PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 00-56-43

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. 2019 A For the 2018 calendar year, or tax year beginning APR 1, 2018 and ending MAR 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/ termin-ated 212-549-2500 125 BROAD STREET, 18TH FLOOR City or town, state or province, country, and ZIP or foreign postal code 880,342,891. **G** Gross receipts \$ Amended return NEW YORK, NY 10004 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ANTHONY D. ROMERO for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.ACLUFOUNDATION.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1966 M State of legal domicile: NY Trust Part I Summary Briefly describe the organization's mission or most significant activities: PRESERVATION AND PROMOTION OF **Activities & 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. 3 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 443 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 81 Total number of volunteers (estimate if necessary) 6 -41,679.7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 229,862. 7h **Current Year Prior Year** 134,420,043. 156,940,567. Contributions and grants (Part VIII, line 1h) 8 2,695,991. 4,044,444. Program service revenue (Part VIII, line 2g) $7,105,\overline{893}$ $42,064,\overline{252}$ Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 2,029,623. 2,383,565. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 146,251,550. 205,432,828. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 6,023,372 4,549,307. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 43,297,177. 53,435,309. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 294,019. 16a Professional fundraising fees (Part IX, column (A), line 11e) 294,850. **b** Total fundraising expenses (Part IX, column (D), line 25) 65,849,597. 82,423,884. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 140,703,350. 115,464,165. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 64,729,478. 30,787,385. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 452,805,832. 496,522,911 Total assets (Part X, line 16) 110,180,308. 125,028,500. 21 Total liabilities (Part X, line 26) 三年 342,625,524. 371,494,411 22 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 Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature LYNNE JOHNSON P00757336 Paid self-employed Firm's name RSM US LLP Firm's EIN ▶ 42-0714325 Preparer Firm's address 4 TIMES SQUARE Use Only Phone no. 212-372-1000 NEW YORK, NY 10036

No

X Yes

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

Other program services (Describe in Schedule O.)

Total program service expenses ▶

5,279,895 including grants of \$

SPEECH, ASSOCIATION AND ASSEMBLY;

119,800,607.

109,579.) (Revenue \$

THE LAW; THE RIGHT TO DUE PROCESS AND TO FAIR TREATMENT WHEN THE LOSS

FREEDOM FROM UNWARRANTED GOVERNMENT INTRUSION INTO PERSONAL AND PRIVATE

OF LIBERTY OR PROPERTY IS AT STAKE; AND THE RIGHT TO PRIVACY AND

THE RIGHT TO EQUAL PROTECTION UNDER

AMERICAN CIVIL LIBERTIES UNION INC.

Form 990 (2018)

FOUNDATION,

Page 3 Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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? Х If "Yes." complete Schedule D. Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Х 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х 12a Schedule D. Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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

AMERICAN CIVIL LIBERTIES UNION

Form 990 (2018)

FOUNDATION, INC.

Part IV Checklist of Required Schedules _{(continue}	d)
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			Yes	No
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	23	Х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 21	
2 40	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	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			37
	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):	00-		Х
a	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Λ_	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		Х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- 21	
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 00		
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	_X_	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	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?	20	Х	
Par	Note. All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	77	
	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 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
		_	OOO.	

Form 990 (2018) FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No				
2 a	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	44	3						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns? .		2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ıs)								
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	O		3b	X					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	rity over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoui	nt)?	4a		X				
b	If "Yes," enter the name of the foreign country:									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (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 transa			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	ne orga	anization solicit							
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor			X				
				7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			_						
	to file Form 8282?	1	1	7c		X				
d	, , , , , , , , , , , , , , , , , , , ,	7d	•	7e		Х				
e	 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 									
 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 										
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
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?										
9	Sponsoring organizations maintaining donor advised funds.			8						
а	Did the appropriate and appropriate and appropriate and the state of t			9a						
b										
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1							
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	1							
	organization is licensed to issue qualified health plans	13b	1							
	Enter the amount of reserves on hand	13c		14a		Х				
14a Did the organization receive any payments for indoor tanning services during the tax year?										
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					_ v				
	excess parachute payment(s) during the year?			15		X				
ıe	If "Yes," see instructions and file Form 4720, Schedule N.		ma0	40		Х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment of "Yos" complete Form 4720. School up O	it ii iCOI		16						
	If "Yes," complete Form 4720, Schedule O.									

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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		Х
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	X	
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	X	
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	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶AK, AR, CA, CO, CT, FL, GA, HI, IL	,KS	KY,	, LA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3))	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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			

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Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organization ne	or any related	orga	nizat	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week		er an	a a a	recto	r/trus	iee)	from	from related	other
	(list any	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related	eord	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	ruste	al trus		yee	m pe n		(** 27 1033 141100)		and related
	below	Individual trustee or director	Institutional trustee	J.	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe empl	Former			
(1) DEBORAH ARCHER DIRECTOR/	2.50									
GENERAL COUNSEL	2.50	Х		Х				0.	0.	0.
(2) GRACE CHAN	2.50									
DIRECTOR (FROM 1/26/19)	3.00	Х						0.	0.	0.
(3) RONALD CHEN DIRECTOR/	2.50									
GENERAL COUNSEL	3.00	Х		Х				0.	0.	0.
(4) MICHELE GOODWIN	2.50								_	
DIRECTOR	2.00	Х						0.	0.	0.
(5) TRACI GRIFFITH	2.50									
DIRECTOR	2.00	Х						0.	0.	0.
(6) SUSAN HERMAN	6.50									
DIRECTOR/PRESIDENT	7.50	Х		Х				0.	0.	0.
(7) MARY HERNANDEZ	2.50									
DIRECTOR	3.00	Х						0.	0.	0.
(8) AUNDRE HERRON	3.00									
DIRECTOR	2.50	Х						0.	0.	0.
(9) JEFFREY HONG	2.50									
DIRECTOR	2.50	Х						0.	0.	0.
(10) ALY KASSAM-REMTULLA	2.50	l								•
DIRECTOR	3.00	Х						0.	0.	0.
(11) CARLOS MAHONEY	2.50								•	•
DIRECTOR (UNTIL 12/31/18)	2.00	Х						0.	0.	0.
(12) ANIL MUJUMDAR	2.50	7.7							0	0
DIRECTOR (12) POPERT DEWAR	2.00	Х						0.	0.	0.
(13) ROBERT REMAR DIR./VP/TREASURER/SECRETARY	4.50	7.7		37					_	•
(14) RONALD TYLER	7.50 2.50	Х		Х				0.	0.	0.
	2.50	х		х				0.	0.	0.
OIR./GENERAL COUNSEL (15) ANTHONY D. ROMERO	14.00	Λ		Λ				· ·	0.	· ·
EXECUTIVE DIRECTOR/CEO	26.00			v				0.	520 006	156 001
(16) DOROTHY M. EHRLICH	26.00			Х				· ·	329,000.	156,984.
DEPUTY EXECUTIVE DIRECTOR	14.00	l		х				0.	442 588	182,813.
(17) TERENCE R. DOUGHERTY	26.00			-22				0.	444,J00•	102,013.
CHIEF OPER. OFFICE/GEN COUNSEL	14.00			Х				0.	389 898	47 182.
CHILL OTER. OTTICE/COM COOMBE	1 74.00	l	I	22	l	1		1 0.	303,030.	47,182.

