

Return of Organization Exempt from Income Tax

2000

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2000 calendar year, or tax year period beginning, 2000, and ending, 20

B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return. C Name of organization: CENTER FOR DEMOCRACY AND TECHNOLOGY. D Employer Identification Number: 52-1905358. E Telephone number: (202) 637-9800. F Check if application pending.

G Organization type (check only one): 501(c) 3 (insert no.) 527 or 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

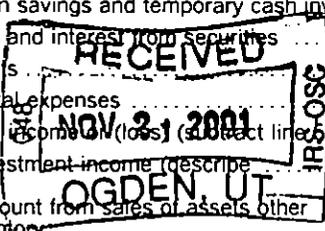
J Accounting method: Cash, Accrual, Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: H and I are not applicable to section 527 orgs. H (a) Is this a group return for affiliates? H (b) If 'yes,' enter number of affiliates. H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit group exemption no. (GEN). L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes lines 1-21 for revenue, expenses, and net assets. Total revenue is 1,481,834. Total expenses is 1,483,397. Net assets at end of year is 202,292.



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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____)	22			
23 Specific assistance to individuals (attach sch)	23			
24 Benefits paid to or for members (attach sch)	24			
25 Compensation of officers, directors, etc.	25	225,808.	183,953.	13,866.
26 Other salaries and wages	26	601,604.	562,499.	30,725.
27 Pension plan contributions	27	72,325.	59,637.	8,882.
28 Other employee benefits	28	45,654.	27,246.	17,643.
29 Payroll taxes	29	52,311.	48,696.	2,115.
30 Professional fundraising fees	30			
31 Accounting fees	31	13,165.	11,138.	2,027.
32 Legal fees	32	146.	0.	146.
33 Supplies	33	46,828.	40,924.	5,904.
34 Telephone	34	31,210.	29,985.	1,225.
35 Postage and shipping	35	7,217.	6,271.	884.
36 Occupancy	36	128,545.	113,422.	15,123.
37 Equipment rental and maintenance	37	14,478.	8,532.	5,946.
38 Printing and publications	38	16,048.	13,448.	2,600.
39 Travel	39	106,320.	78,793.	27,381.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	34,142.	27,314.	6,828.
43 Other expenses (itemize):				
a DUES AND SUBSCRIPTIONS	43a	14,179.	6,219.	7,436.
b NETWORK USAGE	43b	30,198.	25,822.	4,376.
c INSURANCE	43c	2,941.	746.	2,195.
d CONSULTANTS	43d	35,250.	13,262.	21,988.
e See Other Expenses Stmt	43e	5,028.	8,363.	-3,335.
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,483,397.	1,266,270.	173,955.

Reporting of Joint Costs - Did you report in column (B) (program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to program services \$ _____; (iii) the amount allocated to management and general \$ _____; and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> EDUCATIONAL AND CHARITABLE	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>USER EMPOWERMENT WORKING GROUP: RESEARCH, ADVOCACY AND PUBLIC EDUCATION ON CONSTITUTIONAL AND TECHNOLOGY ASPECTS OF FREE SPEECH IN INTERACTIVE MEDIA</u> (Grants and allocations \$ 0.)	195,660.
b <u>DIGITEL PRIVACY AND SECURITY: RESEARCH, ANALYSIS, AND PUBLIC EDUCATION TOWARDS POLICIES THAT PROTECT 4TH AMENDMENT VALUES ON THE INTERNET</u> (Grants and allocations \$ 0.)	254,259.
c <u>INTERNET PRIVACY: BUILD A PRIVACY FRAMEWORK FOR CYBERSPACE THAT WILL EMPOWER PEOPLE TO MAINTAIN CONTROL OVER THEIR PERSONAL INFORMATION, MAKE CHOICES ABOUT WHO KNOWS WHAT ABOUT THEM, & LIMIT REDISCLOSURE OF INFORMATION THEY HAVE ALREADY ONCE REVEALED</u> (Grants and allocations \$ 0.)	304,992.
d <u>OPEN PLATFORM WORKING GROUP: RESEARCH, ANALYSIS, AND EDUCATION ON POLICIES THAT AFFECT THE OPEN ARCHITECTURE OF THE INTERNET, INCLUDING BROADBAND ACCESS AND ACCESS CHARGE POLICY</u> (Grants and allocations \$ 0.)	128,028.
e Other program services <u>SEE SCHEDULE</u> (Grants and allocations \$ 0.)	383,331.
f Total of Program Service Expenses (should equal line 44, column (B), program services)	1,266,270.

