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Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

Do not enter Social Security numbers on this form as it may be made public.

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

Comparison Co	A F	or the	2013 calendar year, or tax year beginning APR 1, 2013 and en	nding M	AR 31, 2014	
Dong Business As Dong Business As Dong Business As TRIEST	B		AMERICAN CIVIL LIBERTIES UNION		D Employer identific	ation number
Number and street (or P 0 box f martis and delivered to street address) Room/sute E Telephonen number S02 - 22 - 63 04		Addres change	of VERMONT, INC			
State Number and street (0 P D bot n hans so to deviewed to street adoless) Hoomswife Elephone number 802-223-6304 44,868.		_]change _]Initial			•	221930
Carry or lown, state of province, country, and or province, country		iretum Termin- ated	137 ELM STREET	loom/suite		
Name and address of principal officer ALLEN GILBERT To result of subordinates? Yes No No No No No No No N	F	⊒retum ∏Applica	City or town, state or province, country, and ZIP or foreign postal code			
Same as C above Taxexempt status					• • • • • • • • • • • • • • • • • • • •	
Tax-exempt status Sotic(s) Sotic(s) (insert no.) 4947(a)(1) or 527 He) Group exemption number > Kerm of organization Corporation Trust Association Other Lever of formula exemption number > Kerm of organization Corporation Trust Association Other Lever of formula in 1967 M State of legal domicite VT Part 1 Summary						
J. Website: ▶ WWW. ACLUVT. ORG	1 7	ах-ехе		527		
Form of erganization X Corporation Trust Association Other Lear of formation 1967 M State of legal demicise VT						·
Barefty Summary				i Vear		
Breifly describe the organization's mission or most significant activities. THE ACLU OF VERMONT IS AN ORGANIZATION THAT LOBBIES TO PROTECT CIVIL LIBERTIES AND RIGHTS 2 Check this box					51 1011114CON	otate or legal dofficie v =
ORGANIZATION THAT LOBBIES TO PROTECT CIVIL LIBERTIES AND RIGHTS 2 Check this box		4 [CLU O	F VERMONT IS	S AN
12 Total revenue - add lines 8 through 11 (must equal Part Vill Column (A), line 12) 42,327. 44,868. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.	၁၀	` ;				
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15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising expenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Revenue less expenses Subtract line 18 from line 12 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Revenue less 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 perparery (other than officer) is based on all information of which preparer has any knowledge Primutype preparer's name Pald Preparer Use Only 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 25) 2 2, 483. 10, 106. 10, 106. 10, 325. 38, 953. 41, 359. 100, 297. 8eginning of Current Year End of Year 97, 471. 100, 297. 8, 343. 7, 660. 89, 128. 92, 637. 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 perparery (other than officer) is based on all information of which preparer has any knowledge Primutype preparer's name Pald Primutype pr					·····	
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BARRE, VT 05641 Phone no 802-476-9490		-			THILL S EIN	00 000/420
		,			Phone no 802	2-476-9490
MAY THE INDICUSS THIS FETURE WITH THE DEPARTER SHOWN ABOVE? (see Instructions)		the IR	S discuss this return with the preparer shown above? (see instructions)		Triione no O Z	X Yes No

Pai	Statement of Program Service Accomplishments	<u> </u>
	, Check if Schedule O contains a response or note to any line in this Part III	
1	Snefly describe the organization's mission. The ACLU of Vermont is an organization that lobbies to protect cive	zi l
	liberties and rights quaranteed by the US and State Constitutions	
2	Did the organization undertake any significant program services during the year which were not listed on	
		es X No
	If "Yes," describe these new services on Schedule O.	T TET
3		es X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	
	revenue, if any, for each program service reported.	55, and
4a		3,712.)
	The ACLU of Vermont is an organization that lobbies to protect civ	
	liberties and rights guaranteed by the US and State Constitutions	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$)
		 -
		
		
4d		
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 21,724.	
46		m 990 (2013)

