### \*\* 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)

OMB No. 1545-0047

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

Open to Public Inspection

<u>A</u>	For t	he 2011 calendar year, or tax year beginning and endi	ing			
В	Check applica	r C Name of organization		D Employer identif	fication number	
	Add chai	CENTER FOR DEMOCRACY AND TECHNOLOGY	•			
Ē	Nam char	16 5 5 5		50 1	1005250	
Ē	Initia retu		m/suite	E Telephone number	1905358	
	Tem	in 1634 I STREET, N.W. 110			er -637-9800	
	retu	City or town, state or country, and ZIP + 4	_	G Gross receipts \$	5,389,963.	
	App tion pend	WASHINGTON, DC 20006-4003		H(a) Is this a group		
	pen	F Name and address of principal officer:LESLIE HARRIS		for affiliates?	Yes X No	
		SAME AS C ABOVE		H(b) Are all affiliates in		
_		xempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or □	527		a list. (see instructions)	
		ite: ▶ WWW.CDT.ORG		H(c) Group exemption	on number	
		of organization: X Corporation Trust Association Other	L Year o	f formation: 1994	M State of legal domicile: DC	
<u> </u>		Summary				
Governance	1	Briefly describe the organization's mission or most significant activities: SEE PAR	RT I	II, LINE 1.		
rna	2	Check this box  if the organization discontinued its operations or disposed or	of more	than 25% of its not o		
o ve	3	Number of voting members of the governing body (Part VI, line 1a)		,		
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)	• • • • • • • • • • • • • • • • • • • •	4	11	
Activities &	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	• • • • • • • • • • • • • • • • • • • •	5	25	
ŧ	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		
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.	
				Prior Year	Current Year	
ø	8	Contributions and grants (Part VIII, line 1h)		3,745,786.	4,950,795.	
딦	9	Program service revenue (Part VIII, line 2g)		0.	<u>4,550,753.</u>	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	•	11,057.		
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		41,174.	14,656.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	.	3,798,017.	4,973,098.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	271,435.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	·	0.	2/1,433.	
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·	2,915,726.	2,648,654.	
)Su	16a	Professional fundraising fees (Part IX, column (A), line 11e)	·	0.	21,000.	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)   360,401.			21,000.	
تت	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	1,354,054.	992,576.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,269,780.	3,933,665.	
	19	Revenue less expenses. Subtract line 18 from line 12		-471,763.	1,039,433.	
58	ĺ		Beai	nning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		3,581,939.	4,525,334.	
A P	21	Total liabilities (Part X, line 26)		177,878.	85,852.	
컐	22	Net assets or fund balances. Subtract line 21 from line 20		3,404,061.	4,439,482.	
	ırt II	Signature Block				
Und	er pena	uties of perjury, I declare that I have examined this return, including accompanying schedules and s	statemen	rts, and to the best of my	knowledge and belief, it is	
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer h	as any knowledge.		
		(e See Hann's		8-30-	-12	
Sign	1	Oliginature of officer		Date		
Her	е	LESLIE HARRIS, PRESIDENT				
		Type or print name and title				
l		Print/Type preparer's name Preparer's signature	Dat	Check _	PTINGTOGET	
Men 2 to 2 self-employed						
Preparer Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN 52-139						
Is address 4550 MONIGOMERY AVE SUITE 650N						
		BETHESDA, MD 20814-2930		Phone no. (3	<u>301) 95</u> 1-9090	
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No	
13200	01-01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2011)	

	n 990 (2011) CENTER FOR DEMOCRACY AND TECHNOLOGY	52-1905358	Page 2
Pŧ	art III Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response to any question in this Part III		Х
1	Briefly describe the organization's mission:  WORKING TO KEEP THE INTERNET OPEN, INNOVATIVE AND FRE	C	
	WILLIAM TO THE THE THE THE TAKE THE TAKE THE	<u> </u>	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	□Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servic If "Yes," describe these changes on Schedule O.	es? Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services	as measured by eypenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	t of grants and allocations to	,. D
	others, the total expenses, and revenue, if any, for each program service reported.		
4a	(	evenue \$	)
	4TH AMENDMENT PRIVACY:		
	CONDUCTED RESEARCH AND PUBLISHED ANALYSIS AND COMMENT	ARY ON GOVERNM	ENT
	SURVEILLANCE, CYBER SECURITY AND OTHER ISSUES CONCERNILIBERTIES AND NEW TECHNOLOGIES; DEVELOPED AND PUBLISHI	ING CIVIL	
	PROPOSALS; CONVENED STAKEHOLDER DIALOGUE TO IDENTIFY I	ED POLICY	
	TO NATIONAL SECURITY CHALLENGES AFFECTING PRIVACY; TES	MIRIED DIDCHA	TONS
	TO CONGRESSIONAL INVITATIONS.	STIFIED PURSUA	N.T.
		<del>_</del>	
4b	(Code: ) (Expenses \$ 443,242 including grants of \$ ) (Re	evenue \$	)
	HEALTH PRIVACY:		
	ADDRESSED KEY POLICY QUESTIONS POSED BY THE ADOPTION OF TECHNOLOGY IN HEALTH CARE (HIT); CONDUCTED RESEARCH AN	F INFORMATION	
	DETAILED COMMENTS AND ANALYSES REGARDING THE PRIVACY	ID LORDIZHED	
	SEVERAL MAJOR FEDERAL AND STATE HIT INITIATIVES, INCLU	INTIC MUCCE FOR	<u>-</u>
	THE ESTABLISHMENT OF HEALTH INSURANCE EXCHANGES, FOR T	HE HER OF	<u> </u>
	MEDICARE DATA TO MEASURE THE PERFORMANCE OF HEALTH CAP	R PROVIDERS I	7OR
	THE ESTABLISHMENT OF CENTRALIZED DATABASES OF SENSITIV	E HEALTH DATA	TO.
	SERVE VARIOUS PUBLIC POLICY PURPOSES, AND FOR THE USE	OF HEALTH	
	INFORMATION IN FEDERALLY-FUNDED RESEARCH.		
	205 002		
4c	(Code: ) (Expenses \$ 375,923. Including grants of \$ 271,435.) (Re	venue \$	)
	SUPPORTED THE GLOBAL NETWORK INITIATIVE (GNI) IN DEVEL		
	PRACTICES FOR FREE EXPRESSION AND PRIVACY IN THE INFOR	WARTON AND	
	COMMUNICATIONS TECHNOLOGY INDUSTRY, BROADENING ITS MEM	MEDGRID MAITON AND	
	COMPLETING ASSESSMENTS OF PRACTICES OF THREE LEADING O	DERSHIP,	т
	THEIR IMPLEMENTATIONS OF THE GNI PRINCIPLES, AND DEVE	LOPING	
	INTERNATIONAL STANDARDS ON HUMAN RIGHTS AND INTERNET G	OVERNANCE.	
			<u>.                                    </u>
4d	F9 (		
4.5	(Expenses \$ 1,644,654. including grants of \$ ) (Revenue \$ Total program service expenses ▶ 3,075,214.	)	
40	Total program service expenses ► 3,075,214.		
32002	2	Form <b>99</b> 0	v (201 <b>1</b> )

