC OUTCOMES TO
BE ACHIEVED, AND THE INDICATORS THAT THE PARTIES AGREE WILL BE USED TO
MEASURE PROGRESS TOWARDS AGREED UPON GOALS. WRITTEN AGREEMENTS DETAIL THE
SPECIFIC ACTIVITIES FOR WHICH FUNDING IS TO BE PROVIDED AND DOCUMENTS THE

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

AMERICAN CIVIL LIBERTIES UNION, INC.

Employer identification number

13-3871360

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACLU OF WASHINGTON 705 SECOND AVENUE SUITE 310 SEATTLE, WA 98104	91-0683589	501(C)(4)	15,000.	0.			AFFILIATE PROGRAM
ARKANSAS FAMILIES FIRST 3000 KAVANAUGH BLVD # 206A LITTLE ROCK, AR 72205		501(C)(4)	10,500.	0.			AFFILIATE PROGRAM
SOUTH DAKOTA CAMPAIGN FOR HEALTHY FAMILIES - P.O. BOX 1484 - SIOUX FALLS, SD 57101		501(C)(4)	50,000.	0.			ACTIVITIES PROGRAM

2 Enter total number of Section 501(c)(3) and government organizations **3**
3 Enter total number of other organizations **30**

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

AMERICAN CIVIL LIBERTIES UNION, INC.

Employer identification number

13-3871360

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ANTHONY ROMERO	(i)	349,781.	0.	15,920.	8,831.	11,853.	386,385.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ALMA MONTCLAIR	(i)	238,458.	0.	22,490.	79,661.	18,530.	359,139.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
TERENCE DOUGHERTY	(i)	203,138.	0.	243.	5,956.	9,445.	218,782.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DOROTHY M. EHRLICH	(i)	275,118.	0.	1,806.	28,911.	29,899.	335,734.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CAROLINE FREDERICKSON	(i)	220,254.	0.	420.	10,487.	18,421.	249,582.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GERALDINE ENGEL	(i)	138,650.	0.	16,253.	11,378.	29,108.	195,389.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KAREN CURRY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	215,653.	0.	11,173.	30,770.	29,367.	286,963.	0.
DONNA MCKAY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	243,328.	0.	420.	10,956.	9,774.	264,478.	0.
GERI ROZANSKI	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	210,635.	0.	1,806.	22,977.	18,375.	253,793.	0.
STEVEN SHAPIRO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	272,073.	0.	1,806.	23,655.	18,553.	316,087.	0.
SHAWN COX	(i)	136,074.	0.	15,567.	5,591.	5,591.	162,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KAREN DELINCE	(i)	112,732.	0.	41,429.	6,116.	6,116.	166,393.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL MACLEOD-BALL	(i)	138,038.	0.	206.	12,198.	12,198.	162,640.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization

AMERICAN CIVIL LIBERTIES UNION, INC.

Employer Identification number

13-3871360

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BETTY GARTMAN DIRECTOR	1.00	X					0.	0.	0.	
ANTHONY DON GEORGE DIRECTOR	1.00	X					0.	0.	0.	
LIZ GILCHRIST DIRECTOR	1.00	X					0.	0.	0.	
SALLY T. GRANT DIRECTOR	1.00	X					0.	0.	0.	
SCOTT GREENWOOD DIRECTOR	1.00	X		X			0.	0.	0.	
LAWRENCE A. HAMERMESH DIRECTOR	1.00	X					0.	0.	0.	
SUSAN N. HERMAN DIRECTOR	1.00	X		X			0.	0.	0.	
AUNDRE M. HERRON DIRECTOR	1.00	X					0.	0.	0.	
JEFFREY HONG DIRECTOR	1.00	X					0.	0.	0.	
MARINA HSIEH DIRECTOR	1.00	X		X			0.	0.	0.	
SHELAN JOSEPH DIRECTOR	1.00	X					0.	0.	0.	
ALY KASSAM-REMTULLA DIRECTOR	1.00	X					0.	0.	0.	
HAMID R. KASHANI DIRECTOR	1.00	X					0.	0.	0.	
JOAN LASKOWSKI DIRECTOR	1.00	X					0.	0.	0.	
REV. JAMES M. LAWSON, JR DIRECTOR	1.00	X					0.	0.	0.	
M. CALIEN LEWIS DIRECTOR	1.00	X					0.	0.	0.	
ROSLYN LITMAN DIRECTOR	1.00	X		X			0.	0.	0.	
WENDY C. NAKAMURA DIRECTOR	1.00	X					0.	0.	0.	
FRED R. NEAL DIRECTOR	1.00	X					0.	0.	0.	
R. SAMUEL PAZ DIRECTOR	1.00	X		X			0.	0.	0.	