Form 990 (2018) **FOUND**

101111 330 (2010)	0117 11101								10 0110	<u> </u>		490 -
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t Co	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos		1 than	nne	Reportable	Reportable	Es	stimate	∍d
	hours per	box	, unle	ss pe	rson i	is botl	n an	compensation	compensation	ar	nount	of
	week	_	Cer ar	ia a a	recio	or/trus	iee)	from	from related		other	
	(list any hours for	irecto						the	organizations	I	pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	l	om the anizati	
	organizations	ruste	ll trus		ee Ge	mpen		(***-27 1099-181130)		ı -	d relati	
	below	ndividual trustee or director	nstitutional trustee	_	m ploy	st co	er			l	anizatio	
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former					
(18) FAIZ R. SHAKIR	34.00											
NATIONAL POLITICAL DIRECTOR	6.00				Х			0.	309,000.	3	7,03	12.
(19) KIMBERLY P. TRUEBLOOD	26.00											
CHIEF OF STAFF	14.00				Х			0.	343,750.	3	5,20	00.
(20) JENNIFER S. CONSILVIO	26.00											
CHIEF FINANCIAL OFFICER	14.00				Х			0.	223,591.	6	5, 52	<u>15.</u>
(21) DAVID D. COLE	40.00	-								_		
NATIONAL LEGAL DIRECTOR	0.00				Х	_		416,600.	0.	2	2,9	<u>09.</u>
(22) MICHELE M. MOORE	14.00	-						252 160			- C	
CHIEF COMMUNICATION OFFICER	26.00		_		Х	├		353,169.	0.	3	7,6	<u>/4.</u>
(23) GERI E. ROZANSKI DIRECTOR	14.00	-			l			240 566			<u> </u>	- -
AFFILIATE SUPPORT & NATIONWIDE INIT	26.00		_		Х	├		312,766.	0.	10	3,5	67.
(24) MARK V. WIER	6.00	-						200 046				c =
CHIEF DEVELOPMENT OFFICER	34.00		_		Х	├		380,946.	0.	2	1,5	67.
(25) JEFFEREY P. ROBINSON	40.00	-				,,		200 500			7 4	- 1
DEPUTY LEGAL DIRECTOR	0.00					X		300,500.	0.	┷	7,4	<u>эт.</u>
(26) CECILLIA D. WANG	40.00	-				١,,		051 422	_	٦	г 1,	0.0
DEPUTY LEGAL DIRECTOR	0.00					X		251,433.	0. 2,237,833.		5,19 3,00	
1b Sub-total								745,038.			3,00 0,8	
c Total from continuation sheets to Part V									2,237,833.		0,0 3,9:	
d Total (add lines 1b and 1c)							<u> </u>	· · · · · · · · · · · · · · · · · · ·		99	3,9.	34.
2 Total number of individuals (including but r	not limited to th	ose	liste	a ar	oove	e) wn	o re	ceived more than \$100,	000 of reportable			185
compensation from the organization											Yes	No
3 Did the organization list any former officer	director or tr	ieto	a ka	w on	nnlo	WAC	or h	nighest compensated or	mployee on		103	140
line 1a? If "Yes," complete Schedule J for s			•	•	•				. ,	3		Х
4 For any individual listed on line 1a, is the si								er compensation from t				
arry marviada noted on mie ra, is the si	a or reportabl	5 50		, ,oa		4110	0111	or componication norm t	1.0 0.941112411011			

rendered to the organization? *If "Yes," complete Schedule J for such person*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. 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
ROUNDCORNER		
2075 ALLSTON WAY, BERKELEY, CA 94704	DONOR DATABASE	1,443,633.
APPIRIO INC.		
PO BOX 123011, DALLAS, TX 75312	DONOR DATABASE	1,175,490.
MEREDITH CORPORATION		
PO BOX 5057, NEW YORK, NY 10087	MAGAZINE PRODUCTION	747,149.
BULLY PULPIT INTERACTIVE LLC	COMMUNICATION/	
1140 CONNECTICUT AVE, WASHINGTON, DC 20036	BRANDING	718,356.
ANALYSIS GROUP, INC		
111 HUNTINGTON AVE, BOSTON, MA 02199	RESEARCH	536,926.
2 Total number of independent contractors (including but not limited to those liste		
\$100,000 of compensation from the organization > 44		

Х

Part VII Section A. Officers, Directors, Tro (A) Name and title	(B) Average hours per week (list any hours for related organizations	(cl		((Pos	C) ition			(D) Reportable compensation	(E) Reportable	(F) Estimated
	Average hours per week (list any hours for related			Pos	ition		ly)	Reportable	Reportable	Estimated
Name and title	hours per week (list any hours for related						ly)	· · · · · · · · · · · · · · · · · · ·		
	week (list any hours for related	ector							compensation	amount of
	lorganizations	tee or dir	ustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest comp	Former			organizations
(27) LOUISE MELLING DEPUTY LEGAL DIRECTOR	40.00					х		270,530.	0.	55,160.
(28) DENNIS PARKER DIRECTOR RACIAL JUSTICE PROJECT	40.00					х		244,883.	0.	95,230.
(29) JUDY RABINOVITZ	40.00							211,0031		33,230
DEPUTY IMMIGRANTS' RIGHTS	0.00					х		229,625.	0.	80,480.
Total to Part VII, Section A, line 1c	<u> </u>	<u> </u>						745,038.		230,870.

Form 990 (2018) FOUNDAT
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
တ္ တ	1 a	Federated campaigns	1a	3,651,209.				3.2 3.1
ant		Membership dues						
2,5		Fundraising events						
ifts ar A		Related organizations	1 1					
nig.		Government grants (contribution						
Sir		All other contributions, gifts, grant						
her		similar amounts not included abov		153,289,358.				
	q	Noncash contributions included in lines 1		8,986,201.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			156,940,567.			
				Business Code				
o l	2 a	LEGAL EXP AWARDED, NET		541100	3,917,156.	3,917,156.		
Š	b	PUBLICATION ROYALTIES		511190	127,288.	127,288.		
Sel	С							
am	d							
Program Service Revenue	е							
Pr	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f			4,044,444.			
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		▶	4,903,979.		-41,679.	4,945,658.
	4	Income from investment of tax	exempt bond p	roceeds 🕨				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	1,384,538.					
		Less: rental expenses						
	С	Rental income or (loss)	1,384,538.					
	d	Net rental income or (loss)			1,384,538.			1,384,538.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	712,070,336.					
	b	Less: cost or other basis						
		and sales expenses	674,910,063.					
		Gain or (loss)						
		Net gain or (loss)		·····	37,160,273.			37,160,273.
ē	8 a	Gross income from fundraising	g events (not					
en		including \$						
Pe		contributions reported on line	-					
Other Reven		Part IV, line 18						
ㅎ		Less: direct expenses						
		Net income or (loss) from fund Gross income from gaming ac		P				
	9 а							
	h	Part IV, line 19Less: direct expenses						
		Net income or (loss) from gami		>				
		Gross sales of inventory, less r						
	10 a	and allowances						
	h	Less: cost of goods sold		I I				
		Net income or (loss) from sales						
ŀ		Miscellaneous Revenue		Business Code				
ŀ	11 a	UNIVERSITY TUITION	-	611600	521,805.	521,805.		
	b	PAMPHLET AND BOOK SALES	;	511120	468,001.	468,001.		
	c	OTHER INCOME		900099	9,221.	9,221.		
	d	All other revenue			,			
		Total. Add lines 11a-11d			999,027.			
	12	Total revenue. See instructions			205,432,828.	5,043,471.	-41,679.	43,490,469.

Form 990 (2018) FOUNDATION, INC.

Part IX Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).											
	Check if Schedule O contains a respon			(6)								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21	4,497,819.	4,497,819.									
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22	51,488.	51,488.									
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,	0 010 041	1 000 040	620 500	200 500							
	trustees, and key employees	2,910,341.	1,880,043.	639,589.	390,709.							
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	24 200 706	07 144 044	0 200 517	4 702 165							
7	Other salaries and wages	34,309,726.	27,144,044.	2,382,517.	4,783,165.							
8	Pension plan accruals and contributions (include	4 404 100	2 615 650	205 060	E62 200							
_	section 401(k) and 403(b) employer contributions)		3,615,659. 6,377,142.	305,069.	563,380.							
9	Other employee benefits	7,908,873.		538,067.	993,664.							
10	Payroll taxes	3,822,261.	3,081,994.	260,041.	480,226.							
11	Fees for services (non-employees):											
	Management	227,338.	84,943.	129,294.	13,101.							
b	Legal	162,135.	63,671.	98,352.	112.							
	Accounting	102,133.	03,071.	30,334.	112.							
	, 0	294,850.			294,850.							
	Professional fundraising services. See Part IV, line 17 Investment management fees	1,365,540.	990,210.	95,014.	280,316.							
f g		1,303,340.	JJ0,210•	73,014.	200,510.							
9	column (A) amount, list line 11g expenses on Sch 0.)	8,058,816.	5,970,115.	571,509.	1,517,192.							
12	Advertising and promotion	1,720,860.		119,737.	353,256.							
13	Office expenses	2,659,725.	1,916,376.	338,092.	405,257.							
14	Information technology	2,848,493.	1,781,867.	288,106.	778,520.							
15	Royalties	, ,	, , , , , ,	,	, , , , , , , , , , , , , , , , , , , ,							
16	Occupancy	3,743,796.	3,224,150.	10,700.	508,946.							
17	Travel	3,040,150.	2,540,953.	185,000.	314,197.							
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	2,436,124.	1,844,771.	361,853.	229,500.							
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	5,623,807.	4,551,422.	3,678.	1,068,707.							
23	Insurance	315,237.	227,132.	40,072.	48,033.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)											
а	SHARED PORTION - CONTR.	33,152,996.	33,152,996.									
b	SHARED PORTION - BEQUES	7,036,795.	7,036,795.									
С	SPECIAL AFFILIATE SUBSI	5,812,501.	5,812,501.									
d	EQUIPMENT RENTAL & MAIN	447,023.	279,634.	45,213.	122,176.							
е	All other expenses	3,772,548.	2,427,015.	117,814.	1,227,719.							
25	Total functional expenses. Add lines 1 through 24e	140,703,350.	119,800,607.	6,529,717.	14,373,026.							
26	Joint costs. Complete this line only if the organization											
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											
	Check here if following SOP 98-2 (ASC 958-720)											
					Earm 990 (2019)							