Part IV Balance Sheets (See instructions)

			(A)		(B)	
			Beginning of year		End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
ASSETS	45	Cash – non-interest-bearing	32,959.	45	58,180.	
	46	Savings and temporary cash investments	108,040.	46	44,236.	
	47a	Accounts receivable	12,874.			
		b Less: allowance for doubtful accounts		2,904.	47c	12,874.
	48a	Pledges receivable			48c	
		b Less: allowance for doubtful accounts			48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes & loans receivable (attach schedule)				
		b Less: allowance for doubtful accounts			51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges	3,880.	53	3,311.	
	54	Investments – securities (attach schedule)			54	
		<input type="checkbox"/> Cost <input type="checkbox"/> FMV				
	55a	Investments – land, buildings, & equipment: basis				
		b Less: accumulated depreciation (attach schedule)			55c	
	56	Investments – other (attach schedule)			56	
	57a	Land, buildings, and equipment: basis	221,574.			
		b Less: accumulated depreciation (attach schedule)	L-57 Stmt 145,596.	60,709.	57c	75,978.
58	Other assets (describe ► See Line 58 Stmt)	11,259.	58	11,259.		
59	Total assets (add lines 45 through 58) (must equal line 74)	219,751.	59	205,838.		
LIABILITIES	60	Accounts payable and accrued expenses	15,896.	60	3,546.	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a	Tax-exempt bond liabilities (attach schedule)		64a		
		b Mortgages and other notes payable (attach schedule)		64b		
	65	Other liabilities (describe ►)		65		
66	Total liabilities (add lines 60 through 65)	15,896.	66	3,546.		
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted		67		
	68	Temporarily restricted		68		
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds	203,855.	72	202,292.	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	203,855.	73	202,292.		
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	219,751.	74	205,838.		

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on line 12, Form 990:	b	
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 12, Form 990 but not on line a :	d	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on line 17, Form 990:	b	
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 17, Form 990 but not on line a :	d	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
JERRY BERMAN 1634 EYE ST, WASH DC	PRES/EXEC DIR 40	225,808	22,581	0
DON EDWARDS 4249 HOLLY POINT RD, EDGEWATER, MD	DIRECTOR 1	0	0	0
TONI CARBO 135 N BELLEFIELD AVE, PITTSBURGH, PA	DIRECTOR 1	0	0	0
CAROL FUKUNAGA 415 S BERETANIA, HONOLULU, HI	DIRECTOR 1	0	0	0
MICHAEL TRISTER 1666 CONN AVE, WASH, DC	DIRECTOR 1	0	0	0
TRACY WESTEN 10951 W PICO BLVD, LOS ANGELES, CA	DIRECTOR 1	0	0	0
DANIEL WEITZNER 545 TECHNOLOGY SQ, CAMBRIDGE, MA	DIRECTOR 1	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If 'Yes,' attach schedule - see instructions.

Part VI Other Information (See specific instructions.)

N/A Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity			X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.			X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?			X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement			X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? If 'Yes,' enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			X
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions 81a 0.			
81b	Did the organization file Form 1120-POL for this year?			X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?			X
82b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X		
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?			X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?			
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
85c	Dues, assessments, and similar amounts from members			
85d	Section 162(e) lobbying and political expenditures			
85e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices			
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
85g	Does the organization elect to pay the Section 6033(e) tax on the amount in 85f?			
85h	If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?			
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12			
86b	Gross receipts, included on line 12, for public use of club facilities			
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders			
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX			X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: Section 4911 ▶ 0.; Section 4912 ▶ 0.; Section 4955 ▶ 0.			
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction			X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958			0.
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
90a	List the states with which a copy of this return is filed ▶ <u>DISTRICT OF COLUMBIA</u>			
90b	Number of employees employed in the pay period that includes March 12, 2000 (see instructions)			11
91	The books are in care of ▶ <u>CENTER FOR DEMOCRACY & TECHNOLOGY</u> Telephone number ▶ <u>(202) 637-9800</u> Located at ▶ <u>1634 EYE ST NW, SUITE 1100</u> DC ZIP code ▶ <u>20006-4003</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			

Part VII Analysis of Income-Producing Activities (See instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments			14	5,393.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				5,393.	
105 Total (add line 104, columns (B), (D), and (E))			G		5,393.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
F	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

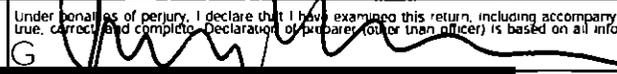
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to b, file Form 8870 and Form 4720 (see instructions).