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization

AMERICAN CIVIL LIBERTIES UNION, INC.

Employer Identification number

13-3871360

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MITCHELL PEARL DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL E. PHENEGER DIRECTOR	1.00	X					0.	0.	0.	
KELLEY PUTMAN DIRECTOR	1.00	X					0.	0.	0.	
JULIE L. FERGUSON QUEEN DIRECTOR	1.00	X					0.	0.	0.	
REBECCA RAND DIRECTOR	1.00	X					0.	0.	0.	
ROBERT B. REMAR, ESQ. DIRECTOR	1.00	X		X			0.	0.	0.	
FLORENCE ROISMAN DIRECTOR	1.00	X					0.	0.	0.	
MARGARET RUSSELL DIRECTOR	1.00	X					0.	0.	0.	
BRUCE W. SATTLER DIRECTOR	1.00	X					0.	0.	0.	
ALBERT E. SCHERR DIRECTOR	1.00	X					0.	0.	0.	
JILL SHEINBERG DIRECTOR	1.00	X					0.	0.	0.	
PREETMOHAN SINGH DIRECTOR	1.00	X					0.	0.	0.	
CHUCK E. SMITH DIRECTOR	1.00	X					0.	0.	0.	
CHERRY SPENCER-STARK DIRECTOR	1.00	X					0.	0.	0.	
ALISON STEINER DIRECTOR	1.00	X					0.	0.	0.	
PHILIPPA STRUM DIRECTOR	1.00	X		X			0.	0.	0.	
JOSEPH SWEAT DIRECTOR	1.00	X					0.	0.	0.	
LISA THURAU-GRAY DIRECTOR	1.00	X					0.	0.	0.	
ALAN TOY DIRECTOR	1.00	X					0.	0.	0.	
BRIGITTE TULLER DIRECTOR	1.00	X					0.	0.	0.	

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

Name of the Organization

AMERICAN CIVIL LIBERTIES UNION, INC.

Employer Identification number

13-3871360

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CAROLE WELLS DIRECTOR	1.00	X					0.	0.	0.	
JERALYN WENDELBERGER DIRECTOR	1.00	X					0.	0.	0.	
GARY WILLIAMS DIRECTOR	1.00	X		X			0.	0.	0.	
KARL BAKER DIRECTOR	1.00	X					0.	0.	0.	
GRAYSON BARBER DIRECTOR	1.00	X					0.	0.	0.	
DAVID BURRESS DIRECTOR	1.00	X					0.	0.	0.	
JOHN CUMBLER DIRECTOR	1.00	X					0.	0.	0.	
PAUL GRANT DIRECTOR	1.00	X					0.	0.	0.	
DOUG KLUNDER DIRECTOR	1.00	X					0.	0.	0.	
RON TYLER DIRECTOR	1.00	X					0.	0.	0.	
BESSIE DASCHBACH DIRECTOR	1.00	X					0.	0.	0.	
STEVE M. PRESSON DIRECTOR	1.00	X					0.	0.	0.	
CHANTEL REYNOLDS DIRECTOR	1.00	X					0.	0.	0.	
ALICE BENDHEIM DIRECTOR	1.00	X					0.	0.	0.	
KEVIN MCHARGUE DIRECTOR	1.00	X					0.	0.	0.	
RALPH C. SIMPSON DIRECTOR	1.00	X					0.	0.	0.	
ADRIAN V. WHITE DIRECTOR	1.00	X					0.	0.	0.	
MICHELLE ALEXANDER DIRECTOR	1.00	X					0.	0.	0.	
NADINE STROSSEN DIRECTOR/ PRESIDENT	1.00	X		X			0.	0.	0.	
CAITLIN BORGMANN DIRECTOR	1.00	X					0.	0.	0.	