Form 990 (2013) OF VERMONT,

Part IV Checklist of Required Schedules

endowments, or quasrendowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Inc 16? If "Yes," complete Schedule D, Part IX. 110 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Inc 16? If "Yes," complete Schedule D, Part IX Inc 16? If "Yes," complete Schedule D, Part IX Inc 16? If "Yes," complete Schedule D, Part IX Inc 16? If "Yes," complete Schedule D, Part IX Inc 16? If "Yes," complete Schedule D, Part IX Inc 16? If "Yes," complete Schedule D, Part IX Inc 16? If "Yes," complete Schedule D, Part IX Inc 16? If "Yes," complete Schedule D, Part IX Inc 16? If "Yes," complete Schedule D, Part IX Inc 16? If "Yes," complete Schedule D, Inc 16? If "Yes," complete Schedule D, Inc 17? If "Yes," complete Schedule D, Inc 17? Inc 17? If Yes, Inc 17?				Yes	No
2 Is the organization required to complete Schedule B, Schedule Of Contributions Did the organization engage in direct or indirect political campage activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization as actions 501(c)(4), 501(c)(5), or 501(c)(6), or	1	ds the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Sections 501(e)(5) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(h)(4), 501(c)(6), 501(c)(6		If "Yes," complete Schedule A	\vdash		<u>X</u>
public office? If "Yes," complete Schedule C, Part I Section 501((s)3 organizations. Dot the organization engage in lobbying activities, or have a section 501(th) election in effect during the tax year? If "Yes," complete Schedule C, Part III Is the organization as election 510((s)6, 501(s)6)5, or 501(s)6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 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 provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic activiture? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrive or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide circuit cursuit If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrive or custodial account liability; serve as a custodian for amounts not listed in Part X, in a report any expert of the report of the part X, line 19 in	2		2		<u>X</u>
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OF VERMONT, INC

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Form 990 (2013) OF VERMONT, INC

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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			v
04-	Schedule J	23	<u> </u>	X
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
_	Schedule K. If "No", go to line 25a	24a	-	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	04-		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	250		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
•	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
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		<u> X</u> _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_		v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
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		v	
25.	·	34	X	~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
U	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	051		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
	If "Yes," complete Schedule R, Part V, line 2	20		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
J .	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3'		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
				2013)
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Form 990 (2013) OF VERMONT, INC

Part V Statements Regarding Other IRS Filings and Tax Compliance

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand		Check if Schedule O contains a response or note to any line in this Part V			\Box
18 Enter the number reported in Box 3 of Form 1096. Enter -0°- in rol applicable 12 0 0 Enter the number of Forms W20 for included in line 1.6 Enter 0°- in rol applicable 12 0 0 Enter the number of Forms W20 for included in line 1.6 Enter 0°- in rol applicable 12 0 0 Enter the number of Forms W20 for included in line 1.6 Enter 0°- in rol applicable 12 0 0 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization life all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file eve instructions) 3 b. If the regarization have uncleated business gross is is is income of \$1,000 or more during the year? 3 b. If Yea, * has it filed a Form 900 T for the year? If Y6. * to line 3b, provide an explination in Schedule 0 3 b. If Yea, * and the series of the series of the series time of submitted or other unbrind year, a financial account, a circle the name of the foregro country. Each of the series of the s		`		Yes	No
be Enter the number of Forms W2G included in line 1a. Enter 9-if not applicable 1b 0 0 0 0 0 0 0 0 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Gambling Winnings to prize winners? 2	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
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8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make a distribution to a donor, donor advisor, or related person? 9 b X 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b	9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
· · · · · · · · · · · · · · · · · · ·					X
	<u>D</u>	ii res, has it liled a Form 720 to report these payments 7 if "No," provide an explanation in Schedule O		000	(0040)

Form 990 (2013) 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 18			
	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 18			
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		<u>X</u>
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		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	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?	8ь	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	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	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	<u> </u>
þ	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		L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website 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, an	d finan	icial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ion: 🕨	`	
	ANDREA WARNKE - 802-223-6304			
	137 ELM STREET, MONTPELIER, VT 05602		255	
			$\alpha \alpha \alpha$	100 4 D

OF VERMONT, INC

03-0221930

Form 990 (2013) 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

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.

