### \*\* PUBLIC DISCLOSURE COPY \*\*

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 black lung benefit trust or private foundation) Open to Public The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2010 calendar year, or tax year beginning and ending C Name of organization D Employer identification number

applicable:														
	Addre	CENTER FOR DEMOCRACY AND TECHNOLOGY	1											
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F	Initial		Doom louito			05358								
F	lreturn Termir	1	1100	E Telephone nun		27 0000								
13	—lated Z Amend	City or town, state or country, and ZIP + 4	T T O O		4-0.	<u>37-9800</u>								
H	Applic	and the second of the second o	G Gross receipts \$		5,291,996.									
_	ttion pendir	MA		H(a) Is this a grou										
		F Name and address of principal officer: LESLIE HARRIS		for affiliates?		Yes X No								
_	-	SEE ABOVE		H(b) Are all affiliates										
		empt status: X 501(c)(3) 501(c) ( )	or 527			t. (see instructions)								
		e: WWW.CDT.ORG		H(c) Group exemp										
	_	organization: X Corporation Trust Association Other ►	L Year o	of formation: 1994	<u>1 м s</u>	state of legal domicile; DC								
	art I	Summary		<del></del>										
ė	1	Briefly describe the organization's mission or most significant activities: ${f SEE}$ ]	PART I	II, LINE	L									
Activities & Governance														
Ē		Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its ne	t așse	ets.								
્ઠ્રે		Number of voting members of the governing body (Part VI, line 1a)			3	11								
2	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	9								
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		***************************************	5	27								
Σ	6	Total number of volunteers (estimate if necessary)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6	9								
ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	***************************************		7a	0.								
_	bi	Net unrelated business taxable income from Form 990-T, line 34		<u></u>	7b	0.								
Revenue				Prior Year		Current Year								
	8	Contributions and grants (Part VIII, line 1h)		2,392,488	3.	3,745,786.								
	9	Program service revenue (Part VIII, line 2g)			).	0.								
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		26,127		11,057.								
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		64,974		41,174.								
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,483,589	<del>  </del>	3,798,017.								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			5.	0.								
		Benefits paid to or for members (Part IX, column (A), line 4)			).	0.								
က္		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,644,004		2,915,726.								
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			).	0.								
De.		Total fundraising expenses (Part IX, column (D), line 25)  428,86			-									
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,526,524	i	1,354,054.								
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,170,528		4,269,780.								
		Revenue less expenses. Subtract line 18 from line 12		-1,686,939		-471,763								
ts or	,,,,	to rouge to the state of the st	. –	inning of Current Yes	$\neg$									
<u> 필</u> 않	20	Total assets (Part X, line 16)		4,126,275		End of Year 3,581,939.								
let Asset: und Balar	21	Fotal liabilities (Part X, line 26)		252,069		177,878.								
žš ŽŠ	22 1	Net assets or fund balances. Subtract line 21 from line 20		3,874,206		3,404,061.								
_	art II	Signature Block		3,014,200	<u>' •   </u>	3,404,001.								
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and etateme	ante and to the best o	f my kr	sowledge and helief it is								
		, and complete. Declaration of preparer (other than officer) is based on all information of wh			illy Ki	iowieuge and belief, it is								
	0000.	S S S S S S S S S S S S S S S S S S S	ion preparer i	nas any knowledge.	7	12								
Sig	,	Signature of officer		Date										
Her		LESLIE HARRIS, PRESIDENT		Date										
пег	e	Type or print name and title												
			n <sub>:</sub>	ate Check		PTIN								
The special status														
	- F	41133	3/16/12 self-em											
-		Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	<u> </u>									
use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N												
		BETHESDA, MD 20814-2930	<del></del> .	Phone no.	<u>(30</u>	<u>)1) 951-9090</u>								
May	the IR	S discuss this return with the preparer shown above? (see instructions)				X Yes No								

	m 990 (2010) CENTER FOR DEMOCRACY AND TECHNOLOGY art III   Statement of Program Service Accomplishments	52-1905358 Page 2
		Tur-
313	Check if Schedule O contains a response to any question in this Part III  Briefly describe the organization's mission:  WORKING TO KEEP THE INTERNET OPEN, INNOVATIVE AND FRE	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service of "Yes," describe these changes on Schedule O.	ces? Yes X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services b Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amour allocations to others, the total expenses, and revenue, if any, for each program service reported.	y expenses. nt of grants and
4a	(Code: ) (Expenses \$ 621,753. including grants of \$ 4TH AMENDMENT PRIVACY:  CONDUCTED RESEARCH AND PUBLISHED ANALYSIS AND COMMENT.	
	SURVEILLANCE, CYBER SECURITY AND OTHER ISSUES CONCERN LIBERTIES AND NEW TECHNOLOGIES; DEVELOPED AND PUBLISH PROPOSALS; CONVENED STAKEHOLDER DIALOGUE TO IDENTIFY TO NATIONAL SECURITY CHALLENGES AFFECTING PRIVACY; TETO CONGRESSIONAL INVITATIONS.	ING CIVIL ED POLICY BALANCED SOLUTIONS
4b	(Code: )(Expenses 466,287. including grants of \$ HEALTH PRIVACY: ADDRESSED KEY POLICY QUESTIONS POSED BY THE ADOPTION ( TECHNOLOGY IN HEALTH CARE (HIT) AND PROVIDED ANALYSIS IMPLEMENTATION OF STATE AND FEDERAL HIT INITIATIVES, TOURLISHING RECOMMENDATIONS ON ROLE OF CONSENT IN PROTECTION OF STATE AND PRIVACY; DEVELOPED RESOURCES SUPPORTING PATIENT ACCESS	OF INFORMATION ON THE INCLUDING
4c	(Code: )(Expenses \$ 388,283. including grants of \$ CONSUMER PRIVACY:  CONVENED INDUSTRY AND CONSUMER GROUPS FOR DIALOGUE AND CONSENSUS-BUILDING ON PRIVACY ISSUES; SUBMITTED EXTENSE FTC AND DEPARTMENT OF COMMERCE IN CONNECTION WITH THEI CONSUMER PRIVACY; RESEARCHED AND PUBLISHED PAPER ON IM "DO NOT TRACK" OPTIONS FOR CONSUMERS; DEVELOPED PRIVACE FOR IMPLEMENTATION OF SMART GRID.	O SIVE COMMENTS TO R REVIEWS OF
4d	(Expenses \$ 1,682,192. including grants of \$ ) (Revenue \$	
<del>1e</del>	Total program service expenses ► 3,158,515.	
32002	2	Form <b>990</b> (2010)

52-1905358

1	Is the eventiration decoribed in earlier FO4(2)(2) as 40 (7(2)(4) / 1)		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A			1
2	If *Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?	1	X	₩
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	Х	+
4	public office? If "Yes," complete Schedule C, Part /	3	_	x
*	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 School to C. Port II.	t		
5	during the tax year? If "Yes," complete Schedule C, Part II	4	X	1
•	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		١	Ĺ
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	5	N/	A
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			۱.,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_6_	<del>-</del> -	X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	1 -	ĺ	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		1
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	8	<u> </u>	X
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			<sub>U</sub>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9		X
11	If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		X
	as applicable.	3	- %	10.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  Part VI	11a	х	"
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1110		-
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	<u> </u>		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	11d		x
е	bid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	· · · ·		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	х	
b	was the organization included in consolidated, independent audited financial statements for the tax year?	120		_
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>x</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			_
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		$\neg$	
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	Π		
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		[	-
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	X	<u> </u>
	complete Schedule G. Part III			3.
20a	complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19	$\dashv$	X
þ	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that	20a	$\dashv$	X
	operate one or more hospitals must attach audited financial statements (see instructions)	201	- 1	
		20b	VOO (0	

Pá	art IV Checklist of Required Schedules (continued)			
		Т	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
00	United States 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 and 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			Г
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		<del></del> -	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	$\vdash$	<del> </del>
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
<b>25</b> a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	Z-Tu	$\vdash$	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	1 1	l	
	Schedule L, Part III	27		X
28	was trie organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			e b
_	instructions for applicable filing thresholds, conditions, and exceptions):			
a	the state of the s	28a		_X
b	, real to the state of the stat	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
30	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			
31	contributions? If "Yes," complete Schedule M	30		X
٥.	Did the organization liquidate, terminate, or dissolve and cease operations?		ł	
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
-		1 1		
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u>X</u>
-	sections 301 7701.2 and 301 7701.32 if "Ves " complete Schedule B. Bort I			
34	sections 301.7701-2 and 301.7701-3? <i>if</i> "Yes," <i>complete Schedule R, Part I</i> Was the organization related to any tax-exempt or taxable entity?	33		X
•	If "Yes " complete Schedule R. Parts II. III. IV and V. ling 1			
35	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	_	X
a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35	<b></b> ↓	X
a				
36	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	bid the organization conduct more than 5% of its activities through an entity that is not a related organization		T	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	27	- 1	X