Please Sign 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. (See instructions.)

G  Date 11/9/01 G EXECUTIVE DIRECTOR
Type or Print Name and Title

Date 11/08/01 Check if self-employed G Preparer's SSN or PTIN 579-78-1597

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information — (See separate instructions.)

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the Organization CENTER FOR DEMOCRACY AND TECHNOLOGY	Employer Identification Number 52-1905358
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ALAN DAVIDSON ----- 1634 EYE ST, NW, WASH DC 20006	ASSOC DIRECTOR 40	90,500.	9,050.	0.
DEIRDRE MULLIGAN ----- 1634 EYE ST, NW, WASH DC 20006	STAFF COUNSEL 40	88,000.	8,800.	0.
JAMES DEMPSEY ----- 1634 EYE ST NW, WASH, DC 20006	DEPUTY DIRECTOR 40	110,000.	11,000.	0.
ARI SCHWARTZ ----- 1634 EYE ST NW, WASH, DC 20006	SR POLICY ANALYST 40	51,500.	5,150.	0.
DANIELLE KOLB ----- 1634 EYE ST NW, WASH, DC 20006	OFFICE MANAGER 40	50,181.	5,018.	0.
Total number of other employees paid over \$50,000 ▶	5			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		

Total number of others receiving over \$50,000 for professional services ▶	None	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ... ► \$ <u>37,284.</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities.	1 X	
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Pt. V, Fm. 990	2d X	
e Transfer of any part of its income or assets? If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a X	
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)		

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is (please check only **One** applicable box):

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** 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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part V Private School Questionnaire (See instructions.)
 (To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **Only** by an eligible organization that filed Form 5768)

Check here **a** if the organization belongs to an affiliated group.
 Check here **b** if you checked 'a' above and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	37,284.
38	Total lobbying expenditures (add lines 36 and 37)	38	37,284.
39	Other exempt purpose expenditures	39	1,446,113.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	1,483,397.
41	Lobbying nontaxable amount. Enter the amount from the following table — If the amount on line 40 is — The lobbying nontaxable amount is — Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess 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 \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	223,340.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	55,835.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount	223,340.	204,058.	189,898.	221,934.	839,230.
46 Lobbying ceiling amount (150% of line 45(e))					1,258,845.
47 Total lobbying expenditures	37,284.	28,208.	18,343.	29,991.	113,826.
48 Grassroots non-taxable amount	55,835.	51,015.	47,475.	55,484.	209,809.
49 Grassroots ceiling amount (150% of line 48(e))					314,714.
50 Grassroots lobbying expenditures	0.	395.	1,314.	6,305.	8,014.

Part VI-B Lobbying Activity by Nonelecting Public Charities (See instructions.)
 (For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
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 other means			
i Total lobbying expenditures (add lines c through h)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Schedule B
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Supplementary information for line 1d of Form 990 or
and line 1 of Form 990-EZ (see instructions)

OMB No. 1545-0047

2000

Name of Organization

CENTER FOR DEMOCRACY AND TECHNOLOGY

Employer Identification Number

52-1905358

Organization type (check one) – Section:

501(c)(3) ◀ (enter number); 527 or
 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations – Check this box if the organization had **no** charitable contributors who contributed more than \$1,000 during the year. (But see **General rule** below.) ▶

Enter here the total gifts received during the year for a religious, charitable, etc. purpose. ▶ \$

BAA For Paperwork Reduction Act Notice, see instructions for Form 990 and Form 990-EZ.