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

Schedule J-2 (Form 990) 2008

Continuation Sheet for Form 990

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization

AMERICAN CIVIL LIBERTIES UNION, INC.

Employer Identification number

13-3871360

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LISA HONIG DIRECTOR	1.00	X					0.	0.	0.	
ARTHUR M. KAPLAN, ESQ. DIRECTOR	1.00	X					0.	0.	0.	
GALEN PAINE DIRECTOR	1.00	X					0.	0.	0.	
AMIT RANADE DIRECTOR	1.00	X					0.	0.	0.	
ELEANOR SELF DIRECTOR	1.00	X					0.	0.	0.	
LISA WATSON DIRECTOR	1.00	X					0.	0.	0.	
VINCENT BOOTH DIRECTOR	1.00	X					0.	0.	0.	
MARK AYERS DIRECTOR	1.00	X					0.	0.	0.	
RANDALL COYNE DIRECTOR	1.00	X					0.	0.	0.	
RICHARD ALVARADO DIRECTOR	1.00	X					0.	0.	0.	
CLAUDIA ANGELOS DIRECTOR	1.00	X					0.	0.	0.	
ANTONIO BROWN DIRECTOR	1.00	X					0.	0.	0.	
JIM RODBARD DIRECTOR	1.00	X					0.	0.	0.	
RICHARD ZACKS DIRECTOR	1.00	X		X			0.	0.	0.	
ANTHONY ROMERO EXECUTIVE DIRECTOR/CEO	35.00			X			365,701.	0.	20,684.	
ALMA MONTCLAIR DIR OF ADMIN/FINANCE & A	35.00			X			260,948.	0.	98,191.	
TERENCE DOUGHERTY IN-HOUSE GEN COUNSEL & A	35.00			X			203,381.	0.	15,401.	
FRANK ASKIN GENERAL COUNSEL	1.00			X			0.	0.	0.	
DOROTHY M. EHRlich DEPUTY EXECUTIVE DIRECTO	35.00				X		276,924.	0.	58,810.	
CAROLINE FREDERICKSON DIR, DC LEGISLATIVE OFFI	35.00				X		220,674.	0.	28,908.	

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

AMERICAN CIVIL LIBERTIES UNION, INC.

Employer identification number

13-3871360

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROTECTION OF THE LAWS FOR ALL PEOPLE THROUGHOUT THE UNITED STATES AND ITS JURISDICTIONS. THE ACLU'S OBJECTS SHALL BE SOUGHT WHOLLY WITHOUT POLITICAL PARTISANSHIP." THE ACLU TODAY REMAINS AS FOCUSED AS EVER ON THE OVERARCHING GOALS SET BY ITS FOUNDERS NEARLY 90 YEARS AGO, 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 PEOPLE WITH DISABILITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE BOARD OF DIRECTORS OF THE ACLU WORKS THROUGH ITS STANDING AND SPECIAL COMMITTEES TO ANALYZE CIVIL LIBERTIES ISSUES AND, WHERE APPROPRIATE, TO DEVELOP POLICIES THAT WILL SERVE AS THE FRAME OF REFERENCE FOR LEGISLATIVE, EDUCATIONAL AND CASE-SPECIFIC WORK AT THE NATIONAL LEVEL.

EXPENSES \$ 1663129. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION AMENDED ITS BYLAWS TO REMOVE THE REQUIREMENT THAT THE ORGANIZATION HOLD A BIENNIAL CONFERENCE DURING WHICH DELEGATES APPOINTED BY THE ORGANIZATION'S 50 LOCAL AFFILIATES COULD VOTE TO (I) ADOPT POLICIES THAT WOULD BECOME ORGANIZATIONAL POLICY AND (II) AMEND THE ORGANIZATION'S BYLAWS (NEITHER VOTE WOULD BE OF ANY

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

AMERICAN CIVIL LIBERTIES UNION, INC.