Form 990 (2018)
Part X Balance Sheet

Pal	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	8,415,554.	1	75,594,920.
	2	Savings and temporary cash investments	33,638,638.	2	29,397,222.
	3	Pledges and grants receivable, net	37,033,713.	3	43,786,768.
	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			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,541,515.	9	342,586.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 73,052,753.			
	b	Less: accumulated depreciation 10b 43,317,508.	33,331,187.	10c	29,735,245.
	11	Investments - publicly traded securities	328,433,064.	11	289,785,702.
	12	Investments - other securities. See Part IV, line 11		12	22,109,091.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	10,412,161.	15	5,771,377.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	452,805,832.	16	496,522,911.
	17	Accounts payable and accrued expenses	7,870,702.	17	8,026,494.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
<u>i</u>		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			
		Schedule D	102,309,606.	25	117,002,006.
	26	Total liabilities. Add lines 17 through 25	110,180,308.	26	125,028,500.
		Organizations that follow SFAS 117 (ASC 958), check here X and			
S		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	215,908,393.	27	226,633,480.
sala	28	Temporarily restricted net assets	70,760,418.	28	73,653,239.
힏	29	Permanently restricted net assets	55,956,713.	29	71,207,692.
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here			
٥		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	242 66	32	074 464 444
z	33	Total net assets or fund balances	342,625,524.	33	371,494,411.
	34	Total liabilities and net assets/fund balances	452,805,832.	34	496,522,911.

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	1 2 3 4 5 6 7 8	205 140 64 342	,43 ,70 ,72 ,62 ,26	3,3 9,4 5,5	28. 50. 78. 24.
9	, , , , , , , , , , , , , , , , , , , ,	9	- 2	,59	2.9	46.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		,49		
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u>Ш</u>
1 2a	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 were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Yes	No X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate			2b	Х	
С	consolidated basis, or both: Separate basis K Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sche			2c	х	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133?	gle Audi		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	İ			1

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

AMERICAN CIVIL LIBERTIES UNION

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2018
Open to Public

Inspection

Employer identification number

FOUNDATION 13-6213516 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

13-6213516 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	78890183.	89472041.	140053645	134420043	156940567	599776479
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	78890183.	89472041.	140053645	134420043	156940567	599776479
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						16375374.
6	Public support. Subtract line 5 from line 4.						583401105
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	78890183.			134420043		599776479
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	7082198.	6163920.	6364771.	8367496.	6288517.	34266902.
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.)	25,443.	95,622.	1193913.	719,736.	999,027.	3033741.
11	Total support. Add lines 7 through 10						637077122
	Gross receipts from related activities,	etc. (see instruction	ons)			12 20	,144,619.
	First five years. If the Form 990 is for			d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	91.57 %
	Public support percentage from 2017					15	90.97 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2017. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	i ere. Explain in Pai	t VI how the orgar	nization
	meets the "facts-and-circumstances"	~		*	•		
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						·
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

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.)

Section A. Public Support	ciow, picase comp	oloto i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
0 4 1 6 11 0	(a) 2014	(b) 2013	(6) 2010	(a) 2017	(e) 2010	(i) iotai
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						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is fo	or the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						>
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2018 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	018 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2018. If the	e organization did เ				33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	> □
b 33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che	•			•	ore than 33 1/3%, a	and
20 Private foundation. If the organization		-	· ·		-	

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	<u> </u>		
	2		
-			
3	а		
3	b		
3	С		
4	а		
-	u		
4	b		
4	С		
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Par	t IV	Supporting Organizations (continued)			
		1 · · · · · · · · · · · · · · · · · · ·		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		
		6 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			
		r		Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	-	rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		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,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	•	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
Sec		vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
000		7. Type ii Supporting Organizations		Yes	No
1	Wora :	a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•		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		D. All Type III Supporting Organizations	•		
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, ((ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	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			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C	suppo	orted organizations played in this regard.	3		
-		E. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b c		The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	tia.mal		
2		ties Test. Answer (a) and (b) below.	uctions)	Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
_		apported 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,			
		the organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		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	Paren [*]	t of Supported Organizations. Answer (a) and (b) below.			
а	Did th	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.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

AMERICAN CIVIL LIBERTIES UNION

Schedule A (Form 990 or 990-EZ) 2018 FOUNDATION, INC.

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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	g trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections 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):			
a	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	Ilv integrate	ed Type III supporting orga	enization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nnizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	,	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

AMERICAN CIVIL LIBERTIES UNION

Schedule A (Form 990 or 990-EZ) 2018 FOUNDATION, INC.

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;	Ŭ
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,	
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,	
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
DROMONTONAL MEDGUANDICE CALEC AND ONLED MICCELLANEOUG INCOME	
PROMOTIONAL MERCHANDISE SALES AND OTHER MISCELLANEOUS INCOME	
	_
	_
	_

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.

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

OMB No. 1545-0047

Name of the organization

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Employer identification number

13-6213516

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		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	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	year, contributions is checked, enter he purpose. Don't com	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., uplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year					
but it mu	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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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

13-6213516

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	nai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 15,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- \$\frac{4,900,000.}{-	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 4,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>3,800,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- \$_3,666,862.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number

AMERICAN CIVIL LIBERTIES UNION

FOUNDATION, INC.

13

13-6213516

fro	om any one contributor. Complete columns (a) mpleting Part III, enter the total of exclusively religious, case duplicate copies of Part III if additional s	through (e) and the following line en haritable, etc., contributions of \$1,000 or	try. For organizations less for the year. (Enter this info. once.) \$\bigs\\$ \$\bigs\\$
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
$- \frac{1}{2}$			
		(e) Transfer of gif	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
		(e) Transfer of gif	t
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
lo.			
m t I —	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
 -			
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	(e) Transf Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

___ ZU 10

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

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

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III			
		N CIVIL LIBERTIES	UNION	Emp	loyer identification number
		ION, INC.	01(101)	'	13-6213516
Pa	art I-A Complete if the org	anization is exempt unde	r section 501(c) o	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		>	.
Pa	art I-B Complete if the org	anization is exempt unde	r section 501(c)(3	3).	
	Enter the amount of any excise tax	•		•	<u> </u>
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				
	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt unde	r section 501(c), o	except section 501(c	e)(3).
3	Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and emmade payments. For each organization received that were propolitical action committee (PAC). If a	. Add lines 1 and 2. Enter here an 1120-POL for this year? nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	of all section 527 poli from the filing organiza separate political orga	tical organizations to whication's funds. Also enter the	Yes No h the filing organization e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

AMERICAN CIVIL LIBERTIES UNION

Schedule C (Form 990 or 990-EZ) 2018	FOUNDATION,	INC.		13-6	213516 Page 2	
Part II-A Complete if the org	ganization is exer	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under	
section 501(h)).						
A Check ► if the filing organization	ation belongs to an affi	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,	
expenses, and sha	re of excess lobbying	expenditures).				
B Check ▶ if the filing organization	ation checked box A a	nd "limited control" pro	visions apply.			
	its 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 infl	uence public opinion (grass roots lobbying)		141,862.		
b Total lobbying expenditures to infl				161,269.		
c Total lobbying expenditures (add I				303,131.		
d Other exempt purpose expenditur				135095920.		
e Total exempt purpose expenditure				135399051.		
f Lobbying nontaxable amount. Ent	•			1,000,000.		
If the amount on line 1e, column (a)		bying nontaxable am		, ,		
Not over \$500,000	, ,	the amount on line 1e.				
Over \$500,000 but not over \$1,00		00 plus 15% of the exce	ess over \$500,000.			
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.					
Over \$1,500,000 but not over \$17	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.					
Over \$17,000,000	\$1,000,					
•						
g Grassroots nontaxable amount (er	nter 25% of line 1f)			250,000.		
h Subtract line 1g from line 1a. If zei	ro or less, enter -0-			0.		
i Subtract line 1f from line 1c. If zer	o or less, enter -0			0.		
j If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiza	tion file Form 4720			
reporting section 4911 tax for this	year?				Yes No	
(Some organizations t	hat made a section 5	eraging Period Under 01(h) election do not l ate instructions for lir	nave to complete all c	of the five columns be	low.	
	Lobbying Expe	nditures During 4-Yea	r Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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	970,272.	589,067.	993,802.	303,131.	2,856,272.	

250,000.

204,164.

250,000.

180,294.

250,000.

108,321.

Schedule C (Form 990 or 990-EZ) 2018

141,862.