Form 990 (2010)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

Part V	Statements Regarding Other IRS Filings and Tax Compliance
	Check if Schedule O contains a response to any question in this Part V

b Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a X  b If "Yes," enter the name of the foreign country:  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a X						$oldsymbol{\perp}$
b Enter the number of Forms W-2G included in line 1a. Enter of II not applicable  Cold the organization comply with backup withholding rules for reportable payments to wendors and reportable gaming (gambling) winnings to prize winners?  22 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this roturn  15 II at least one is reported on line 2a, did the organization file all required to e-file (see Instructions)  27 II II was 1 listed a form 950 To the lyear? II "No.   movide an explanation in Endeating the year?  28 II was 1 filed a form 950 To the lyear? II "No.   movide an explanation in Schedule O  48 At any time during the calendar year, did the organization have an interest it, or a signature or other authority over, a financial account? See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial account?  49 If "ves," enter the name of the foreign country; lew has a bank account, securities account, or other financial account?  50 If "ves," enter the name of the foreign country; lew has a bank account, securities account, or other financial account?  50 If "ves," enter the name of the foreign country; lew has a bank account, securities account, or other financial account?  51 If "ves," enter the name of the foreign country; lew has a form 88861?  52 If "ves," enter the name of the foreign country; lew has a form 88861?  53 If "ves," enter the name of the foreign country; lew has a form 88861?  54 If "ves," did the organization has the was or is a party to a prohibited tax sheter transaction?  55 If "ves," did the organization has the weary solicitation an express statement that such contributions or gifts were not tax deductible?  55 If "ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  56 If "ves," indicate the number of Forms 8282 filed during the year  57 If II was	4	Fotos the multiple consequents de David of Form 1000 Feb. 10 W. H. 15 H.		Y	es	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, lied for the calendar year ending with or within the year covered by this return.  b If at least one is reported on line 2e, did the organization file all tequired federal employment tax returns?  2b If we sum of lines ta and 2a is greater than 250, you may be required to e-file, (see instructions)  3a Did the organization have unrelated business greater shall be provide an explanation in Schedule O  3b If Wes, Insist it filed a form 990-T for this year? If No. *provide an explanation in Schedule O  3b If Yes, and thing the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account is novely roundly year, did the organization in interest in, or a signature or other authority over, a financial account to interest the organization interest in the signature or other authority over, a financial account, securities account, or other financial accounts.  See If Yes, Year the the name of the foreign country?  See instructions for filing requirements for Form ID F 90-22.1, Report of Foreign Bank and Financial Accounts.  See Was the organization and with the organization that it was so is a party to a prohibited tax shetter transaction?  5b If Yes, Year in the Sea of Sh, did the organization that it was to is a party to a prohibited tax shetter transaction?  5c If Yes, I will be organization that it was to is a party to a prohibited tax shetter transaction?  5c If Yes, I will be organization in rounder were solitation an express statement that such contributions or gifts were not tax deductible?  6c If Yes, Year in the sea of Sh, did the organization the organization she was the organization she was the organization she organization she was the organization she organization she was the organization she organization s		Enter the number reported in Box 3 or Form 1096. Enter to if not applicable	닀		8 .	*** *
Gambling) winnings to prize winners?  Bet for the number of employees reported on Form WS, Transmittal of Wage and Tax Statements.  Bet for the calendar year ending with or within the year covered by this return  It is least one is reported on line 2a, did the organization file all required federal employment tax returns?  22 27  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  25 b If the sum of lines ta and 2a is greater than 250, you may be required to e-fisce federal employment tax returns?  26 b If "Yee," is set it file a Form 950-For for this year "I" five," provide an explanation in Schedule O  27 a Arany time during the calendar year, did the organization have an interest is, or a signature or other earthority over, a financial account is a foreign occurrity; tuch as a bank account, securities account, or other financial accounts?  28 b If "Yee," enter the name of the foreign country.  29 b If was, "enter the name of the foreign country.  30 b If was, "enter the name of the foreign country.  31 b If was, "enter the name of the foreign country.  32 b If was, "enter the name of the foreign country.  33 b If was, "enter the name of the foreign country.  34 b If was, "enter the name of the foreign country.  35 b If was, "enter the name of the foreign country.  36 b If was, "enter the name of the foreign country.  37 b If was, "enter the name of the foreign country.  38 b If was, "enter the name of the foreign country.  39 b If was, "enter the name of the foreign country.  40 b If we granization a party to a prohibited tax shelter transaction?  41 b If we should not the sum of the foreign and the wash of the organization enter tax eductible?  42 b If "ves," indicate the number of promatication include with every solicitation an express statement that such contributions or gifts were not tax deductible?  42 b If we were not tax deductible?  43 b If we were not tax deductible?  44 b If we were not tax deductible?  45 b If wes," indicate the numbe			의 :			
2a Enter the number of employees reported on Form W-9. Transmittal of Wage and Tax Statements, fleed for the calendary year ending with or within the year overend by this return.  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, our may be required to e-file, (see instructions)  3a I of the organization have unrelated business gross income of \$1,000 or more during the year?  5a At any time during the calendary year, did the organization for the report of the year?  5a At any time during the calendary year, did the organization have not interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account(?)  5b If 'Yes, 'retter the name of the foreign country?  5c Was the organization a party to a prohibited tax shelter transaction or any time during the tax year?  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c If 'Yes,' to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If 'Yes,' to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If 'Yes,' to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If 'Yes,' to line organization shelt exhibited that the organization shelt are vice of the organization of the organization shelt are vice of the organization of the organization shelt are vice of the organization of the organization of the value of the goods or services provided?  5c If Yes, 'different that may receive deductible contributions under section 170(c)  6d If we organization shelt may receive deductible contributions under section 170(c)  6d If Yes, 'addition	·		100		v	
filed for the calendary vear ending with or within the year covered by this return.    2a	2a		· 1	-	≏⊢	
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," and it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," and the the name of the freeign country.  See instructions for filing requirements for Form ID F 90.22.1, Report of Foreign Bank and Financial accounts.  5b If "Yes," the the name of the freeign country.  See instructions for filing requirements for Form ID F 90.22.1, Report of Foreign Bank and Financial Accounts.  5c If "Yes," to line Sa or 5b, did the organization that it was or is a party to a prohibitod tax shelter transaction?  5c If "Yes," to line Sa or 5b, did the organization file Form 8886-T?  6c If "Yes," to line Sa or 5b, did the organization file Form 8886-T?  6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If "Yes," did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If "Yes," and the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e If "Yes," and the organization member of Forms 8282 filed during the year  8d Did the organization funds and premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7e If the organization members of proms 8282 filed during the year  8d Did the organization funds and premiums, d	Zu		77	AF		, ä.,
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3a Did the organization have urrelated business gross income of \$1,000 or more during the year?  4b If Yees, "hat filled a Form 990-T for this year? If "No." provide an explanation in Schedule O  3c			. 2	`\	^	
b If "Yes," has it filled a Form 990-T for this year" If "No.", provide an explanation in Schedule O  4A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account).  5B If "Yes," either the name of the foreign country, "See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5B Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5B Did any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5C If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5C If "Yes," to line 5a or 5b, did the organization that file Form 8886-17  6D Does the organization thave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6D If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6D If "Yes," indicate the number of the donor of the value of the goods or services provided?  7D Organizations that many receive deductible contributions under section 170(c).  8D If "Yes," indicate the number of Forms 8282 filed during the year or the property for which it was required to the Form 8282?  8D If "Yes," indicate the number of Forms 8282 filed during the year or the organization received an contribution of cars, boats, shapiness, or other vehicles, did the organization file Form 8990 as required?  9D If the organization received any funds, directly or indirectly, to ay personal benefit contract?  9D If the organization received any funds, directly or indirectly, to ay personal personal benefit contract?  9D If the organization make any taxable distributi	3a					v
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5a e instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization approximation approximation for the firm of the foreign country. So we have a party to a prohibited tax shelter transaction at any time during the tax year?  5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6a X You have a contribution that the two so is a party to a prohibited tax shelter transaction?  6b If Yes, "10 in the 5a or 5b, did the organization file Form 8886-17?  6c In Yes," to line 5a or 5b, did the organization include with very solicitation an express statement that such contributions solicit any contributions that were not tax deductible?  6c In Yes," the firm of the foreign countributions under section 170(c).  7a In the firm of the organization receive deductible contributions under section 170(c).  7b If Yes," did the organization notify the donor of the value of the goods or services provided?  7c In the form 8282?  7d If Yes," indicate the number of Forms 8282 filed during the year  9b Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 for N/A if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 for N/A organization, or a form advised fund maintained by a sponsoring organization, file a Form 1098-C7 for N/A organization, or a form advised fund maintained by a sponsoring organization file a Form 1098-C7 for N/A organization, or a form discontinuou		IS INVARIABLE - 3. COLOR - France COOTES - INV COUNTY - INVARIABLE - COUNTY - INVARIABLE - COUNTY - INVARIABLE - COUNTY - COUN		_		<u> </u>
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b if Y'es,* enter the name of the foreign country:   See instructions for filing requirements for from TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for from TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for from TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  See In Yes, to line Sao FS, of the organization file Form 88896.7?  So Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If If Yes, 'did the organization notify the donor of the value of the goods or services provided?  If Yes, 'did the organization notify the donor of the value of the goods or services provided?  If Yes, 'did the organization notify the donor of the value of the goods or services provided?  If Yes, 'did the organization notify the donor of the value of the goods or services provided?  If Yes, 'did the organization notify the donor of the value of the goods or services provided?  If Yes, 'did the organization notify the donor of the value of the goods or services provided?  If Yes, 'did the organization notify the donor of the value of the goods or services provided?  If Yes, 'did the organization notify the donor of the value of the goods or services provided?  If Yes, 'did the organization notify the donor of the value of the goods or services provided?  If Yes, 'did the organization notify the donor of the value of the goods or services provided?  If Yes, 'did the organization notify the donor of the value of the goods or services provided?  If Yes, 'did the organization notify the donor of the value of the goods of services provided?  If the organization neceived a contribu			1.	.		x
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any contributions that were not tax deductible?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive apyment in excess of 875 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization, during the year, pay premiums, directly or indirectly, to apy permiums on a personal benefit contract?  7 b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 b If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07  8 Sponsoring organizations maintaining donor advised funds and section 509(s)(3) supporting organizations. Did the supporting N/A organization, or a donoral dvised funds and section 509(s)(3) supporting organizations. Did the supporting N/A organization, or a donoral dvised funds and section 509(s)(3) supporting organizations. Did the supporting N/A organization make a distribution or advised funds.  a Did the organization make a distribution or advised funds.  a Did the organization make a distribution or advised funds.  b Cross income from members or shareholders  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b 19cs, "enter the amount of tax-exempt interser received or accrued during t	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	·   ~	+	$\dashv$	_
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required?  h If the organization makeing donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization make any taxable distributions under section 4966?  Sponsoring organization make any taxable distributions under section 4966?  b Did the organization make adstribution to a donor, donor advisor, or related person?  N/A  b Gross receipts, included on Form 990, Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  b Gross income from members or shareholders  b Gross income from members or shareholders  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  N/A  11a  Section 501(c)(12) organizations. Enter:  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 censed to issue qualified health plans in more					X	
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A 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 any taxable distributions under section 4966?  N/A  b Did the organization make a distribution to a donor, donor advisor, or related person?  N/A  b Gross included on Form 990, Part VIII, line 12, for public use of club facilities  d Initiation fees and capital contributions included on Part VIII, line 12  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  N/A  Ital  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  N/A  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  If the organization is licensed to issue qualified health plans  f If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b			. 70	:	_	X
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Form **990** (2010)