Schedule B (Form 990 or 990-EZ) (2000)

Name of Organization

Employer Identification Number

CENTER FOR DEMOCRACY AND TECHNOLOGY

52-1905358

Part I Contributors

(a) Number	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 190,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
2		\$ 20,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
3		\$ 15,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
4		\$ 35,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
5		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
6		\$ 20,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of Organization

Employer Identification Number

CENTER FOR DEMOCRACY AND TECHNOLOGY

52-1905358

Part I Contributors

(a) Number	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
7		\$ 50,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
8		\$ 70,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
9		\$ 25,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
10		\$ 100,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
11		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
12		\$ 30,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of Organization

Employer Identification Number

CENTER FOR DEMOCRACY AND TECHNOLOGY

52-1905358

Part I Contributors

(a) Number	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
13		\$ 65,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
14		\$ 30,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
15		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
16		\$ 150,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
17		\$ 25,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
18		\$ 20,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of Organization

Employer Identification Number

CENTER FOR DEMOCRACY AND TECHNOLOGY

52-1905358

Part I Contributors

(a) Number	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
19	----- \$ 25,000 -----		Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
20	----- \$ 25,000 -----		Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
21	----- \$ 85,000 -----		Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
22	----- \$ 10,000 -----		Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
23	----- \$ 25,000 -----		Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
24	----- \$ 204,000 -----		Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of Organization

Employer Identification Number

CENTER FOR DEMOCRACY AND TECHNOLOGY

52-1905358

Part I Contributors

(a) Number	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
25		\$ 30,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
26		\$ 101,250.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
27		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
28		\$ 50,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
29		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
30		\$ 20,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of Organization

Employer Identification Number

CENTER FOR DEMOCRACY AND TECHNOLOGY

52-1905358

Part I Contributors

(a) Number	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
31		\$ 10,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
32		\$ 5,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
33		\$ 10,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Supporting Statement of:

Sch. A, 990 p 3/Line 26b

Description	Amount
	620,278.
	235,278.
	390,278.
	113,278.
	135,278.
	5,278.
	25,278.
	175,278.
	5,278.
	585,278.
Total	<u>2,290,780.</u>

**Depreciation and Amortization
(Including Information on Listed Property)**

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach this form to your return.

2000
67

Name(s) Shown on Return CENTER FOR DEMOCRACY AND TECHNOLOGY	Business or Activity to Which This Form Relates Form 990, page 2	Identifying Number 52-1905358
---	--	---

Part I Election to Expense Certain Tangible Property (Section 179)

Note: If you have any 'listed property,' complete Part V before you complete Part I.

1 Maximum dollar limitation. If an enterprise zone business, see instructions	1	\$20,000.
2 Total cost of Section 179 property placed in service. See instructions	2	
3 Threshold cost of Section 179 property before reduction in limitation	3	\$200,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter amount from line 27		
8 Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7		
9 Tentative deduction. Enter the smaller of line 5 or line 8		
10 Carryover of disallowed deduction from 1999. See instructions		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)		
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		
13 Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12		

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year
(Do not include listed property.)

Section A – General Asset Account Election

14 If you are making the election under Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions

Section B – General Depreciation System (GDS) (See instructions)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property		39,640.	5.0 yrs	HY	200DB	7,928.
c 7-year property		9,771.	7.0 yrs	HY	200DB	1,396.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C – Alternative Depreciation System (ADS) (See instructions)

16a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part III Other Depreciation (Do not include listed property.) (See instructions)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	24,818.
18 Property subject to Section 168(f)(1) election	18	
19 ACRS and other depreciation	19	0.

Part IV Summary (See instructions)

20 Listed property. Enter amount from line 26	20	
21 Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	21	34,142.
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to Section 263A costs	22	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete *only* 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

23a Do you have evidence to support the business/investment use claimed?									Yes		No		23b If 'Yes,' is the evidence written?									Yes		No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected Section 179 cost																	
24 Property used more than 50% in a qualified business use (see instructions):																									
25 Property used 50% or less in a qualified business use (see instructions):																									
26 Add amounts in column (h). Enter the total here and on line 20, page 1																		26							
27 Add amounts in column (i). Enter the total here and on line 7, page 1																		27							

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

28 Total business/investment miles driven during the year (do not include commuting miles – see instructions)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year. Add lines 28 through 30												
	Yes	No										
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. See instructions.

35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
Note: If your answer to 35, 36, 37, 38, or 39 is 'Yes,' you need not complete Section B for the covered vehicles.		