Form 990 (2011) CENTER FOR D.
Part IV Checklist of Required Schedules

If Yes," complete Schedule A   1   X   2   X   3   3   2   3   5   1   5   5   5   6   5   5   6   5   7   7   7   7   7   7   7   7   7				Yes	No
2 X S Did the organization required to complete Schedule 6, Schedule 6 Contributors   3 Did the organization required in direct or indirect profiles campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II section 1, 1975   5 Section 501(3) organizations. Did the organization engage in lobbying activities, or have a section 501(t) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(c)(d),	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3	_	If "Yes," complete Schedule A	1	_	
Section 50(R) arganizations. Did the organization engage in bobbying activities, or have a section 501(f) election in effect during the tax year? If "Yes," complete Schedule C, Part II			2	X	Щ.
during the tax year "If "Yes," complete Schedule C, Part II  Is the organization a section 50 (5(4), 50 (10(5), or 50 (10(6)), or 50 (10(6)), or 50 (10(6)) or 50 (10(6)) or 50 (10(6)) or 50 (10(6) or 50 (10(6)) or 50 (10(6) or 50 (10(6)) or 50 (10(6) or 50 (10(6)) or 50 (10(6)) or 50 (10(6) or 50 (10(6)) or 5	3	public office? If "Yes," complete Schedule C, Part I	3_		x
5 Is the organization a section 501(c)(6), 501(c)(6) or partization that receives membership clues, assessments, or similar amounts as defined in Revenue Procedure 9-19/1 "Fes, "complete Schedule C, Part II old the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I old the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II old the organization received or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II old the organization amount in Part X, line 21; serve as a custodian for amounts not tisted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV old the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-indownents? If "Yes," complete Schedule D, Part IV old the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-indownents? If "Yes," complete Schedule D, Part V old the organization report an amount for investments - roganization services? If "Yes," complete Schedule D, Part V old the organization report an amount for investments - roganization in Part X, line 10? If "Yes," complete Schedule D, Part V old the organization report an amount for investments - roganization in Part X, line 10? If "Yes," complete Schedule D, Part X old Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X organization organization assets a part and part and part and part a	4	during the tax year? If "Yes," complete Schedule C, Part II	4	x	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for "Wes," complete Schedule D, Part II  7 Did the organization receive or hold a conservation easement, including easements to preserve open space,  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  9 Did the organization popt an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V "  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III  12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V III  13 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  14 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 VIII  15 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 VIII  16 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization report and amount in Part X, line 19 "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide condition consisting, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV II II the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II II the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for Investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IV II 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 X II Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization signature or substitution of the 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 X II X II Did the organization obtain separate or consolidated financial statements fo	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	P-	<del> </del>	<u> </u>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II!  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV!  9 Did the organization proport an amount in Part X, line 21; serve as a custodien for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV!  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV!  11 If the organization and the following questions is "Yes," then complete Schedule D, Part X, IV, IVII, IVII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III B UP Art X, III be 16? If "Yes," complete Schedule D, Part X III B UP Art X, III be 16? If "Yes," complete Schedule D, Part X III B UP Art X, III be 16? If "Yes," complete Schedule D, Part V III B UP Art X, III be 16? If "Yes," complete Schedule D, Part X III B UP Art X, III be 16? If "Yes," complete Schedule D, Part X III B UP Art X, III be 16? If "Yes," complete Schedule D, Part X III B UP Art X, III be 16? If "Yes," complete Schedule D, Part X III B UP Art X, III be 16? If "Yes," complete Schedule D, Part X III B UP Art X, III be 16? If "Yes," complete Schedule D, Part X III B UP Art X, III be 16? If "Yes," complete Schedule D, Part X III B UP Art X, III be 16? If "Yes," complete Schedule D, Part X III B UP Art X, III be 16? If "Yes," complete Schedule D, Part X III B UP Art X, III be 16? If "Yes," complete Schedule D, Part X III B UP Art X, III be 16? If "Yes," complete Schedule D, Part X III B UP Art X, III be 16? If "Yes," complete Schedule	_		6		×
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5 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV IV Did the organization debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V IV Did the organization services or the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI IV Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII III Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII III Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII III Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization sleptically for uncertain tax positions under FIN 48 (SAC 740)? If "Yes," complete Schedule D, Part X III Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization is part aname of the part X III Did the organization is separate or consoli		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part !!	7		х
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10 bid the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VV Ithe the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VVII Ithe Obdit the organization report an amount for investments - program related in Part X, line 16? If "Yes," complete Schedule D, Part VVII Ithe Obdit 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 VVII Ithe Obdit 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 VVII Ithe Obdit 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 X, VIII Ithe Obdit the organization report an amount for other labilities 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 X, VIII Ithe Obdit the organization is apparate, independent audited financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, VIII, and XIII Ithe Obdit the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part VIII Ithe Obdit the organization nearest "No" to line 12a, then completing Schedule			9		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other sessets 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 VIII  d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11d	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	1211	11.67	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  11d					
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X  c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X  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 11c X  Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11c X  Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11c X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X, XII, and XIII Is Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII Is optional 12b X 13 is the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII Is optional 12b X 13 is the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States? 14a X 14a X 15b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 14b X 15b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or as	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X		1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		一	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		complete Schedule G, Part III	19	ı	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		l	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete		,,	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ľ		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		Į	l
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			a Č.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer.		$\neg$	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ı	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	$\neg$	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	-	
•	If "Yes," complete Schedule N, Part I	31	J	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes," complete	31		
-	Schedule N, Part II	20		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 41
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	20		Х
34	Was the organization related to any tax-exempt or taxable entity?	33	$\rightarrow$	
-		ا 🚛 ا		X
250	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	_	X
		35a	$\dashv$	
Ь	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			v
26	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			32
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	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	38	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Boot V

	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2	5		
b	The tall the tall and tall and the tall and tall and the tall and tall and tall and	1b	<u>o</u>		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep				
Δ-	(gambling) winnings to prize winners?		1c	X	
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		<b>3</b> 4		1. 1
L.		2a 2	5	1,9	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?	_2b	X	<del>  _</del>
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2.3	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	-	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other au		3b	-	-
70	financial account in a foreign country (such as a back account account as signature or other au	thority over, a	J.,		,,
h	financial account in a foreign country (such as a bank account, securities account, or other financial ac If "Yes," enter the name of the foreign country:	count)?	4a	1.	X
U	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Ac	<del></del>			. 3
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	counts.			77
b			5a	-	X
C			5b	-	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		5c	-	<del> </del>
OLI	any contributions that were not tay deductible?	organization solicit			
b	any contributions that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such contribution		6a	1	Х
~			l		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c),		6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	as provided to the power		X	-
ь	If IIVan II alial the assessmentian matter the state of t			X	-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	raquired	7b	Α	₩-
_	to file Form 8282?		70		x
d	The state of the s	'd	7c		Λ
е			7e	7	х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	17 18899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file a Form 1098-02	79 7h	_	_
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did t	ne supporting N/A	111		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any	time during the year?	8	A. a.	λ
9	Sponsoring organizations maintaining donor advised funds.	, , , , , , , , , , , , , , , ,			
а	Did the organization make any taxable distributions under section 4966?	N/A	9a	i A.	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		
10	Section 501(c)(7) organizations. Enter:			7.1	
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	)a	Ŧ *	*	
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	)b	* *	sr.	£
11	Section 501(c)(12) organizations, Enter:			, y	
	Gross income from members or shareholders N/A	la			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against				\$1
	amounts due or received from them.)			7	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	41?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	žb		ν,	÷
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1		
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	.1		1	
_	organization is licensed to issue qualified health plans	_			ž.
C	Enter the amount of reserves on hand	ic		121	
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
0	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
			Form	990 (	2011)