Form 990 (2010) CENTER FOR DEMOCRACY AND TECHNOLOGY 52-1905358 Page 6 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 to any question in this Part VI X

260	tion A. Governing Body and Management				
		1 )		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year		11		
b	and the state of t		9	4 5	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	•	6,		2.4
_	officer, director, trustee, or key employee?	•••••	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	••••	3		X
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 as	sets?	5		X
6	Does the organization have members or stockholders?		. 6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me				
	governing body?		7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year			
	by the following:		10	16	
100	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		., 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)			
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	***************************************	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?		10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	iling the form?	. 11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				U.S.
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	***************************************	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cout to conflicts?	uld give rise	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If in Schedule O how this is done		12c	x	
13	Does the organization have a written whistleblower policy?		13	X	
14	Does 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 approve	al by independent	1 17	-	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1 -	,	
а	The organization's CEO, Executive Director, or top management official		15a	Line I	X
b	Other officers or key employees of the organization	*	15b	1	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		100		-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a		3 9 4	**
	taxable entity during the year?		16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	luate its participation			•
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organic	anization's			, <u> </u>
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure		.   100		
17	List the states with which a copy of this Form 990 is required to be filed ▶WA, IL, NY, CA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) availab	le for		
	public inspection. Indicate how you make these available. Check all that apply.	( (-)(-)o omy) araman	10101		
	X Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict of interest notice	and fine	rcial	
	statements available to the public.		and mid	·viai	
20	State the name, physical address, and telephone number of the person who possesses the books ar FRIEDMAN & ASSOCIATES, P.C. $-301-279-8900$	nd records of the organiz	zation:		
	401 N. WASHINGTON STREET, #920, ROCKVILLE, MD 208	50			

032006 12-21-10

Form **990** (2010)

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the organi (A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position						Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations	rustee or director	necitutional trustes	k all		Highest compensated amployee	Ť	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization
	in Schedule		Institution	Officer	Кеу етрюуче	Highest c	Former			and related organizations
LESLIE HARRIS		T				Т	<del>                                     </del>			
PRESIDENT & CEO	40.00	x		X				243,253.	0.	14,955
FRED EPSTEIN		Г		Т		1-				1,755
TREASURER	1.00	X		x	ĺ			٥.	0.	0
DEIRDRE MULLIGAN		T		_		T	_			
CHAIR	1.00	x						0.	0.	0.
HAL ABELSON		$\vdash$			$\vdash$	├-				
DIRECTOR	1.00	x				l		٥.]	0.	0.
JERRY BERMAN		┢			┢					
DIRECTOR/FOUNDER	1.00	x						107,731.	0.	6,464
BILL BERNSTEIN		$\vdash$		Н		$\vdash$	-			0,404.
DIRECTOR	1.00	x						0.	0.	. 0.
MORT HALPERIN		Г	Н		_	$\vdash$	$\vdash$			
DIRECTOR	1.00	x						0.	0.	0.
PAMELA JONES HARBOUR			П				$\vdash \dashv$	<del>_</del>	_ <del></del>	
DIRECTOR	1.00	x						0.	0.	0.
JILL LESSER		ΙĒ	Т			_	Н		<del>``</del>	
DIRECTOR	1.00	х						0.	0.	0.
DOUG LOWENSTEIN			П	_			Н		<del> </del>	
DIRECTOR	1.00	x		Į				0.	0.	0.
IRA RUBINSTEIN		Ť	$\dashv$	一		Н			<del></del>	
DIRECTOR	1.00	х						0.	0.	0.
JAMES DEMPSEY				7		Н			<del></del>	
VP FOR PUBLIC POLICY	40.00	l		x				212,548.	0.	28,627.
ARI SCHWARTZ			$\dashv$		$\neg$	$\vdash$			<del></del>	20,027.
VP & COO	40.00			$\mathbf{x}$		l		129,113.	0.	7,747.
CATHERINE BRACK									<del></del>	/,/=/•
DEVELOPMENT DIRECTOR	40.00		J		x			153,636.	0.	14,173.
PORTIA WENZE-DANLEY				$\dashv$			$\dashv$		<del></del>	T- 113.
MANAGING DIRECTOR	40.00					x (		122,497.	0.	21,222.
GREGORY NOJEIM			$\neg$	寸	$\dashv$		寸		<del></del>	<u> </u>
SR COUNSEL & PROJECT DIR.	40.00				ľ	$\mathbf{x}$		153,887.	0.	20,630.
DEVEN MCGRAW		$\neg$	7	$\dashv$	寸	_	$\dashv$		<del></del>	20,000
PROJECT DIRECTOR	40.00	ļ				$\mathbf{x}$		152,939.	0.	14,131.