Employer identification number

13-3871360

EFFECT IF THE ORGANIZATION'S BOARD WERE TO VOTE TO REJECT THE VOTE AND SUCH BOARD VOTE TO REJECT WERE NOT OVERTURNED BY A VOTE OF ALL OF THE BOARD MEMBERS OF THE ORGANIZATION'S 50 LOCAL AFFILIATES).

FORM 990, PART VI, SECTION A, LINE 6: THE BOARD MEMBERS OF THE ORGANIZATION'S 50 LOCAL AFFILIATES, THE "AFFILIATE VOTING MEMBERS," ARE ELECTORS, ALONG WITH THE ORGANIZATION'S BOARD MEMBERS, IN THE ELECTION OF CERTAIN MEMBERS TO THE ORGANIZATION'S BOARD. AFFILIATE VOTING MEMBERS ALSO VOTE ON CERTAIN PROPOSED AMENDMENTS TO THE ORGANIZATION'S BYLAWS AND VOTE IN FAVOR OF OR AGAINST ACTIONS OF THE BOARD OF DIRECTORS SUBMITTED TO THE AFFILIATE VOTING MEMBERS BY PETITION OF THE ORGANIZATION'S LOCAL AFFILIATES. THE ORGANIZATION'S GENERAL MEMBERS PARTICIPATE IN THE ELECTION OF THE BOARD MEMBERS OF THE ORGANIZATION'S 50 LOCAL AFFILIATES, AND EACH LOCAL AFFILIATE APPOINTS ONE BOARD MEMBER TO THE ORGANIZATION'S BOARD. FIFTY GENERAL MEMBERS MAY ALSO (I) PETITION THE BOARD TO AMEND ITS BYLAWS, WHICH PETITION MUST BE CONSIDERED BY THE ORGANIZATION'S BOARD AND (II) NOMINATE INDIVIDUALS TO RUN FOR THE ORGANIZATION'S BOARD.

FORM 990, PART VI, SECTION A, LINE 7A: SEE RESPONSE TO # 6 ABOVE. EACH OF THE ORGANIZATION'S 50 LOCAL AFFILIATES APPOINTS ONE BOARD MEMBER TO THE ORGANIZATION'S BOARD. THE REMAINING BOARD MEMBERS ARE ELECTED IN AN ELECTION WHOSE ELECTORS INCLUDE THE ORGANIZATION'S BOARD MEMBERS AND THE AFFILIATE VOTING MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B: SEE RESPONSE TO # 6 ABOVE. THE ORGANIZATION'S AFFILIATE VOTING MEMBERS HAVE THE RIGHT TO VOTE TO APPROVE

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

AMERICAN CIVIL LIBERTIES UNION, INC.

Employer identification number

13-3871360

CERTAIN CHANGES TO THE ORGANIZATION'S BYLAWS AND VOTE TO OVERTURN A DECISION OF THE ORGANIZATION'S BOARD THAT IS SUBMITTED TO THE AFFILIATE VOTING MEMBERS FOR A VOTE BY PETITION OF THE ORGANIZATION'S LOCAL AFFILIATES. UNDER D.C. LAW, THE AFFILIATE VOTING MEMBERS HAVE THE RIGHT TO APPROVE A DECISION BY THE BOARD TO DISSOLVE, MERGE/CONSOLIDATE WITH ANOTHER ORGANIZATION OR DISPOSE OR MORTGAGE ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS.