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Form 990 (2011) CENTER FOR DEMOCRACY AND TECHNOLOGY 52-1905358 Page
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	****		<u></u>		X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	_1a	11			1			
	If there are material differences in voting rights among members of the governing body, or if the governing					e.			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		,			* *			
þ	Enter the number of voting members included in line 1a, above, who are independent	_1b	9						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	***************************************	2	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?			1		X			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		L		X			
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?		6			X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				T				
	more members of the governing body?		7	a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	•							
	persons other than the governing body?	***************************************	7			X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		100						
а	The governing body?		8	_	X				
b	Each committee with authority to act on behalf of the governing body?		8	<u> </u>	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached at the							
			9			X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenue Code.)							
			-	Y	'es	No			
10a	Did the organization have local chapters, branches, or affiliates?		10	а		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such c				- 1				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	b	_				
_	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the fo	rm? 11	а	_	X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				x				
12a									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12	b i	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			Ι.					
	in Schedule O how this was done		12		X				
13	Did the organization have a written whistleblower policy?		18	_	X				
14	Did the organization have a written document retention and destruction policy?		14	4	X	_			
15	Did the process for determining compensation of the following persons include a review and approve				.				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1.7			4			
a	The organization's CEO, Executive Director, or top management official		15	а	_	X			
D	Other officers or key employees of the organization		15	b	4	X			
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		7	.   •	٠,				
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				j,				
	taxable entity during the year?		16	а	-	Х			
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the interest and the state of the state o								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with any analysis and take steps to safeguard the organization with any analysis and take steps to safeguard the organization with any analysis and take steps to safeguard the organization with any analysis and take steps to safeguard the organization with any analysis and take steps to safeguard the organization with any analysis and take steps to safeguard the organization with a step step step step step step step step	nization's				1 1			
200	exempt status with respect to such arrangements?		16	0		_			
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed CA, IL, NY, WA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Section 501(c)(3)s	only) avail	able					
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website								
40									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict of interest police	cy, and fin	ancia	al				
00	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books at FRIEDMAN & ASSOCIATES, P.C. $-301-279-8900$	na records of the org	anization:	▶_					
		-							
132006	401 N. WASHINGTON STREET, #920, ROCKVILLE, MD 208	<u> </u>							

#### 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

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.

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

- 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;

(A) Name and Title	(B)	ı		- (6	C)			(D)	(E)	(F)
Name and The	Average hours per week	) box	not o c, unle	ss pe	rson	is bo	th an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustes	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LESLIE HARRIS		Ī.,								
PRESIDENT & CEO	40.00	X		X	L	L		243,760.	0.	14,626.
(2) DEIRDRE MULLIGAN										
CHAIR	1.00	X		L_				0.	0.	0.
(3) FRED EPSTEIN										<u> </u>
TREASURER	1.00	X	<u> </u>	Х	_	$oxed{}$	L	0.	0.	0.
(4) HAL ABELSON	1	l				1		_		
DIRECTOR	1.00	X			<u>L</u> .			0.	0.	0.
(5) JERRY BERMAN	1 4 55	l								-
DIRECTOR/FOUNDER	1.00	X	L		ldash	╙	L	1,923.	0.	0.
(6) BILL BERNSTEIN	1	١								
DIRECTOR	1.00	X	L		<u> </u>		┖	0.	0.	0.
(7) MORT HALPERIN	1 00								_	
DIRECTOR	1.00	X	$\vdash$	<u> </u>	<u> </u>		╙	0.	0.	0.
(8) PAMELA JONES HARBOUR	1 00	١,,								
DIRECTOR (9) JILL LESSER	1.00	X	_	$\vdash$	<u> </u>	<b> </b>	L	0.	0.	0.
DIRECTOR	1.00	x								_
(10) DOUG LOWENSTEIN	1.00	≏		Н	_	H	⊢	0.	0.	0.
DIRECTOR	1.00	x						0.		
(11) IRA RUBINSTEIN	1.00	┝≏	Н	Н	Ь.	┝	⊢	<u> </u>	0.	<u> </u>
DIRECTOR	1.00	x						0.	0.	•
(12) JAMES DEMPSEY	1.00	<u> </u>	Н		_		⊢	U•		
VP FOR PUBLIC POLICY, SECRETARY	40.00			х				213,010.	0.	31,306.
(13) CATHERINE BRACK	+	$\vdash$	-			├	$\vdash$	213,010.	- 0.	31,300.
DEVELOPMENT DIRECTOR	40.00				Х			156,839.	0.	14,309.
(14) PORTIA WENZE-DANLEY	-	Н	Н	Н	=		H	230,033.		14,303.
MANAGING DIRECTOR	40.00					х		132,510.	0.	21,769.
(15) GREGORY NOJEIM	1	┢		Н		-	Н	232,3201		21,703.
SR COUNSEL & PROJECT DIR.	40.00					x		155,063.	0.	20,677.
(16) DEVEN MCGRAW		Т	П			_	H		<del></del>	
PROJECT DIRECTOR	40.00					х		154,595.	0.	14,314.
(17) DAVID SOHN			П	$\dashv$			Т	1		21,011.
SR COUNSEL & PROJECT DIR.	40.00	L				X	L	147,309.	0.	23,225.
132007 01-23-12										000

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0

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

The second	(3 m) (3 m)			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
, Gifts, Grants nilar Amounts	b c		435,200.	į			
Contributions, and Other Sirr	g	All other contributions, gifts, grants, and similar amounts not included above	4515595.	4950795.			
$\Box$	2 a		Business Code		3		
Program Service Revenue	d						
۵		Total. Add lines 2a-2f					
	3 4 5	Investment income (including dividends, into other similar amounts) Income from investment of tax-exempt bond Royalties	proceeds	7,668.			7,668.
	b	(i) Real 86 , 833 Less: rental expenses 0	(ii) Personal		\$	3	
	d	Rental income or (loss)	(ii) Other	86,833.			86,833.
		Less: cost or other basis and sales expenses  Gain or (loss)  251618 251618	. 21.	¥ .			
		Gain or (loss) 0  Net gain or (loss)		-21.			-21.
Revenue		Gross income from fundralsing events (not including \$ $435,200$ of contributions reported on line 1c). See	90.250		in the second se		21.
Other			ь 165226.	-75,976.			-75,976.
	9 a b	Gross income from gaming activities. See Part IV, line 19 Less: direct expenses	-				
	10 a b	Less: cost of goods sold	a b				AND AND THE STATE OF THE STATE
-	11 a	Net income or (loss) from sales of inventory Miscellaneous Revenue MISCELLANEOUS	Business Code 900099	3,799.	45. L		3,799.
	b d	All other revenue		3 500			
132009 01-29-1	12	Total. Add lines 11a-11d  Total revenue. See instructions.		3,799. 4973098.	0.	0.	22,303. Form 990 (2011)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