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Form 990 (2010)

Section A. Officers, Directors		mple	oye		nd C)	High	est	Compensated Employ	rees (continued)		_	
(A)		(B)					•	(D)	(E)			(F)
Name and title	Average hours per	Position (check all that apply)						Reportable	Reportable		Esti	mated
	week	(6)	(Check all that apply			арр	ily)	compensation	compensation			ount of
	(describe	녍			ļ			from	from related			ther
	hours for	trustee or director			ľ	Ë		the organization	organizations			ensation
	related	98	ster	1		i se	l	(W-2/1099-MISC)	(W-2/1099-MIS	C)		m the
	organizations	;  ≝	튙		a).ee	١ <u>٣</u> ـ		(** 27 1030-141100)			_	nization related
	in Schedule	Individual	Institutional trustee	JE J	Кву втрюуее	Highest compensated employee	Former		1			izations
DAVID SOHN	<u>o</u> )	트	Ĕ	₹	Æ	<u>₹</u> .₽	굔					
SR COUNSEL & PROJECT DIR.	40.00					x		151 076			0.4	
JOHN MORRIS	40.00	$\vdash$		├-		╇	<u> </u>	151,876.		0.	21	<u>,980</u>
GEN COUNSEL & PROJECT DIR.	40.00	L				х		150,374.		0.	22	,894
				П								
	<del> </del>	<del> </del>		$\vdash$	-					$\dashv$		
		Ļ		L					<u> </u>			
			ĺ									
		П								$\dashv$		
<del></del>		$\vdash$		Н	_	Н				$\dashv$		
		Ш					_					
		Н	_	П	-	Н				$\dashv$		
1b Sub-total		Ш				Ų		1 577 054		$\downarrow \downarrow$	4 22 0	000
1b Sub-total c Total from continuation sheets to Pa	rt VII Section A			,,,,,,				1,577,854.		0.	172	,823
d Total (add lines 1b and 1c)								1,577,854.		0.	172	0. ,823,
Total number of individuals (including by	ut not limited to th		liete	vd ah	2016	a) sub			000 in was astable	0.	1/2	,043
compensation from the organization					,,,,	., ···		CONTROL MOTE WATER OF THE	ooo in reportable			1:
											Y	es No
3 Did the organization list any former offi line 1a? If "Yes," complete Schedule J i	cer, director or trus for such individual	stee,	, key	em/	ploy	/ee,	or h	ighest compensated en	ployee on			X
4 For any individual listed on line 1a, is th	e sum of reportable	le co	mpe	ensa	tion	and	oth	er compensation from t	he organization		3	
and related organizations greater than	\$150,000? If "Yes,"	" coi	mple	ete S	che	dule	J fo	or such individual	ne organization	1		K
5 Did any person listed on line 1a receive	or accrue compen	nsatio	on fi	rom.	any	unre	late	ed organization or individ	fual for services	- 1		13
rendered to the organization? If "Yes," o	complete Schedule	) J fo	or su	ich p	oers	on					5	X
Section B. Independent Contractors  1 Complete this table for your five highes		_						<del> </del>				
Complete this table for your five highes the organization.     NONE	t compensated ind	iebe	nae	nt co	ontr	acto	rs tr	nat received more than §	3100,000 of comp	ensa	tion from	n
(A) Name and busin	oog geldrage		-				Ţ	(B)		_	(C)	
Name and busin		<del></del> .					+	Description of se	ervices	Co	mpensa	ition
							$\perp$					
							+				-	
<del></del>	<del>.</del>						4					
2 Total number of independent contractor	rs (including but no	ot lin	nited	to t			ted :	above) who received mo	ore than			
\$100,000 in compensation from the org	anization_>				_0						S. Jako	
										E	orm 99	0 (2010)

P	art V	III Statement of Reve	nue	_				
			1 7 9 84 1 2 - 1 3	AND THE STATE OF T	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
fts, grants		a Federated campaigns b Membership dues c Fundraising events	1b	352,750.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Contributions, gif		d Related organizations  Government grants (contributions, gifts, grants similar amounts not included about the contributions).	nts, and	3393036.				
Contril	9	Noncash contributions included in line     Total. Add lines 1a-1f	s 1a-1f: \$		3745786.			
		- I dan i da la da						
d)	2 2			Business Code		2	350 °°.	
Š	~ .			<b>—</b>				
9								
E								
5,6	٩		-		ļ			
Program Service Revenue	6	All attacks as a		<b>—</b>				
_	1	All other program service reve	enue					
_	<u> </u>							
	3	Investment income (including						
		other similar amounts)			8,699.			8,699.
	4	Income from investment of ta						
	5	Royalties	· <u>·····</u>					
			(i) Real	(ii) Personal		110.00		
	6 a	Gross Rents	78,138			3		
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)			78,138.	.*		78,138.
		Gross amount from sales of	(i) Securities			, ,		70,130.
		assets other than inventory	1,346,988		, we			
	l h	Less: cost or other basis	- ,,	1	mark to	gen a sept.		
	-	and sales expenses	1,344,630	1			-d <sup>#</sup>	
	_ ا	Gain or (loss)	2 358	<del>\</del>	- AV. 1.44		7, 2,	
		Not asia as (leas)	2,330	بـــــــــــــــــــــــــــــــــــــ	2.250			2. )
		Net gain or (loss)			2,358.			2,358.
Revenue	8 a	Gross income from fundraisin including \$ 352,7	50. of				45	
E E		contributions reported on line						
ē		Part IV, line 18	a					- X
Other		Less: direct expenses		149349.				12.16
		Net income or (loss) from fund			-41,349.			-41,349.
	9 a	Gross income from gaming ac			100	223	, kr	No.
		Part IV, line 19	a			1. 18		*41
	b	Lanca att at	b					
	С	Net income or (loss) from gam	ing activities	<b></b>				
	10 a	Gross sales of inventory, less	returns		2 2 2 2 2			
		and allowances			5,81		S	
- 1	b	Less: cost of goods sold	b					
- 1		Net income or (loss) from sales			-		32 - 22 - 12 - 12 - 12 - 12 - 12 - 12 -	
Ţ		Miscellaneous Revenue		Business Code				
ŀ	11 a	MISCELLANEOUS		900099	4,385.			33 4 225
l				20033	4,305.			4,385.
ļ	ь			-				-
	C	All						
ļ	d	All other revenue						
- 1		Total. Add lines 11a-11d			4,385.			
03200	12	Total revenue. See instructions.			3798017.	0.	0.	52,231.
12-21	10							Form <b>990</b> (2010)

## Form 990 (2010) CENTER FOR DE

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. ations must complete column (A) but are not required to complete columns

	All other organizations must cor not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21			A CARROL CARLOTTE	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				·
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	}			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	804,051.	643,937.	79,709.	80,405
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	1,725,846.	1,279,406.	241,212.	205 220
8	Pension plan contributions (include section 401(k)	1,725,040.	1,2/3,400.	241,212.	205,228
•	and section 403(b) employer contributions)	80,132.	58,651.	12,176.	0 205
9	Other employee benefits	143,867.	102,980.	30,513.	9,305.
10	Payroll taxes	161,830.	120,765.	23,131.	17,934.
11	Fees for services (non-employees):			23,131.	17,734
а	Management				
b	Legal	4,812.	4,662.	150.	
C	Accounting	121,377.	108.	121,269.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	441,754.	388,215.	27,427.	26,112.
12	Advertising and promotion				
13	Office expenses	109,886.	59,703.	41,693.	8,490.
14	Information technology	16,120.	11,543.	2,953.	1,624.
15	Royalties				
16	Occupancy	320,422.	232,087.	58,230.	30,105.
17	Travel	206,556.	154,307.	23,300.	28,949.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	E1 1E7	20 702		
22 23	Depreciation, depletion, and amortization	51,157. 13,774.	38,723. 11,172.	6,594.	5,840.
24	Other expenses. Itemize expenses not covered	13,774.	11,1/2.	1,385.	1,217.
	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule ().)				
	BOOKS/DUES/SUBS.	43,936.	32,397.	8,493.	3,046.
	ADMINISTRATIVE FEE	18,000.	18,000.		
	COMPUTER EQUIPMENT	4,455.	1,774.	2,442.	239.
	CONTRIBUTION	1,000.		1,000.	
	MISCELLANEOUS	805.	85.	720.	
	All other expenses	4 060 500			
_	Total functional expenses. Add lines 1 through 24f	4,269,780.	3,158,515.	682,397.	428,868.
	Joint costs. Check here  if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	combined educational campaign and fundraising solicitation				Fa 00