250,000. 1,000,000.

1,500,000.

634,641.

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2018 FOUNDATION, INC. 13-62135 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)).

the lobbying activity. During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?	Yes		(b)	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?		No	Am	ount
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?				
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?				
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?			1	
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
j Total. Add lines 1c through 1i				
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 5	501(c)(5	or se	ction	
501(c)(6).), UI 3 C	Clion	
			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?				
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
Did the organization agree to carry over lobbying and political campaign activity expenditures from the pr				1
art III-B Complete if the organization is exempt under section 501(c)(4), section 5		• •		⊥ e 3. i
Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."	o," OR	(b) Part		e 3, i
Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." Dues, assessments and similar amounts from members	o," OR	(b) Part		e 3, i
Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	o," OR	(b) Part		e 3, i
Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	o," OR	(b) Part		e 3, i
Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year	o," OR	(b) Part		e 3, i
Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	o," OR	(b) Part		e 3, i
Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	o," OR	(b) Part		e 3, i
Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	o," OR	(b) Part		e 3, i
Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	o," OR	(b) Part		e 3, i
Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	o," OR	(b) Part		e 3, i

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Employer identification number 13-6213516

	organization answered "Yes" on Form 990, Part IV, line	6. (a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) Donor advised lurius	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year	iting that the second hald in dance advis	and frieds
	Did the organization inform all donors and donor advisors in wr are the organization's property, subject to the organization's ex	_	
	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or c		
Par			
	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
	Number of conservation easements on a certified historic struc		
	Number of conservation easements included in (c) acquired after		
	listed in the National Register	•	I I
3	Number of conservation easements modified, transferred, relea		
	year >	, , , , , , , , , , , , , , , , , , ,	
4	Number of states where property subject to conservation easer	ment is located	
	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h	olds?	Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
	>		
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes N
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizatio	n's financial statements that describes	the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of A		ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC $$	958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	ition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	s these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu-	cation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			> \$
2	If the organization received or held works of art, historical treas	ures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 116	· ·	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		\$

Pai	t III Organizations Maintaining C	ollections of Art,	Historical Tre	asures, or	Other	Similar	Assets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other records,	, check any of the fo	ollowing that	are a sig	nificant us	se of its c	ollection i	items
	(check all that apply):								
а	Public exhibition	d	Loan or exch	nange progra	ms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit or	r receive donations of	art, historical treas	ures, or othe	r similar a	assets			
	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	gements. Complet	e if the organization	n answered "	Yes" on I	Form 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	or other ass	ets not ir	ncluded		_	
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo					:y?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete in	f the organization ans	wered "Yes" on Fo	rm 990, Part	IV, line 10	0.			
		(a) Current year	(b) Prior year	(c) Two year		(d) Three ye			years back
1a	Beginning of year balance	78,854,535.	69,493,479.	57,840	,537.		7,150.	57,	852,676.
b	Contributions	15,250,979.	6,042,983.	4,455		3,35	2,705.		343,481.
С	Net investment earnings, gains, and losses	3,798,475.	5,940,073.	7,267	,113.	-3,18	86,663.	2,	960,685.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	60,000.	2,622,000.	70	,000.	2,23	32,655.	2,	249,692.
f	Administrative expenses								
g	End of year balance	97,843,989.	78,854,535.	69,493	,479.	57,84	10,537.	59,	907,150.
2	Provide the estimated percentage of the curr		(line 1g, column (a))) held as:					
а	Board designated or quasi-endowment	27.15	_%						
b	Permanent endowment ► 72.85	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	d administere	ed for the	e organizat	tion	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	X
								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		ment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. So	ee Form 990,	Part X, I	ine 10.			
	Description of property	(a) Cost or oth				cumulated	b	(d) Book	value
		basis (investme			dep	reciation	_		
1a	Land			5,713.		0.4 - 1 -			5,713.
b	Buildings		49,68	5,361.	32,4	24,14	<u>:0. 1</u>	7,261	,221.
С	Leasehold improvements								
d	Equipment			9,028.		29,34			684.
	Other			2,651.	7,9	64,02			3,627.
Total	I. Add lines 1a through 1e. (Column (d) must ea	gual Form 990 Part X	column (R) line 10	OC)			▶ 2	9.735	5,245.

Schedule D (Form 990) 2018

	.VID DIDEKII	ES ONTON	12 6012516
Schedule D (Form 990) 2018 FOUNDATION,	INC.		13-6213516 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11c. See Form 990, Part X, line	13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	•		
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 990, Part X, line	15.
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)		
Part X Other Liabilities.	C 10.,1		
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11e or 11f. See Form 990. Part	X. line 25.
1. (a) Description of liability	, ,	(b) Book value	,
(1) Federal income taxes			
(2) SPLIT INTEREST LIABILITY		13,863,928.	
(3) DUE TO RELATED PARTY (ACL	U -	3,332,220	
(4) 501(C)(4))	-	22,616,780.	
(5) BILL OF RIGHTS TRUST HELD	FOR	==,==,,.	
(6) AFFILIATES		34,438,857.	
/7) DITE TO AFFILTATES		36 108 040	

▶ 117,002,006. 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

9,974,401.

(8) DUE TO THE ACLU - ALLOCATED SHARE

(9) OF PENSION LIABILITY

Sche	dule D (Form 990) 2018	FOUNDATION, INC	•		13-	6213516	Page 4	
Par	t XI Reconciliati	ion of Revenue per Audited F	nancial Statements Wi	th Revenue per Ret	turn.			
	Complete if the	organization answered "Yes" on Form	990, Part IV, line 12a.					
1	Total revenue, gains, a	and other support per audited financial	statements		1	184,388,	621.	
2	Amounts included on I	line 1 but not on Form 990, Part VIII, lir	e 12:	_				
а	Net unrealized gains (le	osses) on investments	2a	-33,267,645.				
b		use of facilities		14,477,401.				
С		ar grants						
d		t XIII.)		-2,253,963.				
е	Add lines 2a through 2				2e	-21,044,2	207.	
3	Subtract line 2e from I	ine 1				205,432,8		
4		Form 990, Part VIII, line 12, but not on						
а		not included on Form 990, Part VIII, line						
b		t XIII.)						
С		, , , , , , , , , , , , , , , , , , ,			4c		0.	
5		es 3 and 4c. (This must equal Form 990			5	205,432,8	828.	
Par	t XII Reconciliati	ion of Expenses per Audited I	inancial Statements W	ith Expenses per R	etur	n.		
	Complete if the	organization answered "Yes" on Form	990, Part IV, line 12a.					
1		sses per audited financial statements			1	155,180,	751.	
2		line 1 but not on Form 990, Part IX, line			-			
- а		use of facilities		14,477,401.				
b				, , ,				
c	- · · ·							
d		t XIII.)						
۰ م	Add lines 2a through 2				2e	14,477,	401.	
3	•	ine 1				140,703,		
4		Form 990, Part IX, line 25, but not on li						
-		not included on Form 990, Part VIII, line						
b		t XIII.)						
					4c		0.	
5		nes 3 and 4c. (This must equal Form 9				140,703,		
	t XIII Supplement	tal Information.	90, Part I, IIIIe 18.)			1077007	<u> </u>	
		uired for Part II, lines 3, 5, and 9; Part I	L lines 1a and 4: Bart IV lines	1h and 2h: Dart V. line 4:	Dort	V line 2: Part VI		
		, lines 2d and 4b. Also complete this p			гап	Λ, III le 2, Γαιτ Λι,		
ines	20 and 40, and Part All	, lines 2d and 4b. Also complete this pa	art to provide any additional in	iornation.				
D 7 E	RT V, LINE 4							
PAL	TI V, DINE 4	•						
тит	י סווסטרפי הב	THE ENDOWMENT FUND	דכ יים פוודום או	ENDIDING END	∩ъπ	באת הט		
1111	FUNFOSE OF	THE ENDOWMENT FOND	12 10 DOILD MM	ENDOKING END	OWN	ENI IO		
~	ים שנות חנום עסכ	WORK OF THE ACLU ANI	י דיים אייידי.דאייים	TM DDOMECMT	NIC			
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cm z		T.C.3						
SIF	TES OF AMER	ICA.						
PAF	RT X, LINE 2	•						
					- ^	1/0//2/		
THE	THE ACLU FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF							
m		DELTENTE CODE		maync 01		mnp.		
THE	U.S. INTERI	NAL REVENUE CODE ANI	IS SUBJECT TO	TAXES ON UNR	ĽLА	TED		
D	TNEGG TYGG:	_ 3 <i>_</i> 3 <i>_</i> 3 <i>_</i> 5555		D 30 3 5707	~	DDD / ====		
RUS	SINESS INCOM	E, AS APPLICABLE. TH	E LLC IS TREATE	AS A DISRE	ARئ	DED (TAX))	

ENTITY.