include amounts reported on lines 6b, 9b, and 10b of Part VIII.  ants and other assistance to governments and ganizations in the United States. See Part IV, line 21 ants and other assistance to individuals in the United States. See Part IV, line 22 ants and other assistance to governments, ganizations, and individuals outside the nited States. See Part IV, lines 15 and 16 anterits paid to or for members and individuals outside the nited States. See Part IV, lines 15 and 16 anterits paid to or for members and line in the states and key employees and key employees and key employees and key employees and described in section 4958(t)(1)) and around described in section 4958(c)(3)(B) and and section 403(b) employer contributions (include attent 404(c) and section 403(b) employer contributions) and the employee benefits and services (non-employees): anagement	771,435.  271,435.  675,773.  1,613,581.  84,077.  126,281.  148,942.	(B) Program service expenses  271,435.  407,189.  1,415,983.  74,362.	Management and general expenses  52,193.	216,391.
panizations in the United States. See Part IV, line 21 rants and other assistance to individuals in the United States. See Part IV, line 22 rants and other assistance to governments, ganizations, and individuals outside the nited States. See Part IV, lines 15 and 16 renefits paid to or for members compensation of current officers, directors, listees, and key employees repensation not included above, to disqualified resons (as defined under section 4958(f)(1)) and resons described in section 4958(c)(3)(B) ther salaries and wages resion 401(k) and section 403(b) employer contributions) ther employee benefits lightly	675,773. 1,613,581. 84,077. 126,281.	407,189.	52,193.	216,391
e United States. See Part IV, line 22 ants and other assistance to governments, ganizations, and individuals outside the nited States. See Part IV, lines 15 and 16 anefits paid to or for members compensation of current officers, directors, astees, and key employees mpensation not included above, to disqualified arsons (as defined under section 4958(t)(1)) and arsons described in section 4958(c)(3)(B) ther salaries and wages nsion plan accruals and contributions (include attion 401(k) and section 403(b) employer contributions) ther employee benefits syroll taxes es for services (non-employees):	1,613,581. 84,077. 126,281.	1,415,983.		
ganizations, and individuals outside the nited States. See Part IV, lines 15 and 16 merits paid to or for members compensation of current officers, directors, istees, and key employees compensation not included above, to disqualified resons (as defined under section 4958(f)(1)) and resons described in section 4958(c)(3)(B) consider and wages contributions (include stion 401(k) and section 403(b) employer contributions) contributions (include stion 401(k) and section 403(b) employer contributions) contributions (include stion 401(k) and section 403(b) employer contributions) contributions (include stion 401(k) and section 403(b) employer contributions) contributions (include stion 401(k) and section 403(b) employer contributions) contributions (include stion 401(k) and section 403(b) employer contributions) contributions (include stion 401(k) and section 403(b) employer contributions) contributions (include stion 401(k) and section 403(b) employer contributions) contributions (include stion 401(k) and section 403(b) employer contributions) contributions (include stion 401(k) and section 403(b) employer contributions) contributions (include stion 401(k) and section 403(b) employer contributions) contributions (include stion 401(k) and section 403(b) employer contributions) contributions (include stion 401(k) and section 403(b) employer contributions) contributions (include stion 401(k) and section 403(b) employer contributions) contributions (include stion 401(k) and section 401(k) employer contributions) contributions (include stion 401(k) and section 401(k) employer contributions) contributions (include stion 401(k) employer contributions) contributions (inc	1,613,581. 84,077. 126,281.	1,415,983.		
enefits paid to or for members compensation of current officers, directors, istees, and key employees mpensation not included above, to disqualified is in section 4958(f)(1)) and is included in section 4958(c)(3)(B) ther salaries and wages insign plan accruals and contributions (include is in 401%) and section 403(b) employer contributions) ther employee benefits introl taxes es for services (non-employees):	1,613,581. 84,077. 126,281.	1,415,983.		
ompensation of current officers, directors, astees, and key employees mpensation not included above, to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) her salaries and wages nsion plan accruals and contributions (include attion 401(k) and section 403(b) employer contributions) her employee benefits lyroll taxes es for services (non-employees):	1,613,581. 84,077. 126,281.	1,415,983.		
mpensation not included above, to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B)  ther salaries and wages  nsion plan accruals and contributions (include stion 401(k) and section 403(b) employer contributions)  ther employee benefits  lyroll taxes  es for services (non-employees):	1,613,581. 84,077. 126,281.	1,415,983.		
nsion plan accruals and contributions (include stion 401(k) and section 403(b) employer contributions) her employee benefits syroll taxes es for services (non-employees):	84,077. 126,281.		185,305.	12,293.
her employee benefits yroll taxes es for services (non-employees):	126,281.	74,362.		
her employee benefits yroll taxes es for services (non-employees):	126,281.	74,362.		
yroll taxeses for services (non-employees):		40-11-	9,372.	343.
es for services (non-employees):	I AX VAZI	103,947.	21,901.	433.
	110,542.	119,870.	16,680.	12,392.
gal	2,360.	2,360.		
counting	87,616.	240.	87,376.	
bbying				
ofessional fundraising services. See Part IV, line 17	21,000.			21,000.
restment management fees	105.006	404		
her	185,396.	126,735.	7,291.	51,370.
vertising and promotion	00 554	60.006		
fice expenses	98,554.	62,986.	28,529.	7,039.
	13,//4.	11,105.	1,3/6.	1,233.
	333 0/1	265 050	16 665	01 310
				21,318. 5,626.
	130,003.	114,004.	10,039.	
· · · · · · · · · · · · · · · · · · ·	· · ·			
	-	-		<del></del>
	45,789.	36,680.	5,123.	3,986.
urance	10,159.	8,415.	1,024.	720.
ner expenses. Itemize expenses not covered bye. (List miscellaneous expenses in line 24e. If line a amount exceeds 10% of line 25, column (A) ount, list line 24e expenses on Schedule O.)				
OOKS/DUES/SUBS.	35,483.	30,155.	2,440.	2,888.
OMPUTER EQUIPMENT	20,934.	10,074.	9,718.	1,142.
ONTRIBUTIONS	12,250.	10,000.	2,250.	
ISCELLANEOUS	7,711.	2,776.	2,708.	2,227.
other expenses				
al functional expenses. Add lines 1 through 24e	3,933,665.	3,075,214.	498,050.	360,401.
orted in column (B) joint costs from a combined icational campaign and fundraising solicitation.				
0 10 10 10 10 10 10 10 10 10 10 10 10 10	primation technology yalties cupancy wel yalties cupancy wel yments of travel or entertainment expenses any federal, state, or local public officials inferences, conventions, and meetings yments to affiliates preciation, depletion, and amortization urance er expenses. Itemize expenses not covered we. (List miscellaneous expenses in line 24e. If line yamount exceeds 10% of line 25, column (A) yount, list line 24e expenses on Schedule 0.) OKS/DUES/SUBS.  MPUTER EQUIPMENT ONTRIBUTIONS SCELLANEOUS other expenses al functional expenses. Add lines 1 through 24e int costs. Complete this line only if the organization orted in column (B) joint costs from a combined	primation technology yalties cupancy wel  yalties cupancy wel  yalties cupancy yalties cupancy yalties cupancy yalties cupancy yalties	primation technology systles cupancy and systles cupancy cupancy and systles cupancy c	primation technology spaties cupancy cupancy spaties cupancy spaties cupancy cupancy spaties cupancy spaties cupancy cupancy spaties cupancy cupancy spaties cupancy cupancy cupancy cupancy spaties cupancy c