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Pa	ırt X	Balance Sheet					A D O D O O O O O O
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			100	1	100.
	2	Savings and temporary cash investments		1,522,127	. 2	1,466,221.	
	3	Pledges and grants receivable, net		2,007,723		1,898,859	
	4	Accounts receivable, net		******************************	124,746	4	16,542.
	5	Receivables from current and former officers, or	to the state of		10.00		
	}	employees, and highest compensated employers of Schedule L		5			
	6	Receivables from other disqualified persons (a	s defined un	der section		Ť	
		4958(f)(1)), persons described in section 4958(					
		employers and sponsoring organizations of ser					
	1	employees' beneficiary organizations (see instr				6	
ets	7	Notes and loans receivable, net		***************************************		7	<del></del>
Assets	8	Inventories for sale or use			+-		
_	9	D			15,455.	9	20 552
	1 -	Land, buildings, and equipment: cost or other				9	20,552.
		basis. Complete Part VI of Schedule D		419,023.			
	Ь	Less: accumulated depreciation		256,362.	184,042.	40-	
	11	Investments - publicly traded securities			101,042	-	162,661.
	12	Investments - other securities. See Part IV, line	250,078.	11			
	13	Investments - program-related. See Part IV, line		230,070.	_		
	14				13		
	15	Other assets. See Part IV, line 11	22,004.	14	17 004		
	16	Total assets. Add lines 1 through 15 (must equ		***************************************	4,126,275.		17,004.
	17	Accounts payable and accrued expenses			236,069.		3,581,939.
	18	Grants payable	230,009.		147,878.		
	19	Deferred revenue	16,000.	18	20 000		
	20	Tax-exempt bond liabilities				_	30,000.
w	21	Escrow or custodial account liability. Complete	Port IV of Co	shadula D		20	
<u> </u>	22	Payables to current and former officers, director	rantivoist	riedule D		21	
Liabilities		highest compensated employees, and disqualit			and the same of th	.,24	
=======================================						esti:	ý
	23	of Schedule L Secured mortgages and notes payable to unrel	ر		· <del></del>	22	
	24	Unsecured notes and loans payable to unrelate				23	
	25	Other liabilities. Complete Part X of Schedule D	su unru partie	əs		24	
	26	Total liabilities. Add lines 17 through 25	***************************************		252,069.	25	177 070
		Organizations that follow SFAS 117, check h	oro N	C and aslate		26	177,878.
ທ		lines 27 through 29, and lines 33 and 34.	icie 📂 🕰	and complete		-	* > - * >
2	27	Unrestricted net assets			1,298,276.	5	1 050 171
	28	Temporarily restricted net assets	2,575,930.	27	1,959,171.		
Net Assets of Fund balances	29			2,313,330.	28	1,444,890.	
3		Organizations that do not follow SFAS 117, or	▶ □ and		29		
		complete lines 30 through 34.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
<b>:</b>	30	Capital stock or trust principal, or current funds					
3	31	Paid-in or capital surplus, or land, building, or ea	auinmont fur			30	
	32	Retained earnings, endowment, accumulated in	daibuigus inti	oor funds		31	
		Total net assets or fund balances	icome, or oth	iei iulius	3,874,206.	32	3,404,061.
	-	TOTAL FIOL GOOGLO OF TUTIO DAIGHICES			3,0/4,400.	33	5.444.06

3,581,939. Form 990 (2010)

3,404,061.

33

3,874,206.

4,126,275.

34

Total net assets or fund balances .....

Total liabilities and net assets/fund balances

Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,79	8,0	17.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	, 26	9,7	80.
3	Revenue less expenses. Subtract line 2 from line 1	3			1,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	,87	4,2	06.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			1,6	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3	40	4,0	61.
Pa	rt XII Financial Statements and Reporting			_		
	Check if Schedule O contains a response to any question in this Part XII			<b>.</b>		
	<u> </u>				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Г	· · ·		Jan T
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ō.	_		-0	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
b				2b	Х	
C		audit				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule (	5.		0.7	1
þ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued			117		
	separate basis, consolidated basis, or both:			111		
	X Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	ıdit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red au	dit		$\neg \neg$	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		
				orm !	990 (2	2010)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

CENTER FOR DEMOCRACY AND TECHNOLOGY

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

I NEW YORK		D	CENTER	FOR DEMOCRAC	CY ANI	) TECH	INOLOG	<u> YY</u>		52	190	5358
Part	0.4			<b>arity Status</b> (All organi					structions.			
1		A church, co A school des A hospital or	onvention of church scribed in section r a cooperative hos search organizatio	on because it is: (For lines nes, or association of chur 170(b)(1)(A)(ii). (Attach So pital service organization n operated in conjunction	rches desc chedule E. described	cribed in se ) I in section	ection 170 n 170(b)(1)	)(b)(1)(A)(i (A)(iii).		iii). Enter th	ne hospita	al's name,
5		An organization 170 A federal, state An organization 170 A community An organization activities relationed and See section An organization and Type By checking foundation in the organization properting of Since Augus (i) A family (iii) A 35% (iii) A 35% (iiii) A 35% (iiiiiiiii) A 35% (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	tion operated for the D(b)(1)(A)(iv). (Compate, or local governation that normally respectively trust described in that normally respectively trust described in that normally respectively. (Compate to its exempt to the to its exempt to the total described and its exempt to the total described and its expectively. (Compate to the total described and its expectively to the total described and its expectively to the total described and its exempt to the total described and its expective and its e	iment or governmental un eccives a substantial part blete Part II.)  a section 170(b)(1)(A)(vi). eccives: (1) more than 33 functions - subject to cert at axable income (less sect Part III.) operated exclusively to te operated exclusively for the companization and companization and companization and companization is not rethan one or more publical ritten determination from	(Complete 1/3% of its ain except cition 511 to est for pub the benefit ion 509(a)(lete lines 1 to Typ t controlled the IRS the	ed in section and in section are Part II.) is support it it is a fety. It is a fety if it is a	from contr (2) no monusinesses See section form the fullon 509(a)(a) th 11h. ectionally in for indirectly ations des yee I, Type	ibutions, rethan 33 acquired to n 509(a)(nctions of 2). See see tegrated by by one ocribed in see II, or Typer of the followers.	or from the membersh 1/3% of it by the organization 509 or more dissection 50 e III owing per in (ii) and	e general paip fees, and support from an ization a ry out the page (a)(3). Check the government of the squalified page (a)(1) or second (iii) below,	d gross reform gross fter June :  Durposes ock the box  Type III - e ersons other oction 509	eceipts from a investment 30, 1975.  of one or a that  Other then than 9(a)(2).
		of supported dization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) li	organization sted in your document?	organizat	ion in col.	(vi) Is organizati (i) organiz U.S <b>Yes</b>	on in col. I		nount of oport
otal												

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 CENTER FOR DEMOCRACY AND TECHNOLOGY 52-19053

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and			(0) 2000	(w) 2000	(6) 2010	(i) Iotai
	membership fees received. (Do not			ľ			1
	include any "unusual grants.")	1,834,629.	2,799,928	6,301,014.	2,392,488	3,745,786.	17,073,845
2	Tax revenues levied for the organ-						27,070,010
	ization's benefit and either paid to						
	or expended on its behalf					1	l
3	The value of services or facilities			_		-	-
	furnished by a governmental unit to						
	the organization without charge						]
4	Total. Add lines 1 through 3	1,834,629.	2,799,928.	6,301,014.	2,392,488.	3,745,786.	17,073,845
	The portion of total contributions	4.100	AND REAL		Se in 1		17,070,045
	by each person (other than a					Market Andrews	
	governmental unit or publicly						
	supported organization) included		, Y 2 − 9 , 1				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	20 at 1874, T					
	column (f)	13 Pin 2 12					7,658,916.
6	Public support. Subtract line 5 from line 4.						9,414,929
	ction B. Total Support			<del></del>		-	7,111,525
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	1,834,629.	2,799,928.	6,301,014.	2,392,488.	3,745,786.	17,073,845.
8	Gross income from interest,					, ,	
	dividends, payments received on						
	securities loans, rents, royalties	ĺ					
	and income from similar sources	47,373.	42,513.	25,561.	110,671.	86,837.	312,955.
9	Net income from unrelated business	,					
	activities, whether or not the	ļ				ĺ	
	business is regularly carried on						
10	Other income. Do not include gain				<u> </u>		
	or loss from the sale of capital				i	1	
	assets (Explain in Part IV.)	4,025.	9,274.	55,283.	53,255.	4.385.	126,222.
11	Total support. Add lines 7 through 10						17,513,022.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	282,987.
	First five years. If the Form 990 is for			l. fourth. or fifth ta	x vear as a section	n 501(c)(3)	
	organization, check this box and stop	here			-		ightharpoonup
Sec	tion C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2010 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	53.76 %
15	Public support percentage from 2009	Schedule A, Part I	I, line 14	line 13, and line 1.		15	53.68 %
16a	33 1/3% support test - 2010. If the or	rganization did not	check the box on	III IC 13, and in ic 14	+ 15 33 1/370 01 111	ore, check this ho	and
	stop here. The organization qualifies	as a publicly suppo	orted organization			,	<b>▶</b> X
b	33 1/3% support test - 2009. If the or	ganization did not	check a box on lin	e 13 or 16a, and li	ine 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	: - <b>2010</b> .If the orga	nization did not ch	eck a box on line '	13, 16a, or 16b, ar	nd line 14 is 10% o	or more.
	and if the organization meets the "fac-	ts-and-circumstand	es" test, check thi	s box and stop he	ere. Explain in Par	t IV how the organi	zation
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances test	- 2009.If the organ	nization did not ch	eck a box on line	13, 16a, 16b. or 17	7a. and line 15 is 1	0% or
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and s	top here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	umstances" test. 7	he organization qu	ualifies as a public	ly supported orga	nization	
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	, 16b, 17a, or 17b.	check this box ar	nd see instructions	
						dule A (Form 990	
						,	, 10