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	Ceran	lo a d	recid	mus	itee)	from	from related	other
	(list any hours for	or director						the	organizations	compensation
	related	98	<u>85</u>			Safe		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	fruste			異	ad L		(** 2) 1000 (**100)		and related
	below	Individual trustee	Institutional trustee	 	Кеу етріоуе	oyee Oyee	ĕ			organizations
	line)	Indi	Insti	Officer	Ke	Highest compensated employee	Former			_
(1) ROBERT APPEL	1.00									
TREASURER		X		ŀ				0.	0.	0.
(2) DAVID BORGENDALE	1.00									
EXEC COMM 6 LARGE		X						0.	0.	0.
(3) JEFF DWORKIN	1.00									
6 LARGE		X						0.	0.	0.
(4) JOHN FREIDIN	1.00									
PRESIDENT		X						0.	0.	0.
(5) TRACI GRIFFITH	1.00									
VICE PRESIDENT, NATIONAL BOARD REP		X						0.	0.	0.
(6) KAREN HANDY LUNEAU	1.00									-
9 LARGE		X						0.	0.	0.
(7) ARNIE MALINA	1.00					i				
0 LARGE		X						0.	0.	0.
(8) RICHARD SAUDEK	1.00									
6 LARGE		Х						0.	0.	0.
(9) BILL SCHUBART	1.00									_
6 LARGE		X						0.	0.	0.
(10) LISA SHELKROT	1.00									
6 LARGE		X						0.	0.	0.
(11) VIRGINIA LINDAUER SIMMON	1.00									
SECRETARY		X				<u> </u>		0.	0.	0.
(12) JEROME ALLEN	1.00									
6 LARGE		X				<u> </u>		0.	0.	0.
(13) PAM MARSH	1.00									
6 LARGE		Х						0.	0.	0.
(14) JIM MORSE	1.00									
EXEC COMM 6 LARGE		X				L_	L	0.	0.	0.
(15) TONY PYLE	1.00									
6 LARGE		X				L		0.	0.	0.
(16) EUAN BEAR	1.00					_				
6 LARGE		X						0.	0.	0.
(17) JULIE RALISH	1.00									
0 LARGE		X	L		<u> </u>		<u>L_</u>	0.	0.	0.

332007 10-29-13

Form 990 (2013)

Form 990 (2013)

OF VERMONT, INC

Part VII Section A. Officers, Directors, Tru		PIOS	CC S			gne	ol L						
(A) . Name and title	(B) Average hours per week	box	, unle	Pos heck	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo	(F) Imate ount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	ormer	organization	organizations (W-2/1099-MISC)	comp fro orga	ensa m the nızatı relate	e Ion ed
(18) WILLIAM SAYRE	1.00				3	T 8	-			\neg			
@ LARGE		X						0.	().			0.
		-											
								:		+			
1b Sub-total								0.	().			0.
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)	/II, Section A						>	0.	().			0.
Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	oove	e) wl	no r	eceived more than \$100	0,000 of reportable			Yes	0 No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	ey en	nplo	yee	, or	highest compensated e	mployee on		3		Х
For any individual listed on line 1a, is the sand related organizations greater than \$15	50,000? If "Yes,	" со	mple	ete S	Sche	edule	∋ J 1	for such individual		-	4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							elat	ted organization or indiv	dual for services	\perp	5		Х
Section B. Independent Contractors Complete this table for your five highest contractors.									•	ensat	ion fro		
the organization. Report compensation fo					vith	or w	tthir	(B)			(C)		
Name and busines	s address	NO	ONI	<u> </u>				Description of s	ervices	Cor	mpen	sation	<u> </u>
							-						
					_								
2 Total number of independent contractors		ot li	mite	d to	_	_	stec	d above) who received m	nore than				
\$100,000 of compensation from the organ	ization >	-)				F	orm 9	90 (2	2013)

OF VERMONT, INC

1 621		Check if Schedule O con		or note to any lin	e in this Part VIII			
5	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
E 5	b	Membership dues	1b	41,156.				
Am Am	C	Fundraising events	1c					
a di	d	Related organizations	1d					
ă.E	е	Government grants (contribu	tions) 1e					
ig z	f	All other contributions, gifts, gran	nts, and					
35		similar amounts not included abo	ove 1f					
들임	g	Noncash contributions included in lines	s 1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			41,156.			
				Business Code			77.1	
8	2 a							
و ڲٙ	b							
S a	С							
<u>ě</u> <u>a</u>	d	L						_
Program Service Revenue	е	-						
مَ	f	All other program service reve	enue					
	9	Total. Add lines 2a-2f		<u> </u>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	3.	3.		
	4	Income from investment of ta	ex-exempt bond p	oroceeds 🕨				
	5	Royalties		>	3			
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	þ	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)		L				
	d	• , ,		D				
e l	8 a							
Other Revenu		including \$	of					
Be		contributions reported on line	e 1c). See					
je		Part IV, line 18	а					
ਰੋ∣		Less: direct expenses	b	L				
		Net income or (loss) from fund		P				
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
		Less. direct expenses	ь	L				
		Net income or (loss) from gan	•	P				
'	ıv a	Gross sales of inventory, less						
		and allowances	a					
1		Less. cost of goods sold	b					
-	<u> </u>	Net income or (loss) from sale Miscellaneous Revenu						
	11 2	MISCELLANEOUS F		Business Code 541100	3,709.	3,709.		
- '		THE ELECTION I	CHAPMOR	341100	3,709.	3,709.		-
	b			 				
1	·						-	
	_	All other revenue						
	d	All other revenue		N	3.709			
1	d	All other revenue Total. Add lines 11a-11d Total revenue. See instructions		>	3,709. 44,868.	3,712.	0.	0.