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			100.	1	100.
	2	Savings and temporary cash investments	1,466,221.	2	3,600,280.		
	3	Pledges and grants receivable, net	1,898,859.	3	608,989.		
	4	Accounts receivable, net	16,542.	4	163,510.		
	5	Receivables from current and former officers, d					
		employees, and highest compensated employe	es. Com	olete Part II			
	l _	of Schedule L				5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c					4.5 (6.7)
		employers and sponsoring organizations of sec					
গ্ৰ	_	employees' beneficiary organizations (see instru		6			
Assets	7	Notes and loans receivable, net				7	
¥	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			20,552.	9	13,800.
	10a	Land, buildings, and equipment: cost or other		400.050			
		basis. Complete Part VI of Schedule D		420,952.	the second secon		
		Less: accumulated depreciation		299,301.	162,661.	10c	121,651.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	17,004.	_15	17,004.		
	16	Total assets. Add lines 1 through 15 (must equ			3,581,939.	16	4,525,334.
	17	Accounts payable and accrued expenses	147,878.	17	85,852.		
	18	Grants payable		18			
	19	Deferred revenue		30,000.	19		
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete				21	
Ħ	22	Payables to current and former officers, director					
Liabilities	ļ	highest compensated employees, and disqualif	•				,
_		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			4 = =	25	
	26	Total liabilities. Add lines 17 through 25			177,878.	26	85,852.
		Organizations that follow SFAS 117, check he	ere 🕨	LX and complete	w X		
Ses	_	lines 27 through 29, and lines 33 and 34.					
au	27	Unrestricted net assets			1,959,171.	27	3,846,670.
Ba	28	Temporarily restricted net assets			1,444,890.	28	592,812.
P L	29	Permanently restricted net assets		·····		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, c	neck her	re ▶ ∟ and			
ō s		complete lines 30 through 34.			,		
set	30	Capital stock or trust principal, or current funds	•			30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Ne le	32	Retained earnings, endowment, accumulated in			2 404 004	32	1 100 100
_	33	Total net assets or fund balances			3,404,061.	33	4,439,482.
	34	Total liabilities and net assets/fund balances			3,581,939.	34	4,525,334.

Pa	rt XI Reconciliation of Net Assets		_			
	Check if Schedule O contains a response to any question in this Part XI	********				X
1 2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	1 2 3 4 5		4,97 3,93 1,03 3,40	3,6 9,4 4,0 4,0	98. 65. 33. 61.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII	·····			Yes	No
1	1 Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	The state of the s					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
С	review, or compilation of its financial statements and selection of an independent accountant?			2c	x	
d	If the organization changed either its oversight process or selection process during the tax year, explain in Scholl If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?		ıdit	3a		х
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red au		3b		
				Form	990 (	2011)

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

Department of the Treasury Internal Revenue Service

Name of the organization

### Public Charity Status and Public Support

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

OMB No. 1545-0047 Open to Public

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection **Employer identification number** 

CENTER FOR DEMOCRACY AND TECHNOLOGY 52-1905358 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(lii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated a Type I b Type II d Type III - Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2), If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization in co.. (i) organized in the U.S.? ganization in col. organization n col. (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No No Yes No Total

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

Schedule A (Form 990 or 990-EZ) 2011

132021

(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	_				<del>.</del>	
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and					(4/==-/	(-) (-)
	membership fees received. (Do not						
	include any "unusual grants.")	2,799,928.	6,301,014.	2,392,488.	3,745,786.	3,872,992.	19,112,208.
2	Tax revenues levied for the organ-						1 1
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	. 0					
4	Total. Add lines 1 through 3	2,799,928.	6,301,014.	2,392,488.	3,745,786.	3,872,992.	19,112,208.
5	The portion of total contributions	\$ 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			200	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	* A		A. Sur	^		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				5.0		
	column (f)			A			8,758,983.
6	Public support. Subtract line 5 from line 4.						10,353,225.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	2,799,928.	6,301,014.	2,392,488.	3,745,786.	3,872,992.	19,112,208.
8	Gross income from interest,	_					<del></del>
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	42,513.	25,561.	110,671.	86,837.	94,501.	360,083.
9	Net income from unrelated business						<u> </u>
	activities, whether or not the						
	business is regularly carried on					]	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	9,274.	55,283.	53,255.	4,385.	3,799.	125,996.
11	Total support. Add lines 7 through 10						19,598,287.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	183,302.
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)	<u>-</u>
	organization, check this box and stor ction C. Computation of Publ	_			-	. , , ,	<u> </u>
	Public support percentage for 2011 (I					14	52.83 %
15	Public support percentage from 2010	Schedule A. Part	II. line 14	0.0		15	53.76 %
	33 1/3% support test - 2011. If the c			line 13, and line 1			
	stop here. The organization qualifies						
þ	33 1/3% support test - 2010. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more check th	is hov
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation		or more, eneck in	► □
17a	10% -facts-and-circumstances tes	t - 2011. If the orga	anization did not c	heck a box on line	13. 16a or 16b a	nd line 14 is 10% (	or more
	and if the organization meets the "fac	ts-and-circumstand	ces" test. check th	is box and stop h	ere. Explain in Par	IV how the organi	zation
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	oublicly supported	organization	non ale organi	
þ	10% -facts-and-circumstances test	t - 2010. If the orga	anization did not o	heck a box on line	13. 16a. 16b or 1	7a and line 15 ic 1	
	more, and if the organization meets the	e "facts-and-circu	mstances" test. ch	eck this box and	stop here. Explain	in Part IV how the	070 OI
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17h	, check this box a	nd see instructions	
						dule A (Form 990	