# Schedule A (Form 990 or 990-EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and					(0) 40 10	(1) 10141
	membership fees received. (Do not						
	include any "unusual grants.")		i				
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513					}	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total, Add lines 1 through 5					_	
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received			_		-	
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	1					
	amount on line 13 for the year						-
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						···
	(less section 511 taxes) from businesses		ĺ				ı.
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain				<del>                                     </del>		
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d. fourth or fifth t	ay vear as a sectio	n 501(c)(3) organiz	ation
Sec	tion C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2010 (li	ine 8, column (f) d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2009	Schedule A, Part	III, line 15			16	%
Sec	tion D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	10 (line 10c, colur	nn (f) divided by lin	e 13, column (fl)		17	
18	Investment income percentage from 2	2009 Schedule A.	B			18	. %
	33 1/3% support tests - 2010. If the			on line 14, and line	e 15 is more than 3	3 1/3% and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly	supported organize	ation	<b>▶</b>
b	33 1/3% support tests - 2009. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	nization qualifies	as a publicly supp	orted organization	
	Private foundation. If the organization						
	3 12-21-10					edule A (Form 990	

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2010

Name of the organization Employer identification number CENTER FOR DEMOCRACY AND TECHNOLOGY 52-1905358 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Employer identification number

## CENTER FOR DEMOCRACY AND TECHNOLOGY

52-1905358

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		s100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$225,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$110,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$\$552,248. 	Person X Payrol!
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6		\$550,000 <b>.</b>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
23452 12-23-1	10	Schedule B (Form 9	90, 990-EZ or 990-PE\/2010\

Employer identification number

### CENTER FOR DEMOCRACY AND TECHNOLOGY

52-1905358

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
=======================================		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			90. 990-EZ, or 990-PF) (2010

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

#### **SCHEDULE C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

	601(c)(4), (5), or (6) organiz	ations: Complete Part III.			
Name of orga					Employer identification number
<b>15</b>	CENTER	FOR DEMOCRACY A	ND TECHNOLOG	3Y	<u>52-</u> 1905358
Part I-A	Complete if the or	ganization is exempt un	der section 501(c	c) or is a section 52	27 organization.
2 Political	expenditures er hours	ization's direct and indirect polit			►\$
Part I-B	Complete if the or	ganization is exempt un	der section 501(c	;)(3).	
1 Enter the	e amount of any excise ta	x incurred by the organization ur	nder section 4955		<b>▶</b> \$
2 Enter the	e amount of any excise ta	x incurred by organization manage	gers under section 495	55	▶ s
3 If the org	ganization incurred a secti	on 4955 tax, did it file Form 472	0 for this year?		Yes No
4a Was a co	orrection made?				Yes No
b If "Yes."	describe in Part IV				
	<del>-</del>	ganization is exempt un			
1 Enter the	amount directly expende	ed by the filing organization for s	ection 527 exempt fun	ction activities	<b>-</b> \$
		nization's funds contributed to o			
		Address dead of Fate Inc.			<b>\$</b>
		es. Add lines 1 and 2. Enter here			
4 Did the f	iling organization file Form	a 1120 BOL for this year?			*
5 Enter the	ning Organization life F <b>orm</b> a names addresses and s	n 1120-POL for this year? employer identification number (E	IND of all postion 507 -		Yes No
made pa	vments. For each organiz	ation listed, enter the amount pa	in) of all section 527 p id from the filing organ	Dollical organizations to sization's funds. Also ent	write amount of political
contribu	tions received that were p	romptly and directly delivered to	a separate political or	canization, such as a se	parate segregated fund or a
political a	action committee (PAC). Is	f additional space is needed, pro	vide information in Par	rt IV.	parate org. ogatou idila of d
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	s contributions received and
_					
or Paperwor	rk Reduction Act Notice,	see the Instructions for Form	990 or 990-EZ,	Schedul	e C (Form 990 or 990-EZ) 2010

032041 02-02-11

LHA

Schedule C (Form 990 or 990-EZ) 2010  Part II-A Complete if the orgen (election under sec	ganization is exe	R DEMOCRACY empt under section	AND TECHNOL n 501(c)(3) and fi	OGY 52-1 ed Form 5768	905358 Page 2
	ation belongs to an af	filiated group	<del></del>		
		and_"limited control" pre	ovisions annly		
Lim	its on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion	(grass roots lobbying)		0.	
b Total lobbying expenditures to infl	uence a legislative bo	dy (direct lobbying)		82,963.	
c Total lobbying expenditures (add l	ines 1a and 1b)			82,963.	
d Other exempt purpose expenditur	es	***		4,186,817.	
<ul> <li>Total exempt purpose expenditure</li> </ul>	es (add lines 1c and 1	d)		4,269,780.	
f Lobbying nontaxable amount. Ent	er the amount from th	ne following table in bot	h columns.	363,489.	
If the amount on line 1e, column (a)		bying nontaxable am			•
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000 \$100,0	00 plus 15% of the exc	ess over \$500,000.	d sec	
Over \$1,000,000 but not over \$1,5	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000				
Over \$1,500,000 but not over \$17	Over \$1,500,000 but not over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.           Over \$17,000,000         \$1,000,000.				
Over \$17,000,000					
		Park to grant			
g Grassroots nontaxable amount (er	nter 25% of line 1f)			90,872.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	or less, enter -0-			0.	
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this					Yes No
(Some organiz	4-Year Avations that made a slumns below. See th	eraging Period Under section 501(h) election se instructions for line nditures During 4-Yea	Section 501(h) n do not have to comp s 2a through 2f on pa	elete all of the five	
		Traitales Dalling 4- 1 ea	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	( <b>d</b> ) 2010	(e) Total
2a Lobbying nontaxable amount	251,163.	292,315.	358,526.	363,489.	1,265,493.
b Lobbying ceiling amount (150% of line 2a, column(e))	**			· ·	1,898,240.
c Total lobbying expenditures	23,249.	5,286.	41,310.	82,963.	152,808.
d Grassroots nontaxable amount	62,791.	73,079.	89,632.	90,872.	316,374.
e Grassroots ceiling amount (150% of line 2d, column (e))		9			474,561.

Schedule C (Form 990 or 990-EZ) 2010

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2010 CENTER FOR DEMOCRACY AND TECHNOLOGY 52-190535

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

			a)	(	b)
		Yes	No	Am	ount
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?		. *	*	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
4	Media advertisements?			ļ	
u	Mailings to members, legislators, or the public?			ļ	
f	Publications, or published or broadcast statements?			<del> </del> -	
0	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?	-			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			_	
ï	Other activities? If "Yes," describe in Part IV				
i	Total Add lines 1c through 1i				
2a	Total. Add lines 1c through 1i	_			_
b	If "Yes " enter the amount of any tay incurred under section 4012				
~	If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
ч	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			_	
Par	III-A Complete if the organization is exempt under section 501(c)(4),	0= F04/a	(F)		
_	501(c)(6).	on au i(c)	(၁), or se	ction	
1	Were substantially all (00% or mays) dues received nearly with the			Yes	No
2	Were substantially all (90% or more) dues received nondeductible by members?		1		
3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
	Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	F04( \	3		
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa	on sun(c) rt III-A, li	(ວ), or se ne 3 is aı	ction nswered	
1	"Yes."  Dues, assessments and similar amounts from members				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	col	1		
	expenses for which the section 527(f) tax was paid).	Cai			
а	Current year		20		
b	Carryover from last year		2a		
С	Total	***************************************	2b		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	••••••	2c		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		3		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	cess			
	expenditure next year?	oomcai			
5	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	***************	4		
Part	IV Supplemental Information		5		
omp	ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar additional information.	nd Part II-B, I	ine 1i. Also	complete	this part
				_	
		Schodule	C/Form 9	000	F33 0040