Part XIII Supplemental Information (continued)
REVENUE SERVICE (THE IRS) AND WITH VARIOUS STATES.
MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE
ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADDITIONAL
ADJUSTMENT OR DISCLOSURE TO THE ACCOMPANYING FINANCIAL STATEMENTS.
GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS
BY U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR TAX YEARS BEFORE 2015,
WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -1,420,881.
RECOGNITION OF AFFILIATES' SHARE OF PENSION LIABILITY -833,082.
TOTAL TO SCHEDULE D, PART XI, LINE 2D -2,253,963.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Employer identification number 13-6213516

Part I Fundraising Activities required to complete this par	 Complete if the organization answert. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	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, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicita f Solicita g Special or oral agreement with any individual lart VII) or entity in connection with position or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fund have o or cor contrib	Did raiser ustody ntrol of utions?	(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
O'BRIEN GARRETT (FORMERLY		Yes	No			
OMP) - 1133 19TH STREET NW,	TELEMARKETING		Х	44,748,980.	196,466.	44,552,514.
DCM INC - 330 W 38TH STREET, SUITE 207, NEW YORK, NY	TELEMARKETING		х	199,572.	98,384.	101,188.
Tatal				44 948 552	294.850	44 653 702
Total 3 List all states in which the organization or licensing		contrib	utions	44,948,552. or has been notified	294,850. it is exempt from re	44,653,702. gistration
or licensing. AK, AL, AR, AZ, CA, CO, CT,	FI. CA HT TI. KC KV 1	. <u>A</u> 1	<u>Γ</u> Δ 1λ	ID ME MT MN	MO MG NO	ND NH N.T
NM, NY, OH, OK, OR, PA, RI,				ID, ME, MI, MN	, MO, MB, NC,	ND, NII, NO
MH, NI, OH, OK, OK, IA, KI,	BC, BD, IN, OI, WA, WI,	, v	'Д			
				-		

AMERICAN CIVIL LIBERTIES UNION

Schedule G (Form 990 or 990-EZ) 2018 FOUNDATION, INC.

13-6213516 Page 2

Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000								
_		of fundraising event contributions and gro		EZ, li				ts greater than \$5,000.	
			(a) Event #1		(b) Event #2		c) Other events	(d) Total events (add col. (a) through col. (c))	
e			(event type)		(event type)		(total number)	(-"	
Revenue	1	Gross receipts							
	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
	5	Noncash prizes							
enses	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
Dire	8	Entertainment							
	9	Other direct expenses							
	10	Direct expense summary. Add lines 4 through	9 in column (d)				>		
Da	11 rt l	Net income summary. Subtract line 10 from li			D-+ N/ E 10				
Га	1111	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990,	Part IV, line 19, or	repor	ted more than		
		+ · · · · · · · · · · · · · · · · · · ·	(a) Dia sa	(b) Pull tabs/instant	,	. \ O!!	(d) Total gaming (add	
anue			(a) Bingo	bing	o/progressive bingo	(c) Other gaming	col. (a) through col. (c))	
Revenue	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes % No		Yes % No		Yes % No		
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	Net gaming income summary. Subtract line 7 from line 1, column (d)								
^	E~4	cor the state(e) in which the every interesting and	oto gamina cativitias						
		er the state(s) in which the organization condu he organization licensed to conduct gaming ac	_					Yes No	
		No," explain:							
	_								
		re any of the organization's gaming licenses re Yes," explain:				/ear?		Yes No	

AMERICAN CIVIL LIBERTIES UNION

Schedule G (Form 990 or 990-EZ) 2018 FOUNDATION, INC.	13-6213516 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
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	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:
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 am	ount
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?	Yes No
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 ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	and Doct III lines 0. Ob. 10b
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	; and Part III, lines 9, 9b, 10b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	ISERS:
(I) NAME OF FUNDRAISER: O'BRIEN GARRETT (FORMERLY OMP)	
(I) ADDRESS OF FUNDRAISER:	
1133 19TH STREET 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) Supplemental Infor	FOUNDATION,	INC.	13-6213516	Page 4
Partiv	Supplemental infor	mation (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.

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

AMERICAN CIVIL LIBERTIES UNION

2018

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FOUNDATION	N, INC.						13-6213516
Part I General Information on Grants ar	nd Assistance						
1 Does the organization maintain records to	o substantiate the	amount of the grants	s or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assist	tance?						X Yes No
2 Describe in Part IV the organization's pro-	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to D	Domestic Organia	zations and Domesti	c Governments. C	omplete if the orga	anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$					(f) Mathad of	1	1
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 TEXAS							
P.O. BOX 8306							
HOUSTON, TX 77288	76-0343171	501(C)(3)	315,000.	0.			AFFILIATE PROGRAM
AGUIE OF MIGGIGGIPPI							
ACLUF OF MISSISSIPPI P.O. BOX 2242							
JACKSON, MS 39225	64-0694013	E01/G\/2\	375,000.	0.			AFFILIATE PROGRAM
JACKSON, MS 39225	04-0094013	501(C)(3)	373,000.	0.			AFFILIATE PROGRAM
ROGER BALDWIN FOUNDATION OF ACLU							
180 NORTH MICHIGAN AVE., SUITE 2300							
CHICAGO, IL 60601	36-2682569	501(C)(3)	198,000.	0.			AFFILIATE PROGRAM
ACLUF OF WASHINGTON							
901 5TH AVE., SUITE 630							
SEATTLE, WA 98164	23-7076867	501(C)(3)	30,000.	0.			AFFILIATE PROGRAM
ACLUF OF UTAH							
355 NORTH 300 WEST							
SALT LAKE CITY, UT 84103	87-0439810	501(C)(3)	85,000.	0.			AFFILIATE PROGRAM
ACLUE OF WIGGONGIN							
ACLUF OF WISCONSIN							
207 E. BUFFALO ST, STE. 325 MILWAUKEE WI 53202	23-7052345	501(C)(3)	50,000.	0.			AFFILIATE PROGRAM
· · · · · · · · · · · · · · · · · · ·		I	a line d deble	-		1	31
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations	•	-					

Schedule I (Form 990) FOUNDATI				(0.1	(5		3-6213516 Page
Part II Continuation of Grants and Othe	er Assistance to Gov	vernments and Orgar	nizations in the Un	ited States (Scho	edule I (Form 990), Pa I	rt II.) T	
(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 ARKANSAS							
904 W. 2ND STREET, STE 1							
LITTLE ROCK, AR 72201	71-0473676	501(C)(3)	60,000.	0.			AFFILIATE PROGRAM
ACLUF OF IDAHO							
P.O. BOX 1897							
BOISE, ID 83701	82-0467428	501(C)(3)	55,000.	0.			AFFILIATE PROGRAM
ACLUF OF KENTUCKY							
315 GUTHRIE STREET, SUITE 300							
LOUISVILLE, KY 40202	61-6058569	501(C)(3)	60,000.	0.			AFFILIATE PROGRAM
,			, ,	<u></u>			
ACLUF OF INDIANA							
1031 E. WASHINGTON STREET							
INDIANOPOLIS, IN 46202	23-7398358	501(C)(3)	90,000.	0.			AFFILIATE PROGRAM
ACLUF OF ALABAMA							
900 S. PERRY STREET, SUITE B							
MONTGOMERY, AL 36104	63-0883872	501(C)(3)	100,000.	0.			AFFILIATE PROGRAM
ACLU OF NEVADA FOUNDATION							
601 S RANCHO DR	00 0017006	E01/Q\/2\	100 000	0			A EETI TAME DOGDAM
LAS VEGAS, NV 89106	88-0217086	501(C)(3)	100,000.	0.			AFFILIATE PROGRAM
ACLUF OF NEW MEXICO							
PO BOX 566							
ALBUQUERQUE, NM 87103	85-0275276	501(C)(3)	314,721.	0.			AFFILIATE PROGRAM
ACLUF OF VERMONT							
PO BOX 277	22 7122246	E01/G)/2)	00.000	2			A FIRST TAME DROGRAM
MONTPELIER, VT 05601	23-7123046	DUI(C)(3)	80,000.	0.			AFFILIATE PROGRAM
ACLU OF ALASKA FOUNDATION							
1057 W FIREWEED LANE							
ANCHORAGE, AK 99503	23-7113202	501(C)(3)	50,000.	0.			AFFILIATE PROGRAM

Schedule I (Form 990)