## Schedule A (Form 990 or 990-EZ) 2011 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				-		-
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and			_			1
	membership fees received. (Do not					İ	
	include any "unusual grants.")		L.	L			
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					<del> </del>	
	are not an unrelated trade or bus-	1					
	iness under section 513						
4	Tax revenues levied for the organ-			_		<del>                                     </del>	
	ization's benefit and either paid to						
	or expended on its behalf		1		]	]	
5	The value of services or facilities					1	·
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5					<del>                                     </del>	
	Amounts included on lines 1, 2, and	<del></del> -				<del>                                       </del>	<del> </del>
	3 received from disqualified persons					1	
b	Amounts included on lines 2 and 3 received			-	<del>                                     </del>	<del> </del>	<del>-</del>
	from other than disqualified persons that				1		
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b		i				<del> </del>
	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support	,					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,	(0) = 0	(1) 10.0.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income		ì		<del>                                     </del>	<u> </u>	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						İ
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>	<del> </del>	<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	ax vear as a secti	nn 501(c)(3) organi:	zation
	check this box and stop here						. —
Sec	tion C. Computation of Publ						
15	Public support percentage for 2011 (	line 8, column (f) d	ivided by line 13. o	column (fi)		15	<u> </u>
	Public support percentage from 2010					16	
	tion D. Computation of Inves			<u> </u>		1.0	
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from 2					18	<del>%</del>
	33 1/3% support tests - 2011. If the						17 is not
	more than 33 1/3%, check this box a						
ь	33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization						
	3 01-24-12			.,		nedule A (Form 90	

Schedule A (Form 990 or 990-EZ) 2011 CENTER FOR DEMOCRACY AND TECHNOLOGY 52-1905358 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
and Farthi, line 12. Also complete this part for any additional miormation. (See instructions).
SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:
GOOGLE BUZZ USER PRIVACY LITIGATION NO. 10-000672JW
DATE: 12/19/11 AMOUNT: 500,000.
DEMETRIA RODRIGUEZ ET AL VS NDCHEALTH CORP ET AL NO. CV 10-3522-VBF (FMOX)
DATE: 10/07/11 AMOUNT: 255,008.
IN RE QUANTCAST AVERTISING LITIGATION, IN RE CLEARSPRING COOKIE
LITIGATION, IN RE CLEARSPRING FLASH COOKIE LITIGATION, DAVIS ET AL VS VIDEO
EGG, NO. 2:10-CV-05484, 05948, 07112-GW
DATE: 08/16/11 AMOUNT: 322,795.
<del></del>

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

Department of the Treasur,

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2011

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, total 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 total 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 Part I, 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) (2011)

Name of organization

Employer identification number

CENTER FOR DEMOCRACY AND TECHNOLOGY 52-1905358 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person **Payroll** 670,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person Payroli 518,706. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 370,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person Payroli 240,340. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 5 Х Person Payroll 163,500. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 Person Payroll 150,000. Noncash (Complete Part II if there is a noncash contribution.)

123452 01-23-12

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

### CENTER FOR DEMOCRACY AND TECHNOLOGY

52-1905358

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		s150,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$113,430.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
123452 01-23	-12	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2011)

Employer identification number

#### CENTER FOR DEMOCRACY AND TECHNOLOGY

<u>52-1905</u>358

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(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
		  \$	
(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
			<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		     \$	
23453 01-23-	-12		90, 990-EZ, or 990-PF) (2011)

NTER F	OR DEMOCRACY AND TEC	HNOLOGY	52-1905358		
art III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	vidual contributions to section 501(6) the following line entry. For organization c., contributions of \$1,000 or less for t	(7), (8), or (10) organizations that total more than \$1,000 to is completing Part III, enter the year. (Enter this information once.)		
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_ =					
_		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_ =					
	72	(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_					
	Transferee's name, address, a	(e) Transfer of gift	fer of gift  Relationship of transferor to transferee		
) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
art I					
	Transferee's name, address, ar	(e) Transfer of gift	Pelationship of transferor to transferor		
	n ansieree s name, address, at		Relationship of transferor to transferee		

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

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

Open to Public Inspection

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 35c (Proxy Tax), then

•	Section 501(c)(4), (5)	, or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			·		loyer identification number
-		CENTER	FOR DEMOCRACY A	ND TECHNOLOG	3Y	52-1905358
Pa	art I-A Comple	ete if the or	ganization is exempt u	nder section 501(c	e) or is a section 527 o	organization.
	Political expenditure	es	zation's direct and indirect pol		<b>&gt;</b> \$	
Pa	art I-B Comple	ete if the or	ganization is exempt u	nder section 501/c	:)(3).	
1			incurred by the organization u			<u> </u>
2	Enter the amount of	any excise tax	incurred by organization man	agers under section 495	55	<u> </u>
3	If the organization in	ourred a section	on 4955 tax, did it file Form 472	20 for this year?	•	Yes No
4a	a Was a correction ma	ade?				Yes No
b	) If "Yes." describe in	Part IV.				
			ganization is exempt ur			c)(3).
			d by the filing organization for			<u> </u>
2			ization's funds contributed to			
	exempt function act	tivities				
3			s. Add lines 1 and 2. Enter here			<del>-</del>
	line 17b		••••••	• • • • • • • • • • • • • • • • • • • •	▶\$	
4	Did the filing organiz	zation file Form	1120-POL for this year?			Yes No
_	made payments. Fo contributions receive political action comm	r each organiza ed that were pr	nployer identification number of the street in the amount promptly and directly delivered the additional space is needed, promptly and the street is needed, promptly and the street is needed.	aid from the filing organ to a separate political or	nization's funds. Also enter th ganization, such as a separa	ne amount of political
	(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2011

13204·1 01-27-12

Schedule C (Form 990 or 990-EZ) 2011 C Part II-A   Complete if the orga	ENTER FOR I	DEMOCRACY A	ND TECHNOLO	GY 52-1	.905358 Page 2
(election under secti		ipt dilder sectio	in soricitor and in	ea roilli 5706	
	on belongs to an affilia of excess lobbying e	xpenditures).	n Part IV each affiliated	group member's nam	ie, address, EIN,
	on Lobbying Expen	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion (g	rass roots lobbying)	_	6,807.	
b Total lobbying expenditures to influe	nce a legislative body	(direct lobbying)		75,425.	
c Total lobbying expenditures (add line				82,232.	
d Other exempt purpose expenditures				4,016,659.	
e Total exempt purpose expenditures	(add lines 1c and 1d)			4,098,891.	
f Lobbying nontaxable amount. Enter				354,945.	
If the amount on line 1e, column (a) or (		ying nontaxable am			
Not over \$500,000		ne amount on line 1e			
Over \$500,000 but not over \$1,000,0	900 \$100,000	plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500			ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00		plus 5% of the exce			
Over \$17,000,000	\$1,000,00	00.			
g Grassroots nontaxable amount (ente	r 25% of line 1f)	***************************************		88,736.	
h Subtract line 1g from line 1a. If zero o	or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero o	r less, enter -0-			0.	
j If there is an amount other than zero	on either line 1h or lir	ne 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this ye	ar?			<u></u>	Yes No
(Some organizat	ions that made a se	aging Period Under ction 501(h) election instructions for line	Section 501(h) n do not have to comp s 2a through 2f on pa	plete all of the five	
	Lobbying Expend	litures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	292,315.	358,526.	363,489.	354,945.	1,369,275.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,053,913.
c Total lobbying expenditures	5,286.	41,310.	82,963.	82,232.	211,791.
d Grassroots nontaxable amount	73,079.	89,632.	90,872.	88,736.	342,319.
e Grassroots ceiling amount (150% of line 2d, column (e))	1 4			# F F	513 479

Schedule C (Form 990 or 990-EZ) 2011

6,807.