#### **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, 11, or 12. ➤ Attach to Form 990. ➤ See separate instructions. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CENTER FOR DEMOCRACY AND TECHNOLOGY

**Employer identification number** 52-1905358

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writi	ing that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's exc	lusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advis	sors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any other purpos	e conferring
-	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organi		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (		
	Preservation of land for public use (e.g., recreation or educ		istorically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		1.075
	T. 1.		Held at the End of the Tax Yea
a	Total number of conservation easements		
b			
c	Number of conservation easements on a certified historic structu		
d	Number of conservation easements included in (c) acquired after		
3	listed in the National Register  Number of conservation easements modified, transferred, releas	and autimorphism or township and by the	
3	year	ed, extinguished, or terminated by tr	ne organization during the tax
4	Number of states where property subject to conservation easem	pont is located	
5	Does the organization have a written policy regarding the periodi		<u> </u>
Ŭ	violations, and enforcement of the conservation easements it ho		
6	Staff and volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and enfo	<u> </u>	
8	Does each conservation easement reported on line 2(d) above sa		
-	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation e		
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		a way or general and a coordinating for
Pa	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or (	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990	), Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 9	58), not to report in its revenue state	ement and balance sheet works of art.
	historical treasures, or other similar assets held for public exhibit		
	the text of the footnote to its financial statements that describes	these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 9	58), to report in its revenue statemer	nt and balance sheet works of art, historica
	treasures, or other similar assets held for public exhibition, education	ation, or research in furtherance of pr	ublic service, provide the following amount:
	relating to these items:		<b>▶</b> €
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasure the following amounts required to be reported under SFAS 116 (contents).	res, or other similar assets for financi ASC 958) relating to these items:	ial gain, provide
2 a	(i) Revenues included in Form 990, Part VIII, line 1	res, or other similar assets for financi ASC 958) relating to these items:	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

032053 12-20-10

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

	edule D (Form 990) 2010 CENTER FOR DEMOCRACY AND TI	3CHN	OLOGY		52-	-1905358 Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Fina	ncial St	atemen	nts
- 15	Total revenue (Form 990, Part VIII, column (A), line 12)			1		3,798,017.
2	Total expenses (Form 990, Part IX, column (A), line 25)	•••••		2		4,269,780.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		-471,763.
4	Net unrealized gains (losses) on investments			4		1,618.
5	Donated services and use of facilities			5		
6	investment expenses			6	-	- 70
7	Prior period adjustments			7		
8	Other (Describe in Part XIV.)			8		
9	Total adjustments (net). Add lines 4 through 8			9		1,618.
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and XII Reconciliation of Revenue per Audited Financial Statement	19	ith Deve	10	. Dotum	-470,145.
1	Total revenue gains and other comments are the second				$\neg$	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			• • • • • • • • • • • • • • • • • • • •	1	3,948,984.
a	Net unrealized gains on investments	ا ـم ا	ı	1 610		
b	Donated services and use of facilities	2a		1,618	5.	
c	Donated services and use of facilities	2b			* ·	
ď	Recoveries of prior year grants Other (Describe in Part VIV.)	2¢	- 4	40 044		
-	Other (Describe in Part XIV.) Add lines 2a through 2d	2d		<u>49,349</u>		
_					2e	<u>150,967.</u>
3	Subtract line 2e from line 1				. 3	3,798,017.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				133	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b			1 8	
	Add lines 4a and 4b				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					3,798,017.
- 61	t Am Reconcination of Expenses per Audited Financial Stateme	nts v	Vith Exp	enses po	er Retu	m
1	Total expenses and losses per audited financial statements				1	4,419,129.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
C	Other losses	2c				
d	Other (Describe in Part XIV.)	2d	14	19,349		
	Add lines 2a through 2d					149,349.
3	Subtract line 2e from line 1	•	**************		3	4,269,780.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				<del>     </del>	1/205,700.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
C	Add lines 4a and 4b				4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	• • • • • • • • • • • • • • • • • • • •	*************		- 440	4,269,780.
Parl	XIV Supplemental Information		·····	****	.   3	4,200,700.
Comp	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	a and 4: De	art IV lines	1b and 0	Ib. Double II a A D I
K, line	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple	to this	nart to pro	artiv, iiries	TO and 2	D; Part V, line 4; Part
PAR	T X, LINE 2: IN JUNE 2006, THE FINANCIAL A	CCUL	Part to pro	ייוסופי any a ! כיתי אוז	IO DITIONAL TO A DITIONAL	Information.
			/	DIAM	DAILD	BOARD
(FA	SB) RELEASED FASB ASC 740-10, INCOME TAXES	. TH	IAT PR	OVIDE	s ciit	TANCE FOR
REP	ORTING UNCERTAINTY IN INCOME TAXES. FOR TH	E YE	AR EN	ת משמו	ЕСЕМВ	IRD 31
						Jan Ji,
201	O, CDT HAS DOCUMENTED ITS CONSIDERATION OF	FAS	B ASC	740-	10 AN	TD .
				,		
ET	ERMINED THAT NO MATERIAL UNCERTAIN TAX POS	ITIC	NS QU	ALIFY	FOR	EITHER
	OGNITION OR DISCLOSURE IN THE FINANCIAL STA					
	5 THE PROPERTY STA	A I LIV	TETAL D.			
יאגי	T XII LINE 2D - OTHER AD THOMASHING					·
	Y XII, LINE 2D - OTHER ADJUSTMENTS:	_	<del></del>			
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Part XIV Supplemental Information (continued)	52-1905358 Page 5
FUNDRAISING EVENT EXPENSES SHOWN AS EXPENSE ON FINANCIAL	<del></del>
STATEMENT AND NETTED AGAINST REVENUE ON FORM 990, PART VI,	LINE 8B.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES SHOWN AS EXPENSE ON FINANCIAL	
STATEMENT AND NETTED AGAINST REVENUE ON FORM 990, PART VI,	LINE 8B.
	<del></del>
	<u> </u>
	*
	<del></del>

### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

Open To Public

CENTER FOR DEMOCRACY AND TECHNOLOGY

Inspection Employer identification number

Eundraining Activities	FOR DEMOCRACY AND	) TE(	HN	DLOGY	<u> 52-19</u> 05	<u> 5358</u>
						Z filers are not
1 Indicate whether the organization ra	ised funds through any of the follo	wing act	ivities	. Check all that apple	· · · · · · · · · · · · · · · · · · ·	
a Mail solicitations	e LX Solici	tation of	non-c	overnment grants	,.	
b Internet and email solicitation	ns f Solici	tation of	gove	rnment grants		
c X Phone solicitations	g 🗶 Spec	ial fundr	aisina	events		
d X In-person solicitations		•				
2 a Did the organization have a written	or oral agreement with any individu	ual (inclu	dina c	officers directors true	intono or	
key employees listed in Form 990,	Part VII) or entity in connection with	profess	ional	fundraising services:	? X Yes	
b If "Yes," list the ten highest paid inc	dividuals or entities (fundraisers) nu	rsuant t	o agre	emente under which	f LALITES	i ∐ No
compensated at least \$5,000 by th	e organization.		g	ATTION OF THE OF	i die iuligraiser is to	be
(i) Name and address of individual		Cit	Did		(v) Amount paid	T
<ul><li>(i) Name and address of individual or entity (fundraiser)</li></ul>	(ii) Activity	fund have d	Did raiser ustody	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or criticy (turidialser)		or cor	ntral of utions?	from activity	fundraiser listed in col. (i)	organization
THE CURLEY COMPANY - 919 18TH	<del> </del>	Yes	No		isted in cor. (i)	
STREET, NW, SUITE 925,	FUNDRAISING		X	460,750.	30,700.	430,050.
				,,	30,700.	430,030.
		┿				
			_			
		┿				
						<u></u> _
		+				
			$\dashv$			
Total		·····		460,750.	30,700.	430,050.
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from re	gistration
DC,CA,IL,NY,WA						
					<del></del> -	
	<del></del>					
	<del></del>		_			
					<del></del>	
<del>-</del>						
LHA Paperwork Reduction Act Notice, s	see the Instructions for Form 990	or 990-	EZ.	-	Schedule G (Form	990 or 990-EZ) 2010

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SEE PART IV FOR CONTINUATIONS