Form 990 (2013)

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				*******************************
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				······································
3	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	21,058.	14,741.	4,633.	1,684.
8	Pension plan accruals and contributions (include				· ·
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	8,357.	5,850.	1,838.	669.
10	Payroll taxes	1,619.	1,133.	356.	130.
11	Fees for services (non-employees):		į		
а	Management	105.		105.	
þ	Legal	0.500			
С	Accounting	3,532.		3,532.	
d	, ,				
е	Professional fundraising services See Part IV, line 17			-	
f	Investment management fees			····	_
9	· • •				
40	column (A) amount, list line 11g expenses on Sch O)				
12 13	Advertising and promotion Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	2,777.		2,777.	
17	Travel	299.		299.	
18	Payments of travel or entertainment expenses	="			
	for any federal, state, or local public officials		i .	1	
19	Conferences, conventions, and meetings	2,087.		2,087.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				······································
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	PUBLICATIONS	575.		575.	
b	COPIER	274.		274.	
c	TELEPHONE	180.		180.	
d	EQUIPMENT PURCHASE	174.		174.	
	All other expenses	322.	01 -01	322.	
25	Total functional expenses. Add lines 1 through 24e	41,359.	21,724.	17,152.	2,483.
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 from if following SOP 98-2 (ASC 958-720)	•			
	1 10 10 10 10 10 10 10 10 10 10 10 10 10				

Form 990 (2013)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 7,462. 4,083. 1 Cash · non-interest-bearing 21,851. 21,820. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 3,378. 3,453. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L 55,806. 65,340. Notes and loans receivable, net Inventories for sale or use 8 8,974. 5,601. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10b b Less: accumulated depreciation 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments · program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 97,471. 100,297. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 909. 17 Accounts payable and accrued expenses 17 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 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 7,434. 8,343. 26 7,660. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 66,881. 25,756. <u>63,372.</u> Unrestricted net assets 27 25,756. 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 89,128. 92,637. 33 100,297. $\overline{9}7,471.$ Total liabilities and net assets/fund balances

Form **990** (2013)

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

X

2c

3a

3ь

Act and OMB Circular A-133?

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN CIVIL LIBERTIES UNION OF VERMONT, INC