Part VI

Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code Section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 2000 tax year (see instructions):					
41 Amortization of costs that began before 2000					41
42 Total. Add amounts in column (f). See instructions for where to report					42

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
MISCELLANEOUS	2,048.	0.	2,048.	0.
LICENSES AND FEES	1,726.	0.	1,726.	0.
TEMPORARIES	1,254.	0.	1,254.	0.
INDIRECT GRANT COSTS	0.	8,363.	-8,363.	0.
Total	<u>5,028.</u>	<u>8,363.</u>	<u>-3,335.</u>	<u>0.</u>

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
COMPUTERS/EQUIPMENT/FURNITURE	221,574.	145,596.	75,978.
Total	<u>221,574.</u>	<u>145,596.</u>	<u>75,978.</u>

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
DEPOSITS	11,259.	11,259.
Total	<u>11,259.</u>	<u>11,259.</u>

Supporting Statement of:

Form 990 p 2/Other Program Service Exp

Description	Amount
INTERNET EDUCATION FOUNDATION ACTIVITIES	98,327.
DOMAIN NAME PROJECTS	120,050.
INTERNET STANDARD AND POLICY PROJECT	100,306.
GLOBAL INTERNET POLICY INTIATIVE	64,648.
Total	<u>383,331.</u>

Supporting Statement of:

Sch. A, 990 p 3/Line 22-a

Description	Amount
CONTRACT INCOME	50,000.
Total	<u>50,000.</u>

Supporting Statement of:

Sch. A, 990 p 3/Line 22-b

Description	Amount
SHARED EXPENSES	35,000.
REBATE SOFTWARE	40.
JENNER & BLOCK LITIGATION	394.
Total	<u>35,434.</u>

Supporting Statement of:

Sch. A, 990 p 3/Line 22-c

Description	Amount
RECOVERY OF FIRST AMENDMENT LITIGATION EXPENSES UNDER EQUAL ACCESS TO JUSTICE ACT	66,333.
Total	<u>66,333.</u>

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or Print	Name of Exempt Organization CENTER FOR DEMOCRACY AND TECHNOLOGY	Employer Identification Number 52-1905358
	Number, Street, and Room or Suite Number, if a P.O. Box, See Instructions. 1634 EYE STREET, NW #1100	For IRS Use Only
	City, Town or Post Office, State, and ZIP Code. For a Foreign Address, See Instructions. WASHINGTON DC 20006-4003	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

If the organization does not have an office or place of business in the United States, check this box

If this is for a group return, enter the organizations four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until Nov 15, 20 01.

5 For calendar year 2000, or other tax year beginning _____, 20____ and ending _____, 20____.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension ... FINANCIAL REVIEW IN PROGRESS IN PREPARATION FOR FIRM'S FIRST AUDIT.

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c Balance due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Kathleen Huston Title TAX PREPARATION Date 08/01/01

Notice to Applicant – To be Completed by the IRS

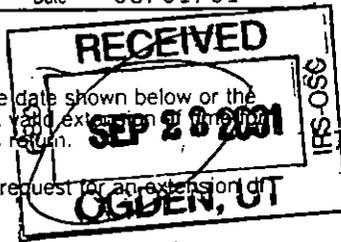
We have approved this application. Please attach this form to the organization's return.

We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the date of the organization's return (including any prior extensions). This grace period is considered to be a year extension and the elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.

We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

We cannot consider this application because it was filed after the due date of the return for which an extension was requested.

Other: _____



Director _____ By _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or Print	Name MCGUIRE ASSOCIATES	VA 22204-2302
	Number and Street (include suite, room, or apartment number) or a P.O. Box Number 2300 9TH STREET SOUTH, STE PH2	
	City or Town, Province or State, and Country (including postal or ZIP code) ARLINGTON	

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer Identification Number
	CENTER FOR DEMOCRACY AND TECHNOLOGY	52-1905358
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions	
	1634 EYE STREET, NW #1100	
	City, Town or Post Office. For a foreign address, see instructions.	State ZIP Code
	WASHINGTON	DC 20006-4003

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until Aug 15, 20 01, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 00 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0.

Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶ Kathleen Huston Title ▶ TAX PREPARER Date ▶ 05/09/01

BAA For Paperwork Reduction Act Notice, see instructions.