Sci	nedu <b>art</b>	ILL Fundraising Events	FOR DEMOCRA	ACY AND TECH	NOLOGY 52	-1905358 Page 2
	GII L	Fundraising Events. Complete if the of fundraising event contributions and growth of fundraising event contributions.	ne organization answere	d "Yes" to Form 990. Pa	rt IV line 18 or reported	d more than \$15,000
			(a) Event #1	(b) Event #2	(c) Other events  NONE	(d) Total events
			GALA		NONE	(add col. (a) through
e	l		(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	460,750.			460,750.
	2	Less: Charitable contributions	352,750.			352,750.
	3	Gross income (line 1 minus line 2)	108,000.			108,000.
	4	Cash prizes				
ses	5	Noncash prizes		<u> </u>		
Direct Expenses	6	Rent/facility costs	23,918.			23,918.
Direct	7	Food and beverages	110,685.			110,685.
	8	Entertainment				
	9	Other direct expenses	14,746.			14,746.
i	10	Direct expense summary. Add lines 4 through	9 in column (d)		<b>•</b>	( 149,349,
De	11 irt 1	Net income summary. Combine line 3, column	n (d), and line 10			-41,349.
Fd		Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
		\$13,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant	<del></del>	T
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ě					<del> </del>	cor. (a) a nough cor. (c))
	1	Gross revenue				
	_					
Se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes% No	Yes%	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Combine line 1,	, column d, and line 7			
9	Ente	er the state(s) in which the organization operat	es gaming activities:			
ija; h	IS TH IF "N	e organization licensed to operate gaming act lo," explain:		tates?		Yes No
U	11 P	o, explain:	<del></del>			
l0a	Wer	e any of the organization's gaming licenses re-	voked, suspended or ter	minated during the tax y	/ear?	Yes No
D	іт "Ү	es," explain:				
			<del></del>			
2000	1.01	12 14				
32U82	01-	IS-11			Schedule G (For	m 990 or 990-EZ) 2010

Sch	edule G (Form 990 or 990-EZ) 2010 CENTER FOR DEMOCRACY AND TECHNOLOGY 52-1	905	358	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No.
12	is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	□ No
	indicate the percentage of gaming activity operated in:	l	ĺ	
а	The organization's facility	13a		%
D	An outside facility	13b		<u></u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	•			
	Name			
	Address >			
152	Does the graphization have a contract with a third part from		_	
·ou	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<u> </u>	Yes	L No
b	If "Yes," enter the amount of gaming revenue received by the organization > and the amount			
	of gaming revenue retained by the third party > \$ and the amount			
C	If "Yes," enter name and address of the third party:			
	, and the same party.			
	Name			
		_		
	Address			
16	Gaming manager information:			
	Name N			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
			_	
	Director/officer Employee Independent contractor			
47 1	Mandahan disk to at			
	Mandatory distributions:			
0:1	Is the organization required under state law to make charitable distributions from the gaming proceeds to		,	
h l	retain the state gaming license?	Y	'es [	No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			
Parl	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) at		_	
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (	1d (v),	and P	art III,
			structi	ons).
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS			
(I)	NAME OF FINDRAIGER, MIE GIRLBY COMPANY			
<u>(                                    </u>	NAME OF FUNDRAISER: THE CURLEY COMPANY			
(I)	ADDRESS OF FUNDRAISER:			
<del>\ - /</del>	TIPE TO THE TOTAL PROPERTY OF THE PROPERTY OF			
919	18TH STREET, NW, SUITE 925, WASHINGTON, DC 20006			
_	, , , , , , , , , , , , , , , , , , ,			
_		_		
20000	01-13-11			
ರ್ಧಿಲಭಿತ	Schedule G (Form 9	30 or	990-E	Z) 2010

#### SCHEDULE J (Form 990)

## **Compensation Information**

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2010

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

CENTER FOR DEMOCRACY AND TECHNOLOGY

Part I Questions Regarding Compensation

Employer identification number 52-1905358

4-	Observe W. Communication of the Communication of th		Yes	No
Ta	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 98			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	1.	13	
	First-class or charter travel  Housing allowance or residence for personal		- "	3,7
	Travel for companions Payments for business use of personal residual Payments for business use of personal Payments for business personal Payme	dence		100
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	10		
	Discretionary spending account Personal services (e.g., maid, chauffeur, che	ef)	12	1, 27
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	,		3.4
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, direct	tors		1
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			1 1
	CEO/Executive Director. Check all that apply.		A.	
	Compensation committee Written employment contract		2.3	
	Independent compensation consultant Compensation survey or study		201	
	Form 990 of other organizations  X Approval by the board or compensation con	nmittee 6 i	1,42	2
	pp	militee		12.1
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	, · ·	1.5	
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	:	1	х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4b		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		
	a y same and y are the provide the applicable amounts for each item in Part III.	~	* 50	A 4- 9
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		17	10
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	6.		10
S	contingent on the revenues of:	3/	P	
а				
h	The organization?  Any related organization?	5a		X
~	Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.	5b		X
6		-	200	
•	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		-5	174
			137	
h	The organization?	6a		X
	Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.	6b		X
7				
•	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
В	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			_
	Regulations section 53.4958-6(c)?	9	1	
HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Form	990) 2	2010

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For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VIII. Schedule J (Form 990) 2010 CENTER FOR DEMOCRACY AND TECHNOLOGY 52-1905358

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Page 2

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

		(B) Breakdown of	of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or
	8	239,931.	1,522.	1,800.	14.595.	360	258 208	- Porm 990-EZ
1 LESLIE HARRIS	€		0	0	0	0		٥
	€	209,22	1,522.	1,800.	12,753.	15,874.	241,175.	
2 JAMES DEMPSEY	8	,		0	0	0		C
	Ξ	152,11	1,52	0.	9,218.	4,955.	167,809.	0
3 CATHERINE BRACK	9	$\perp$		0	1 1	0	0	0
MISTON VSCREEN	≘ :	150,565	1,52	1,800.	9,233.	11,397.	174,517.	0
4 ONE COLL MODELIN		$\perp$		0		0.	0	0
PANEN MOCOW	€ !	15T,4T	1,522.	0	9,176.	4,955.	167,070.	0
o Deven modraw		7	-	0		ıı	1	0
e DAVID SOHN	≘ :	400, 001	1,52	0	9,113.	12,867.	173,856.	0.
NITTO OCITIVE	4		ľ	0		0	0	0
PIGGON MOIOI -	Ξ_	148,85	1,522.	0.	9,022.	13,872.	173,268.	0
7 JOHN MORKIS	8	0	0	0 -	0	0	0	0
	Ξ.					   		
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	9							
<b>o</b>	€							
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Schedule J (Form 990) 2010

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspectron

Name of the organization

CENTER FOR DEMOCRACY AND TECHNOLOGY

Employer identification number 52-1905358

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: MARKLE CAPACITY PROGRAM: IN JUNE 2008, THE MARKLE FOUNDATION AWARDED CDT A THREE-YEAR CAPACITY BUILDING GRANT. IN 2010, THE GRANT WAS USED TO SUPPORT THE WEST COAST OFFICE AND EXPANDED CAPACITY IN THE AREAS OF COMMUNICATIONS, DEVELOPMENT, AND ADMINISTRATION. EXPENSES \$ 345,533. INCLUDING GRANTS OF \$ 0. REVENUE S 0. GLOBAL NETWORK INITIATIVE EXPENSES \$ 289,732. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. COPYRIGHT EXPENSES \$ 232,349. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. 1ST AMENDMENT EXPENSES \$ 231,277. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. GLOBAL INTERNET POLICY INITIATIVE EXPENSES \$ 219,336. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. DNS NET-NEUTRALITY EXPENSES \$ 207,496. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. OPEN GOVERNMENT **EXPENSES \$ 93,947.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010) Name of the organization **Employer identification number** CENTER FOR DEMOCRACY AND TECHNOLOGY 52-1905358 INTERNET EDUCATION FOUNDATION EXPENSES \$ 60,531. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. STANDARDS EXPENSES \$ 1,991. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE MANAGING DIRECTOR OF FINANCE & OPERATIONS AND THE VP FOR PUBLIC POLICY. FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS ANNUALLY SIGNS A STATEMENT THAT AFFIRMS THAT SUCH PERSON: HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY; HAS READ AND UNDERSTANDS THE POLICY; HAS AGREED TO COMPLY WITH THE POLICY; UNDERSTANDS THAT THE CENTER FOR DEMOCRACY AND TECHNOLOGY IS A CHARITABLE ORGANIZATION AND THAT, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES; AND DISCLOSES ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES WHICH MAY PRESENT OR CONTRIBUTE TO A CONFLICT OF INTEREST AS DEFINED IN THIS POLICY.

IF THE BOARD OR COMMITTEE HAS A REASONABLE CAUSE TO BELIEVE THAT AN INTERESTED PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.