Employer identification number 03-0221930

Total number at end of year Aggregate contributions to (during year) Aggregate value at end of year Did the organization in sproperty, subject to the organization's exclusive legal control? Did the organization is property, subject to the organization's exclusive legal control? Did the organization in sproperty, subject to the organization's exclusive legal control? Did the organization in grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization in grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the banefit of the donor or donor advisor, or for any other purpose conferring impermissable purposes and not for the banefit of the donor or donor advisor, or for any other purpose conferring impermissable purposes and not for the banefit of the donor or donor advisor, or for any other purpose conferring impermissable purposes and not for the banefit of the donor or donor advisor, or for any other purpose conferring impermissable purposes and not for the banefit of the donor or donor advisor, or for any other purpose conferring impermissable purposes and not for the banefit of the donor or donor advisor, or for any other purpose conferring impermissable purposes and not for the banefit of the donor or donor advisor, or for any other purpose conferring impermissable purposes and not for the banefit of the donor or donor advisor, or for any other purpose conferring impermissable purposes and not for the purpose conferring impermissable purposes and not for the purpose of conservation assements in the organization had not purpose of conservation assements in the organization had a qualified conservation organization during the form of a conservation desements modified, transferred, released, extinguished, or terminated by the organization during the tax year I held at	Pa	TI Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 8 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 8 Did the organization inform all grantiees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of any for public use (e.g., recreation or education) Preservation of an instoncially important land area Preservation of an anison and preservation easement on a certified historic structure Preservation of organization habitat Preservation of organization habitat Preservation of organization habitat Preservation of organization habitat Preservation of a certified historic structure included in (a) 2 b 1 Total number of conservation easements 1 Total number of conservation easements 2 b 1 Conservation easements in a certified historic structure included in (a) 2 c 2 c 2 complete lines 2 a through 2 difference in a certified historic structure included in (a) 2 c 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easements in the revenue and expenses structure in the preservation easements in the revenue and expenses structure in the formation of violations, and enforcement of the conserv		organization answered "Yes" to Form 990, Part IV, lin		
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Purpose(s) of conservation easements held by the organization (check all that apply).		impermissible private benefit?		Yes No
Purpose(s) of conservation easements held by the organization (check all that apply).	Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part I	V, line 7
Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 5 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ 5 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 organization's financial statements that describes the organization's accounting for conservation easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items: i) Revenues included in Form 990, Part XIII, the 1 ii) Assets included in Form 990, Part	1			
Preservation of open space		Preservation of land for public use (e.g., recreation or e	education) Preservation of an historic	ally important land area
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If if the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser		Protection of natural habitat	Preservation of a certified	historic structure
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D Assets included in Form 990, Part A	_	•		5
	D	Assets included in Form 990, Part X		- \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

(ii) related organizations

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		_	11177	
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Schedule D (Form 990) 2013

3a(ii)

3ь

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

Schedule D (Form 990) 2013

(9)

332054 09-25-1

SCHEDULE O (Form 990 or 990-EZ)

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.

2013
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

► Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

AMERICAN CIVIL LIBERTIES UNION Employ

Employer identification number 03-0221930

OF VERMONT, INC Form 990, Part I, Line 1, Description of Organization Mission: GUARANTEED BY THE US AND STATE CONSTITUTIONS. Form 990, Part VI, Section A, line 6: Explanation: Individuals are eliqible to become members of the ACLU of Vermont and National ACLU by paying annaul dues. Form 990, Part VI, Section A, line 7a: Explanation: ELECTION OF MEMBERS AND THEIR RIGHTS - THE MEMBERS OF THE BOARD ARE ELECTED THROUGH BALLOTING OF ORGANIZATION MEMBERS. Form 990, Part VI, Section B, line 11: Explanation: ORGANIZATION'S PROCESS TO REVIEW FORM 990 - THE FORM 990 IS REVIEWED BY THE BOARD & BOTH THE EXECUTIVE DIRECTOR AND THE ASSOCIATE EXECUTIVE DIRECTOR PRIOR TO FILING. Form 990, Part VI, Section B, Line 12c: Explanation: ENFORCEMENT OF CONFLICTS POLICY. EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY NEW CONFLICTS OF INTERESTS. Form 990, Part VI, Section B, Line 15a: Explanation: COMPENSATION PROCESS FOR TOP OFFICIAL - THE HIRING AND SUPERVISION OF THE EXECUTIVE DIRECTOR IS DONE BY AND UNDER THE REVIEW OF HIS COMPENSATION IS EVIDENCED BY A VERBAL OK AND APPROVAL FROM THE BOARD.

Schedule O (Form 990 or 990·EZ) (2013)	Page 2
Name of the organization AMERICAN CIVIL LIBERTIES UNION OF VERMONT, INC	Employer identification number 03-0221930
Form 990, Part VI, Section C, Line 19:	
Explanation: GOVERNING DOCUMENTS DISCLOSURE EXPLANATION -	AVAILABLE UPON
REQUEST.	
PART XII, LINE 2C	
Explanation: THE FINANCE COMMITTEE SELECTS THE INDEPENDEN	T AUDITOR AND
REVIEWS THE AUDIT REPORT.	

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.

▶ See separate instructions.