	ION, INC.						.3-0213310 Pag
Part II Continuation of Grants and Oth	er Assistance to Gov	vernments and Orgai	nizations in the Un □	ited States (Scho	edule I (Form 990), Pa I	rt II.) T	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
ACLUF OF OHIO							
4506 CHESTER AVE.							
CLEVELAND, OH 44103	23-7137105	501(C)(3)	20,000.	0.			AFFILIATE PROGRAM
CHIVEHIND, ON 44103	23 /13/103	301(0)(3)	20,000.	0.			MITIBINID IROCKEN
ACLUF OF SOUTH CAROLINA							
40 CALHOUN ST., SUITE 210							
CHARLESTON, SC 29401	27-1942832	501(C)(3)	236,304.	0.			AFFILIATE PROGRAM
·							
ACLU OF HAWAII FOUNDATION							
PO BOX 3410							
HONOLULU, HI 96801	99-0192064	501(C)(3)	50,000.	0.			AFFILIATE PROGRAM
ACLUF OF IOWA							
505 5TH AVE., 808				_			
DES MOINES, IA 50309	42-1002093	501(C)(3)	50,000.	0.			AFFILIATE PROGRAM
ACLU OF MAINE FOUNDATION							
121 MIDDLE STREET							
PORTLAND, ME 04101	01-0367357	501(C)(3)	80,000.	0.			AFFILIATE PROGRAM
TONIEME, HE OTTO	01 0307337	301(0)(3)		•			THE PROBLEM
ACLUF OF MARYLAND							
3600 CLIPER RD, SUITE 350							
BALTIMORE, MD 21211	23-7209538	501(C)(3)	144,000.	0.			AFFILIATE PROGRAM
ACLUF OF NEW HAMPSHIRE							
18 LOW AVENUE							
CONCORD, NH 03301	02-0347237	501(C)(3)	65,000.	0.			AFFILIATE PROGRAM
ACLUF OF MONTANA							
P.O. BOX 1317	01 0445333	F01/G1/21	040.000	_			A POTT TAME DESCENS
HELENA, MT 59624	81-0445339	DUT(C)(3)	240,000.	0.			AFFILIATE PROGRAM
ACLUF OF MISSOURI							
454 WHITTIER STREET							
ST. LOUIS, MO 63108	43-6070952	501(C)(3)	101,883.	0.			AFFILIATE PROGRAM
	1 20 00,0332			٠.	l .		

Schedule I (Form 990) FOUNDATION	N, INC.					1	3-6213516 Page 1
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Scho	edule I (Form 990), Par	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACLU OF FLORIDA 4343 W FLAGLER ST, STE 400 MIAMI, FL 33134	59-0883831	501(C)(4)	75,000.	0.			AFFILIATE PROGRAM
ACLUF OF PENNSYLVANIA P.O. BOX 40008 PHILADELPHIA, PA 19106	23-1742013	501(C)(3)	183,462.	0.			AFFILIATE PROGRAM
ACLU OF MASSACHUSETTS 211 CONGRESS STREET BOSTON, MA 02110	04-1180450	501(C)(4)	100,000.	0.			AFFILIATE PROGRAM LOBBYING ACTIVITIES INCLUDED IN 501(H) ELECTION
ACLUF OF NORTH CAROLINA 727 W HARGETT STREET STE 105 RALEIGH, NC 27603	56-1019644	501(C)(3)	249,604.	0.			AFFILIATE PROGRAM
ACLUF OF LOUISIANA PO BOX 56157 NEW ORLEANS, LA 70156	72-0717944	501(C)(3)	220,000.	0.			AFFILIATE PROGRAM
ACLUF OF NEW JERSEY PO BOX 32159 NEWARK, NJ 07102	22-2010593	501(C)(3)	216,396.	0.			AFFILIATE PROGRAM
ACLU OF COLORADO 303 E 17TH AVE DENVER , CO 80203-1256	84-0437750	501(C)(4)	104,110.	0.			AFFILIATE PROGRAM LOBBYING ACTIVITIES INCLUDED IN 501(H) ELECTION & AFFILIATE
PHYSICIANS FOR HUMAN RIGHTS FOUNDATION - 185 DEVONSHIRE STREET SUITE M102 - BOSTON, MA 02110	22-2488437	501(C)(3)	75,000.	0.			SPONSORSHIP
ACLUF OF MASSACHUSETTS 211 CONGRESS STREET BOSTON, MA 02110	47-3686152	501(C)(3)	62,500.	0.			AFFILIATE PROGRAM

chedule I (Form 990) FOUNDATION FOUNDATION FOR FOUNDATION FO		vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa		.3-6213516 P
(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
INSTITUTE FOR MEDIA ANALYSIS 275 CONOVER STREET UNIT 3C							
BROOKLYN , NY 11231	13-3331313	501(C)(3)	50,000.	0.			SPONSORSHIP
ACLU OF KENTUCKY 315 GUTHRIE STREET, SUITE 300 LOUISVILLE, KY 40202	61-0597514	501(C)(4)	43,000.	0.			AFFILIATE PROGRAM LOBBYING ACTIVITIES INCLUDED IN 501(H) ELECTION
ACLUF OF ARIZONA PO BOX 17148	01 035/311		13,000.				
PHOENIX, AZ 85011	23-7238580	501(C)(4)	20,000.	0.			AFFILIATE PROGRAM
ACLUF OF MINNESOTA 2300 MYRTLE AVE STE 180 ST. PAUL, MN 55114	41-6050012	501(C)(4)	20,000.	0.			AFFILIATE PROGRAM
ACLU OF MISSOURI 454 WHITTIER STREET ST. LOUIS, MO 63108	32-0295491		10,000.	0.			AFFILIATE PROGRAM LOBBYING ACTIVITIES INCLUDED IN 501(H) ELECTION
31. H001B, NO 03100	32 0233431	501(5)(4)	10,000.				BERCHON

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Page 2

Part III

FOUNDATION, INC. 13-6213516

(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
MEDAL OF LIBERTY AWARD	1	51,488.	0.		
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	I Iditional information.	
PART I, LINE 2:					
THE ACLU HAS ESTABLISHED PROCEDURE	S FOR THE	RELEASE C	OF GRANTS,	AS WELL AS	
FOR MONITORING OF OUTCOMES TO DET					

FOR MONITORING OF OUTCOMES, TO DETERMINE WHETHER THE GOALS OF A PARTICULAR GRANT AWARD HAVE BEEN MET. WHILE THE PRIMARY GRANTMAKING THE ORGANIZATION DOES IS TO ITS AFFILIATES, THE ORGANIZATION ALSO MAKES GRANTS TO OTHER ORGANIZATIONS WHEN IT DETERMINES THAT DOING SO WILL BE IN THE FURTHERANCE OF ITS MISSION. GRANT AWARDS ARE CONFIRMED IN WRITING AND SUPPORTED BY A WRITTEN AGREEMENT THAT SPECIFIES THE PURPOSE OF THE GRANT, THE SPECIFIC OUTCOMES TO BE ACHIEVED, AND, IF APPLICABLE, THE INDICATORS THAT THE

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. PART II, LINE 1, COLUMN (H): NAME OF ORGANIZATION OR GOVERNMENT: ACLU OF COLORADO (H) PURPOSE OF GRANT OR ASSISTANCE: AFFILIATE PROGRAM LOBBYING ACTIVITIES INCLUDED IN 501(H) ELECTION & AFFILIATE PROGRAM

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

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.

13-6213516

Name of the organization

Part I Questions Regarding Compensation

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

Open to Public

OMB No. 1545-0047

Inspection Employer identification number

			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			
	X Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	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		X
	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		

Schedule J (Form 990) 2018

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
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) ANTHONY D. ROMERO	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR/CEO	(ii)	517,970.	0.	11,036.	138,113.	18,871.	685,990.	0.
(2) DOROTHY M. EHRLICH	(i)	0.	0.	0.	0.	0.	0.	0.
DEPUTY EXECUTIVE DIRECTOR	(ii)	427,594.	0.	14,994.	153,092.	29,721.	625,401.	0.
(3) TERENCE R. DOUGHERTY	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF OPER. OFFICE/GEN COUNSEL	(ii)	393,123.	0.	-3,225.	22,123.	25,059.	437,080.	0.
(4) FAIZ R. SHAKIR	(i)	0.	0.	0.	0.	0.	0.	0.
NATIONAL POLITICAL DIRECTOR	(ii)	315,909.	0.	-6,909.	14,778.	22,234.	346,012.	0.
(5) KIMBERLY P. TRUEBLOOD	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF OF STAFF	(ii)	349,801.	0.	-6,051.	16,223.	18,977.	378,950.	0.
(6) JENNIFER S. CONSILVIO	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	239,347.	0.	-15,756.	16,149.	49,366.	289,106.	0.
(7) DAVID D. COLE	(i)	404,642.	0.	11,958.	18,680.	4,229.	439,509.	0.
NATIONAL LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICHELE M. MOORE	(i)	335,888.	0.	17,281.	14,121.	23,553.	390,843.	0.
CHIEF COMMUNICATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) GERI E. ROZANSKI DIRECTOR	(i)	302,337.	0.	10,429.	77,500.	26,067.	416,333.	0.
AFFILIATE SUPPORT & NATIONWIDE INIT	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARK V. WIER	(i)	377,294.	0.	3,652.	16,544.	5,023.	402,513.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JEFFEREY P. ROBINSON	(i)	296,179.	0.	4,321.	15,900.	1,551.	317,951.	0.
DEPUTY LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CECILLIA D. WANG	(i)	254,324.	0.	-2,891.	20,476.	14,714.	286,623.	0.
DEPUTY LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) LOUISE MELLING	(i)	274,672.	0.	-4,142.	37,836.	17,324.	325,690.	0.
DEPUTY LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) DENNIS PARKER DIRECTOR	(i)	255,232.	0.	-10,349.	46,615.	48,615.	340,113.	0.
RACIAL JUSTICE PROJECT	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JUDY RABINOVITZ	(i)	231,563.	0.	-1,938.	62,812.	17,668.	310,105.	0.
DEPUTY IMMIGRANTS' RIGHTS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 4B:

THE CEO PARTICIPATES IN A NONOUALIFIED, SUPPLEMENTAL RETIRMENT PLAN. THE

CEO RECEIVED NO PAYMENTS IN 2018.

FORM 990, SCHEDULE J

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

BONUS PAYMENTS (THERE WERE NONE IN 2018) AND COLUMN B(III) INCLUDES ALL

OTHER REPORTABLE COMPENSATION. INCLUDING ANY REDUCTIONS TO TAXABLE

COMPENSATION RELATED TO PARTICIPATION IN HEALTH OR DEPENDENT SPENDING

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

WHEN THE AMOUNTS DEDUCTED FROM REPORTABLE COMPENSATION ARE GREATER THAN

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

INCLUDES EMPLOYER CONTRIBUTIONS TO THE DEFINED BENEFIT PENSION PLAN OR,

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

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

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

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

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

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

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.
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.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Employer identification number 13-6213516

Part I	Excess Bene	fit Transa	ctic	ons (section 50	01(c)(3), secti	on 501(c)(4), and 50	1(c)	(29) organization:	s only)					
							rt IV, line 25a or 25b					b.			
1	•	1		elationship betv			ified						(d)	Corre	cted?
(a) Nan	ne of disqualified p	erson '	,	person and or			(4	c) D	escription of tran	sactio	n			es	No
													T -		
													-	+	
														-+	
2 Entor t	the amount of tax is	nourred by th		ranization man	ogoro	or diag	ualified persons dur	ina	the year under						
		•		•	•		•	•	•		•				
											▶ \$				
3 Enter t	the amount of tax,	ir any, on line	2, 2	above, reimburs	ea by	tne org	janization				• •				
Part II	Loans to and	l/or From	Inte	rested Pers	eons										
i ait ii							D 11/1" 00 1	_	000 5 1 11 1						
	•	•					Part V, line 38a or F	-orm	n 990, Part IV, lin	e 26; d	or if th	e orga	nızatıc	n	
	reported an amou					2. oan to or		Ι.				(h) An	nroved	en 14	
		(b) Relations with organiza		(c) Purpose of loan	fror	n the	(e) Original principal amount	(1	f) Balance due	(g) defa	ln ult2	(h) Ap	ard or	(i) V	/ritten ment?
intere	cated person	With Organiza	1011	orioan		ization?	principal amount					comm			_
			-		To	From				Yes	No	Yes	No	Yes	No
															_
			_												
			_												
															<u> </u>
															<u> </u>
															<u> </u>
															<u> </u>
															<u> </u>
Гotal							> \$								
Part III	Grants or As	sistance E	3en	efiting Inter	este	d Per	sons.								
	Complete if the c	organization a	nsw	ered "Yes" on F	orm 9	90, Pa	rt IV, line 27.								
(a) Na	ame of interested p	erson	(b) Relationship	betwe	en	(c) Amount of		(d) Type	of		(e) Purp	ose o	f
				interested pers		d	assistance		assistan	ce			assista	ance	
				the organiza	ation										

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

Schedule L (Form 990 or 990-EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018 FOUNDATION, INC.

Part IV | Business Transactions Involving Interested Persons.

(a) Name of interested person	red "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganiz	aring of zation's nues?
				Yes	No
GARY D. SOWARDS	SPOUSE OF AN OFFICE	210,232.	PAYMENT FOR		X
Part V Supplemental Information.					
	esponses to questions on Schedule L (see in	nstructions).			
COU I DADM IV DISCINESS	MDANCACMTONC TWOOTSTA	C TNMEDECME	D DEDCONC.		
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVING	G INTERESTE	ID PERSONS:		
(A) NAME OF PERSON: GARY	D. SOWARDS				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZATI	ON:		
SPOUSE OF AN OFFICER/KEY	EMPLOYEE				
·					
(C) AMOUNT OF TRANSACTION	V \$ 210,232.				
(D) DESCRIPTION OF TRANSA	ACTION: PAYMENT FOR LE	GAL SERVICE	S		
(E) SHARING OF ORGANIZAT:	ON REVENUES? = NO				
(1)					
PART IV					
DURING FISCAL YEAR 2019 (SARY D. SOWARDS, THE S	POUSE OF OF	FICER/KEY		
EMPLOYEE DODOWIN FIRETON	I DDOUTDED LEGAL CEDU	TOES IN CON	NECHTON WITH	TT	
EMPLOYEE, DOROTHY EHRLICH	1, PROVIDED LEGAL SERV	ICES IN CON	INECTION WIT	н	
THE ACLU FOUNDATION'S JOI	N ADAMS PROJECT, WHICH	H HAS ARRAN	IGED FOR THE	1	
REPRESENTATION OF AN IND	IVIDUAL CHARGED WITH A	CAPITAL CF	RIME. A		
NATIONALLY KNOWN EXPERT	ГМ САОТФАТ. ОПИТСИМЕНФ	MD GOWADI	NG WAG PETAT	NED	
NATIONALLI KNOWN TAFEKI	IN CAPITAL FUNISHMENT,	MK: SOWAKI	CANAD REIAI	ИПП	
VIA A DECISION MAKING PRO	OCESS THAT DID NOT INV	OLVE THE OF	FICER/KEY		
EMPLOYEE AND AT RATES THE	AT ARE CUSTOMARY FOR T	HE SERVICES	PROVIDED.		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

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

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.

Employer identification number 13-6213516

Pai	rt I Types of Property				•				
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	_	s	
1	Art - Works of art		itomo contributou	1 3111 333, 1 411 7111, 11113 19					
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		X	712	8 986 201	SELLING PRI	CE			
	Securities - Publicly traded		712	0,500,201.	DEBEING IKI	<u> </u>			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
40	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15									
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 ()								
26	Other ()								
27	Other								
28	Other (
29	Number of Forms 8283 received by the organization								
	for which the organization completed Form 82	83, Part IV, [Donee Acknowledg	gement 29					
							Yes	No	
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it				
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be u	sed for				
	exempt purposes for the entire holding period	?				30a		X	
b	b If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?								
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?					32a	Х		
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is che	cked,				
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

AMERICAN CIVIL LIBERTIES UNION

13-6213516 FOUNDATION, INC. Schedule M (Form 990) 2018 Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, PART I, COLUMN (B): THE NUMBER OF CONTRIBUTIONS ABOVE REPRESENTS THE TOTAL NUMBER OF STOCK GIFTS DURING THE YEAR. SCHEDULE M, LINE 32B: WE ENGAGE BROKERS, WITH EXPERTISE SELLING PROPERTY CONTRIBUTED TO THE ORGANIZATION, TO FACILITATE SALES OF NONCASH PROPERTY ON OUR BEHALF.

SCHEDULE 0

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

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:
LAWS OF THE UNITED STATES OR OF THE VARIOUS STATESTO PERSONS
INVOLVED IN ACTIVITIES WHEREIN THEIR CIVIL RIGHTS AND LIBERTIESARE
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.
THE THROUGH WITH EIGHDIEITIES.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
AFFAIRS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
LEGISLATIVE ADVOCACY - THE ACLU SEEKS TO IMPACT CIVIL LIBERTIES THROUGH
WORK ON LEGISLATION AT THE FEDERAL AND STATE LEVEL, AS APPROPRIATE. THE
ORGANIZATION'S LEGISLATIVE ADVOCATES ARE A CONSTANT PRESENCE ON FEDERAL
AND STATE CIVIL LIBERTIES LEGISLATIVE ISSUES. UPDATES ON KEY
LEGISLATIVE ISSUES IMPACTING CIVIL LIBERTIES ARE INCLUDED IN MAIL,
EMAIL, AND OTHER COMMUNICATIONS TO ACLU MEMBERS NATIONWIDE, AS WELL AS
IN PUBLIC EDUCATION CAMPAIGNS. IN ADDITION, THE ACLU DEVELOPS POLICY

INCLUDING GRANTS OF \$ 109,579.