6,807.

f Grassroots lobbying expenditures

### Schedule C (Form 990 or 990-EZ) 2011 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)).

Yes 501(c)(s			nount
501(c)(t	(5), or se		
501(c)(t	(5), or se		
501(c)(t	(5), or se		
501(c)(t	(5), or se		
501(c)(t	(5), or se		
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501(c)(t	(5), or se		
501(c)(t	(5), or se		
501(c)(t	(5), or se		
501(c)(t	(5), or se		
			_
	1	Yes	
	1 1		No
501(c)(F	2		<u> </u>
1 501(c)(!	3		
No" OR			
)			
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,			
,	2c		
	3		
·····	5		
ss itical		2c 3 4 5	3

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

2011
Open to Public Inspection

Name of the organization

CENTER FOR DEMOCRACY AND TECHNOLOGY

Employer identification number 52-1905358

Pa	organizations Maintaining Donor Advised Funds organization answered "Yes" to Form 990, Part IV, line 6.	s or Other Similar Funds	or Accounts. Complete if the
		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 writing tha	t the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's exclusive	legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor or donor ac	lvisor, or for any other purpose o	conferring
_	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organization	answered "Yes" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g., recreation or education)		orically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form o	f a conservation easement on the last
	day of the tax year.		
_	Total number of concentration accoments		Held at the End of the Tax Year
b	Total number of conservation easements  Total acreage restricted by conservation easements		2a
c	Number of conservation easements on a certified historic structure incl	uded in (a)	2b
	Number of conservation easements included in (c) acquired after 8/17/		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, released, ex	inquished or terminated by the	organization during the toy
_	year ▶	angulariou of the termination by the	organization during the tax
4	Number of states where property subject to conservation easement is	located >	
5	Does the organization have a written policy regarding the periodic mon		
	violations, and enforcement of the conservation easements it holds?	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of		
8	Does each conservation easement reported on line 2(d) above satisfy t		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation easeme		
	include, if applicable, the text of the footnote to the organization's finar	icial statements that describes th	ne organization's accounting for
De	conservation easements.  † III   Organizations Maintaining Collections of Art. Hi	-1	
Pal			ner Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part		
าล	If the organization elected, as permitted under SFAS 116 (ASC 958), no		
	historical treasures, or other similar assets held for public exhibition, ed the text of the footnote to its financial statements that describes these		ce of public service, provide, in Part XIV,
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to		and balance about well-reformed to the
ь	treasures, or other similar assets held for public exhibition, education, of		
	relating to these items:	in research at fortherance of publi	ic service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		•
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial	nain provide
	the following amounts required to be reported under SFAS 116 (ASC 9	•	gair, provide
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X	,	
_			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

20,397.

121,651.

58,708.

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

79,105.

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

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the rootnote to the organization's linearcial statements that reports the organization 3 linearcial statements that reports the organizat

Pal	rt XI   Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tatemen	its
1	Total revenue (Form 990, Part VIII, column (A), line 12)		4,973,098
2	Total expenses (Form 990, Part IX, column (A), line 25)		3,933,665
3	Excess or (deficit) for the year. Subtract line 2 from line 1	_	1,039,433
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities 5		
6	Investment expenses 6		
7	Prior period adjustments 7		_
8	Other (Describe in Part XIV.)		-4,012
9	Total adjustments (net). Add lines 4 through 8		-4,012
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		1.035.421
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Retur	n , , , , , , , , , , , , , , , , , , ,
1	Total revenue, gains, and other support per audited financial statements	1	5,138,324
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	P	
b	Donated services and use of facilities 2b	*	
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV.)	26.	
	Add lines 2a through 2d		165,226.
3			4,973,098
	Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	4,3/3,030
	· · ·		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)		
_	Add lines 4a and 4b	4c	0.
Do:		5	4,973,098
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	3,827,456.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses 2c	- 11	
d	Other (Describe in Part XIV.)	6.	
e	Add lines 2a through 2d	2e	165,226.
3	Subtract line 2e from line 1	3	3,662,230.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	```	
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)  4b 271,43	5.	
С	Add lines 4a and 4b		271,435.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		3,933,665.
Par	t XIV Supplemental Information	0	0/30/0030
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line	es 1h and '	2h: Part V. lina 4: Dort
X. line	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any	cadditional	information
PAR	T X, LINE 2: IN JUNE 2006, THE FINANCIAL ACCOUNTING STA	MDARD!	THIOMALION.
		110111101	JOARD
(FA	SB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVID	RG CII	ברוא שרים בירם
<u> </u>		<u> </u>	DANCE FOR
REP	ORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED	DECEM	2TD 21
	THE THE PARTY OF T	DECEM	JEK JI,
201	1, CDT HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740	_10 %1	TD.
	-/ GET THE POSSIBLE TO COMBIDERATION OF FADE ABC 740	-10 AI	עא
DET	ERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIF	V EOD	PTMUPD
	DIGHTAD TIME NO MATERIAL ONCERTAIN TAX FOSTITONS QUALIF	1 FOR	EITHER
REC	OGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE	זטרטט	AT EODA
	THE THANCIAL STATEMENTS. THE	t PDPt	CAL FURM
990	, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUB	TROM (	TO.
	, OF ONOMITEATION EMERIT PROFIT INCOME TAX, IS SUB	OBCT T	
EXA	MINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR	ware est	- VEXDC
	THE THE THE THE THE THE THE TOTAL TO		
132054 01-23-1	a	Sched	ule D (Form 990) 2011
) I-23-1	20		

CENTER FOR DEMOCRACY AND TECHNOLOGY

52-1905358 Page 4

Schedule D (Form 990) 2011

Part XIV Supplemental Information (continued)	32-1903338 Page 5
AFTER IT IS FILED.	
PART XI, LINE 8 - OTHER ADJUSTMENTS:	
FUNDS RETURNED TO DONOR FOR UNDER EXPENDITURE	-4,012.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES SHOWN AS EXPENSE ON THE	
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON	
FORM 990, PART VI, LINE 8B.	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES SHOWN AS EXPENSE ON THE	
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON	
FORM 990, PART VI, LINE 8B.	
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
TRANSFER OF FUNDS REPORTED AS GRANT EXPENSE TO GLOBAL	
NETWORK INITIATIVE	
	-
· · · · · · · · · · · · · · · · · · ·	
	<del></del>
<u> </u>	·

### **SCHEDULE G**

Department of the Treasur;