2013	Open to Public Inspection

OMB No 1545-0047

Employer identification number 03-0221930 AMERICAN CIVIL LIBERTIES UNION Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. OF VERMONT, INC Name of the organization Department of the Treasury Internal Revenue Service Part

(f) Direct controlling entity		
(e) End-of-year assets		
(d) Total income		
(c) Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN (if applicable) of disregarded entity		

Part II	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ations Complete if the organization a	inswered "Yes" on Form 990	, Part IV, line 34 be	scause it had one o	y more related tax-exem	td.	
	(a)	(q)	(0)	(D)	(e)	ω	(9)	244/33
	Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	(51)(13) 18d
	of related organization		foreign country)	section	status (if section	entity	entity?	0
					501(c)(3))		Yes	°N
ACLU FC	ACLU FOUNDATION OF VT - 03-0221930							
137 ELN	137 ELM STREET							
MONTPEI	MONTPELIER, VT 05602	SHARE STAFF	Vermont	501(c)(3)	Line 7	N/A		×
		-						

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

332161 09-12-13 LHA

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Schedule R (Form 990) 2013

AMERICAN CIVIL LIBERTIES UNION OF VERMONT, INC

Schedule R (Form 990) 2013

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

Page 2

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(a)	(9)	(2)	(g)	_	(e)	((6)	(F)	_	0	6	8
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomina (related, i excluded fro sections	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	of Disproportionate rear allocations? S Yes No		Code V·UBI amount in box 20 of Schedule K·1 (Form 1065)		General or Percentage managing ownership partner/
										:		i
				-		2						
part ty identification of related Organizations I axable as a Corporation of Irust Complete if the organization answered Tes on Form 990, Part IV, line 34 because it had one of more related organizations treated as a corporation or trust during the tax year (f) (g) (g) (g) (g) (h) (g) (h) (g)	anizations laxable a poration or trust durin	g the tax	year (b)	mplete ii tris (c)	e organization a	answered res	O FOR	390, Far IV, II	Tie 34 be	cause it nad or	e or mor	e related
Name, address, and EIN of related organization	Z _	Prim	activity	Legal domicile (state or foreign country)	Direct o	Type (C cor		Share of total Income	end Sh	of year ts	age	Section 512(b)(13) controlled entity?
				3								
											!	
									. .			<u>-</u>
332162 09-12-13				20						Schedule	R (Form	Schedule R (Form 990) 2013

AMERICAN CIVIL LIBERTIES UNION OF VERMONT, INC

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Schedule R (Form 990) 2013

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

2013	n 990)	(For	Schedule R (Form 990) 2013		21	332163 09-12-13
						(9)
						(5)
						(4)
						(3)
	:					(2)
			209,022. PERCENTAGE OF TIME SPENT	209,022	Z	AMERICAN CIVIL LIBERTIES UNION FOUNDATION (1) OF VERMONT
		olved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
			relationships and transaction thresholds	this line, including covered	who must complete	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
< ×		1r 1s				 r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)
4		2				q Heimbursement paid by related organization(s) for expenses
>	×	9				 P Reimbursement paid to related organization(s) for expenses
	4	2				 Sharing of paid employees with related organization(s)
	×	Ę			(s)uoı	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
×		£			inization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)
×		=			inization(s)	
×		<u></u> *				k Lease of facilities equipment or other assets from related organization(s)
×		1j				i Lease of facilities, equipment, or other assets to related organization(s)
×		;=				
×		1				
×		19				a Sale of assets to related organization(s)
×	····-	+				f Dividends from related organization(s)
×		1 e				e Loans or loan guarantees by related organization(s)
×		19				d Loans or loan guarantees to or for related organization(s)
×		10				c Gift, grant, or capital contribution from related organization(s)
×		1				b Gift, grant, or capital contribution to related organization(s)
×		1a		•		a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
			in Parts II-IV?	related organizations listed	s with one or more	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?
Š	Yes.					Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

 $\times \times \times$

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AMERICAN CIVIL LIBERTIES UNION OF VERMONT, INC

Schedule R (Form 990) 2013

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.

that was not a related organization. See instructions regarding excussion for certain investment partitions.	structions regarding exclusion	Sion for certain inve	estment parmersmps.							
(e)	(Q)		(\$ @ @		(6)	Ξ	6	6	€
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated,	partners sec 501(c)(3) orgs?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Dispropor- Code V-UBI General or Percentage tonate amount in box 20 managing ownership allocations? of Schedule K-1 partner?	General of managing partner?	Percentage ownership
		country)	under section 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes	
							_			
			·				· -			
		-								
									_	
					-					
									_	
									_	
						6				
									_	
								Schedule	R (For	Schedule R (Form 990) 2013

AMERICAN CIVIL LIBERTIES UNION 03-0221930 Page 5 OF VERMONT, INC Schedule R (Form 990) 2013 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).