RELATING TO POSITIONS ON CIVIL LIBERTIES ISSUES.

REVENUE \$ 0.

EXPENSES \$ 5,279,895.

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

Employer identification number 13-6213516

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

ACLU FOUNDATION IS A MEMBERSHIP ORGANIZATION. ITS MEMBERS ARE THE BOARD DIRECTORS OF THE AMERICAN CIVIL LIBERTIES UNION.

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

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

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

ACLU FOUNDATION'S MEMBERS HAVE THE AUTHORITY TO AMEND ITS BYLAWS, AND UNDER

NEW YORK LAW, THE ORGANIZATION'S MEMBERS HAVE THE RIGHT TO APPROVE A

DECISION BY THE BOARD TO DISSOLVE, MERGE/CONSOLIDATE WITH ANOTHER

ORGANIZATION OR DISPOSE OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S

ASSETS.

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

THE FORM 990 WAS PREPARED BY MANAGEMENT IN CONSULTATION WITH THE

ORGANIZATION'S AUDITORS. THE ORGANIZATION'S AUDIT COMMITTEE AND ITS

TREASURER REVIEWED A DRAFT OF THE 990 AND PROVIDED COMMENTS. A COMPLETE

COPY OF THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY

BEFORE IT WAS FILED.

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

THE ORGANIZATION DISTRIBUTES ITS CONFLICT OF INTEREST POLICY ON AN ANNUAL

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

MEMBER AND REQUESTS DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST. THE

CHIEF OPERATING OFFICER/GENERAL COUNSEL/ASSISTANT TREASURER OF THE

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

MATTER IS RAISED THAT MAY BE A CONFLICT OF INTEREST INVOLVING A BOARD

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

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

THE POLICY. IF A MATTER IS RAISED THAT MAY BE A CONFLICT OF INTEREST

INVOLVING A KEY EMPLOYEE, HE REFERS THE MATTER TO THE EXECUTIVE DIRECTOR OR

HIS DESIGNEE AND APPROPRIATE FOLLOW UP IS UNDERTAKEN AS SET FORTH IN THE

POLICY. BOARD DIRECTORS, OFFICERS, STANDING COMMITTEE MEMBERS AND KEY

EMPLOYEES ALSO MAY REPORT TO THE BOARD ANY POTENTIAL CONFLICTS OF INTEREST

THAT ARISE DURING THE YEAR. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY

REQUIRES, AMONG OTHER THINGS, THAT INDIVIDUALS WITH CONFLICTS OF INTEREST

WITH RESPECT TO A TRANSACTION OR ACTION MAY NOT PARTICIPATE IN THE

DECISION-MAKING WITH RESPECT TO THAT TRANSACTION OR ACTION AND IN SOME

CIRCUMSTANCES MAY NOT PARTICIPATE IN THE DISCUSSION.

FORM 990, PART VI, SECTION B, LINE 15:

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

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

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

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

INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT. EACH COMMITTEE

REVIEWS COMPENSATION STUDIES AND COMPARABLE COMPENSATION DATA FOR

FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

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

DELIBERATIONS AND DECISIONS. NO ACLU OFFICER RECEIVES COMPENSATION IN

HIS/HER CAPACITY AS AN OFFICER.

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

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

Name of the organization AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.	Employer identification number 13-6213516
NY,OH,OK,OR,PA,RI,SC,TN,UT,WA,WI,WV	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FORM 990, FOR THE PAST THREE OR MORE YE	CARS, EXCLUDING
SCHEDULE B, IS AVAILABLE ON THE ORGANIZATION'S WEBSITE. CO	PIES OF THE
ORGANIZATION'S FORM 990 ARE ALSO AVAILABLE ON THE GUIDESTA	AR WEBSITE. THE
ORGANIZATION'S IRS FORM 1023, BYLAWS, CONFLICT OF INTEREST	POLICY AND
FINANCIAL STATEMENTS FOR THE PRIOR THREE OR MORE YEARS ARE	AVAILABLE ON THE
ORGANIZATION'S WEBSITE. THE ORGANIZATION'S ARTICLES OF INC	CORPORATION ARE
AVAILABLE UPON REQUEST OR THROUGH THE NEW YORK OFFICE OF T	HE SECRETARY OF
STATE.	
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B	
THE NUMBER OF HOURS REPORTED FOR THOSE INDIVIDUALS RECEIVE	ING
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	-1,420,881.
RECOGNITION OF AFFILIATES' SHARE OF PENSION LIABILITY	-833,082.
CHNAGE IN PLEDGE/BEQUEST RECEIVABLES	-338,983.
TOTAL TO FORM 990, PART XI, LINE 9	-2,592,946.

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 13-6213516

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (d) (f) (a) (b) (c) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) 915 15TH STREET, LLC - 13-6213516 915 15TH STREET NW WASHINGTON, DC 20005 REAL ESTATE HOLDING COMPANY DISTRICT OF COLUMBIA 1,001,212, 7,820,282,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 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	(g) n 512(b)(13) ntrolled entity?	
				501(c)(3))		Yes	No	
AMERICAN CIVIL LIBERTIES UNION, INC	PRESERVATION AND PROMOTION							
13-3871360, 125 BROAD STREET, 18TH FLOOR,	OF CIVIL RIGHTS AND							
NEW YORK, NY 10004	LIBERTIES	DISTRICT OF COLUMBIA	501(C)(4)		N/A		X	
RBSO, INC 04-3730759								
125 BROAD STREET, 18TH FLOOR								
NEW YORK, NY 10004	SUPPORTING ORGANIZATION	DELAWARE	501(C)(3)	LINE 12B, II	N/A		X	

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

FOUNDATION, INC.

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	of total Share of Disassantianeta Code V-I		Code V-UBI	General c	Percentage	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
	1										
	1										
	1										
	1										
	1			1					1		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	
CHARITABLE REMAINDER TRUSTS (2)	CHARITABLE TRUST	NY	ACLUF					X	140
CHARITABLE REMAINDER TRUST (1)	CHARITABLE TRUST	AL	ACLUF					х	
CHARITABLE REMAINDER TRUST (1)	CHARITABLE TRUST	GA	ACLUF					х	
CHARITABLE REMAINDER TRUST (1)	CHARITABLE TRUST	NM	ACLUF					Х	

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.									
		moro role	tod organizations listed in	Porto ILIV2		Yes	No		
		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? Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
							X		
	b Gift, grant, or capital contribution to related organization(s)				1b		<u>X</u>		
	Gift, grant, or capital contribution from related organization(s)								
	d Loans or loan guarantees to or for related organization(s)				1d		<u>X</u>		
е	e Loans or loan guarantees by related organization(s)				1e		<u> </u>		
f	f Dividends from related organization(s)								
	g Sale of assets to related organization(s)				1g		Х		
	h Purchase of assets from related organization(s)				1h		<u>X</u>		
i	i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)							<u>X</u>		
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
	Performance of services or membership or fundraising solicitations for related organization(s)				11		X		
					1m		<u>X</u>		
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х			
					10	Х			
g	Reimbursement paid to related organization(s) for expenses				1p	Х			
	p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses								
٩	Tombarcoment paid by rolated enganization(e) for expenses				1q	Х			
r Other transfer of cash or property to related organization(s)									
r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)							<u> </u>		
s Other transfer of cash or property from related organization(s) 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.									
	· ·	ipiete triis	, u	<u> </u>					
	(a) (b)		(c)	(d)					

Transaction Amount involved Method of determining amount involved Name of related organization type (a-s) 6,030,490. FTE BASED ALLOCATION METHODOLOGY (1) AMERICAN CIVIL LIBERTIES UNION Ν 6,736,062. REVENUE BASED ALLOCATION METHOD (2) AMERICAN CIVIL LIBERTIES UNION 0 6,030,490. FTE BASED ALLOCATION METHODOLOGY (3) AMERICAN CIVIL LIBERTIES UNION Ρ 6,736,062. REVENUE BASED ALLOCATION METHOD (4) AMERICAN CIVIL LIBERTIES UNION 0 (5)

Schedule R (Form 990) 2018

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?		General manage partner	(k) Percentage ing ownership
								Oakaatala		

AMERICAN CIVIL LIBERTIES UNION

Schedule R	(Form 990) 2018 FOUNDATION, INC.	13-0213310	Page 5
Part VII	Supplemental Information.		
	Provide additional information for responses to questions on Schedule R. See instructions.		
		<u> </u>	