FORM 990, PART VI, SECTION A, LINE 10: 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 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 EMPLOYEE, OFFICER AND BOARD DIRECTOR AND REQUESTS DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST. THE ORGANIZATION FOLLOWS UP TO ENSURE THAT EACH RECIPIENT RETURNS THE POLICY AND EITHER DISCLOSES POTENTIAL CONFLICTS OF INTEREST OR ACKNOWLEDGES THAT THERE ARE NONE. THE DIRECTOR OF ADMINISTRATION & FINANCE/ASSISTANT TREASURER OF THE ORGANIZATION REVIEWS ANY DISCLOSURES MADE DURING THIS ANNUAL REVIEW. IF A MATTER IS RAISED THAT MAY BE A CONFLICT OF INTEREST INVOLVING A BOARD MEMBER OR AN OFFICER, THE DIRECTOR OF ADMINISTRATION & FINANCE/ASSISTANT TREASURER WILL REFER THE MATTER TO THE BOARD PRESIDENT WHO WILL FOLLOW UP. IF A MATTER IS RAISED THAT MAY BE A CONFLICT OF INTEREST INVOLVING A STAFFMEMBER, THE DIRECTOR OF

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

Schedule O (Form 990) 2008

832211
12-18-08

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

AMERICAN CIVIL LIBERTIES UNION, INC.

Employer identification number

13-3871360

ADMINISTRATION & FINANCE/ASSISTANT TREASURER WILL REFER THE MATTER TO THE EXECUTIVE DIRECTOR WHO WILL FOLLOW UP. BOARD DIRECTORS AND OFFICERS MAY ALSO REPORT TO THE BOARD ANY POTENTIAL CONFLICTS OF INTEREST THAT ARISE DURING THE YEAR. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES THAT INDIVIDUALS WITH CONFLICTS OF INTEREST WITH RESPECT TO A TRANSACTION OR ACTION MAY NOT PARTICIPATE IN THE DECISION-MAKING WITH RESPECT TO THAT TRANSACTION OR ACTION AND IN SOME CIRCUMSTANCES MAY NOT PARTICIPATE IN THE DISCUSSION.

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

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

AK, AR, AZ, CO, CT, DC, FL, GA, IL, KS, KY, LA, MA, MD, ME, MN, MO, MS, NC, ND, NH, NJ, NM, NY, OH

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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 YEARS, EXCLUDING SCHEDULE B, IS AVAILABLE ON THE ORGANIZATION'S WEBSITE. SCHEDULE B OF THE FORM 990 IS AVAILABLE UPON REQUEST. THE ORGANIZATION'S FORM 990 FOR THE PAST TWO YEARS IS ALSO AVAILABLE ON THE GUIDESTAR WEBSITE. THE ORGANIZATION RECEIVED ITS ORIGINAL EXEMPTION DETERMINATION UNDER THE PREDECESSOR OF SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE IN 1928, AT WHICH TIME THE FORM 1024 DID NOT EXIST. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND ITS FINANCIAL STATEMENTS FOR THE PRIOR THREE YEARS ARE AVAILABLE ON ITS WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST OR THROUGH THE DISTRICT OF COLUMBIA OFFICE OF THE SECRETARY, DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS.

FORM 990, PART IV, LINE 12

REASON FOR 'NO' ANSWER

ALTHOUGH THE ORGANIZATION DOES NOT RECEIVE STAND ALONE GAAP FINANCIAL STATEMENTS, IT DOES RECEIVE, ON AN ANNUAL BASIS FROM INDEPENDENT AUDITORS, CONSOLIDATED ENTITY GAAP FINANCIAL STATEMENTS FOR IT.

FORM 990 PAGE 1 BOX B

THE RETURN WAS AMENDED BECAUSE THE AUDITED FINANCIAL STATEMENTS WERE FINALIZED AND THE FOLLOWING PARTS WERE AMENDED PART IX, PART X AND SCHEDULE D PART V.

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Name of the organization **AMERICAN CIVIL LIBERTIES UNION, INC.** **Employer identification number** **13-3871360**

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(F) Direct controlling entity
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 13-6213516, 125 BROAD STREET, 18TH FLOOR, NEW YORK, NY 10004	PRESERVATION AND PROMOTION OF CIVIL RIGHTS AND LIBERTIES	NEW YORK	170(B)(1)(A)(VI)	501(C)(3)	N/A

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) ACLU FOUNDATION, INC	M	0.
(2) ACLU FOUNDATION, INC	N	0.
(3)		
(4)		
(5)		
(6)		