Internal Revenue Service

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

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 Inspection

Name of the organization

CENTER FOR DEMOCRACY AND TECHNOLOGY

**Employer identification number** 52-1905358

Part I required to complete this p	S. Complete if the organization a art.	nswered "	Yes" t	o Form 990, Part IV,	line 17. Form 990-E	Z filers are not
Indicate whether the organization ra     Mail solicitations	aised funds through any of the fo	lowing act	ivities	. Check all that apply	<u>.</u>	
b Internet and email solicitatio	ns 🐧 🖳 Sol	icitation of	gove	rnment grants		
c X Phone solicitations d X In-person solicitations	g X Sp	ecial fundr	aising	events		
2 a Did the organization have a writter	or oral agreement with any indivi	idual (inclu	dina c	officere directore tru	etoon or	
key employees listed in Form 990,	Part VII) or entity in connection w	ith profess	sional	fundraising services?	X Yes	s 🗀 No
b If "Yes," list the ten highest paid in	dividuals or entities (fundraisers)	pursuant t	o agre	ements under which	the fundraiser is to	be
compensated at least \$5,000 by th	ne organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	I have d	Did raiser sustody itral of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
JENNIFER CURLEY & ASSOCIATES		Yes	No			<del></del> -
- 919 18TH STREET, NW, SUITE	FUNDRAISING		X	524,450.	21,000.	503,450
	<del>                                       </del>	-				
		_   _	_	<del></del>		
<del>-</del>						
	<u> </u>	_		<del></del>		
Total				524,450.	21,000	500 450
3 List all states in which the organizati	on is registered or licensed to soli	cit contrib	utions	or has been notified	it is exempt from re	503,450.
or licensing.					it is exempt from to	gistration
DC,CA,IL,NY,WA	<u> </u>					
				<del></del>		
				<del></del> -		
		_		<del></del> -		
<del>-</del>						
<u> </u>				<u> </u>		
HA Paperwork Reduction Act Notice,	see the Instructions for Form 9	90 or 990-	EZ.		Schedule G (Form	990 or 990-EZ\ 2011

132081 01-23-12

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ) 2011

132082 01-23-12

Sch	nedule G (Form 990 or 990-EZ) 2011 CENTER FOR DEMOCRACY AND TECHNOLOGY 52-1	<u>.905</u>	<u>358</u>	Page 3
11	San San San San San San San San San San	$\Box$	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
13	Indicate the percentage of gaming activity operated in:		[	
ë	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		<u> </u>	
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party >\$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year ▶ \$	_		
Pai	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) a	and (v)	, and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	(see ir	struci	ions).
SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	3:		
	·			
/ <del>~</del> 1				
<u>(I)</u>	NAME OF FUNDRAISER: JENNIFER CURLEY & ASSOCIATES		_	
/ - 1				
<u>(I)</u>	ADDRESS OF FUNDRAISER:			
016	1000 0000			
913	9 18TH STREET, NW, SUITE 1100, WASHINGTON, DC 20006			
132083	Schedule G (Form 9	990 AI	gan_i	7) 2011

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047

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

Open to Public Inspection

Name of the organization  CENTER FC	FOR DEMOCRACY	AND	TECHNOLOGY				Employer identification number	ja "
Part I General Information on Grants and Assistance	and Assistance						200000	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as:	sistance, and the selec	L	
당 없	istance? rocedures for mon	toring the use of grant	t funds in the Unite	d States.			X Yes No	<u>0</u>
Part II   Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duclinated if additional space is needed.	Governments an \$5,000. Check thi	d Organizations in the sbox if no one recipies	ne United States. Can received more the	complete if the organian \$5,000. Part II	anization answered "	res" to Form 990, Part	. IV, line 21, for any	Iг
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	1
GLOBAL NETWORK INITIATIVE 1634 I STREET NW STE, 1100 WASHINGTON, DC 20006	27-2322782	50103	271,435.	0	,		INITIAL GRANT MONEY FOR NEW ORGANIZATION	]
		,						1
								I
								I
								1
								ı
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	janizations listed in the	e line 1 table					1
٦,	s listed in the line 1	table					<b>A</b>	ı
LINA FOR Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the instructi	ons for Form 990.					Schedule I (Form 000) (2014)	Ιş

Schedule I (Form 990) (2011)

Page 2 Schedule I (Form 990) (2011) (f) Description of non-cash assistance 52-1905358 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. CDT ASSISTED IN THE ESTABLISHMENT OF FUNDS CDT RECEIVED FOR THE ESTABLISHMENT AND ACTIVITIES OF GNI WERE THEN THE GLOBAL NETWORK INITIATIVE (GNI) AS A FULLY INDEPENDENT 501(C)(3). TRANSFERRED AS A GRANT TO GNI TO SUPPORT ITS MISSION, WHICH IS FULLY (d) Amount of non-cash assistance CENTER FOR DEMOCRACY AND TECHNOLOGY (c) Amount of cash grant (b) Number of recipients IN 2011, THE MISSION OF CDT. ~ (a) Type of grant or assistance LINE Η, PART CONSISTENT WITH Schedule I (Form 990) (2011) SCHEDULE I, 132102 01-27-12 Part III

#### **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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

CENTER FOR DEMOCRACY AND TECHNOLOGY **Questions Regarding Compensation** 

**Employer identification number** 52-1905358

Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel  Travel for companions  Payments for business use of personal residence  Tax indemnification and gross-up payments  Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.
First-class or charter travel    Housing allowance or residence for personal use   Travel for companions   Payments for business use of personal residence   Tax indemnification and gross-up payments   Health or social club dues or initiation fees   Discretionary spending account   Personal services (e.g., maid, chauffeur, chef)   If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain   1b     Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?   2     Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.
Travel for companions  Tax indemnification and gross-up payments  Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.
Tax indemnification and gross-up payments  Discretionary spending account  Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)  If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.
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CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to
establish compensation of the CEO/Evecutive Director, Evoluin in Part III
Discourse and See Exceeding Supporter and the second secon
Compensation committee
Compensation committee Written employment contract Independent compensation consultant Compensation survey or study
Form 990 of other organizations  X Approval by the board or compensation committee
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
overpiretion as a valetaal annuing to a
a Receive a severance payment or change-of-control payment?  A Barticipate in an receive payment from a graph control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4b X
c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
Only position EQ4(a)(a) and EQ4(a)(b) and eq4(a)(b)
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:
a The organization? 5a X
b Any related organization?  5b X
IT "Yes" to line 5a or 5b, describe in Part III.
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:
a The organization? 6a X
b Any related organization?
If "Yes" to line 6a or 6b, describe in Part III.
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 52-1905358 Schedule J (Form 990) 2011

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

Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)()-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(3)
(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 as deferred in prior Form 990
	8	243,76	0	0	14.626.	C	258 386	c
1 LESLIE HARRIS	<b>(E)</b>		0	0	0	0		
	Ξ	213,010.	0	0	12,826.	18,480.	244,316.	0
2 JAMES DEMPSEY	€		0.	0	0	0	0	0
	≘	156,83	0 •	0	9,485.	4,824.	171,148.	0
3 CATHERINE BRACK	€	1	0 •	0		0	0	0
	8	132,51	0	0	8,029.	13,740.	154,279.	0
4 PORTIA WENZE-DANLEY		 	0	0.	0	0	0	0
	8	155,063.	0.	0	9,589.	11,088.	175,740.	0
5 GKEGORY NOUELM	▣	ł	0.	0	0	0	0	0
	≘	154,59	0	0	9,490.	4,824.	168,909.	0
6 DEVEN MCGRAW	€	ļ	0.	0.	0	0	0	0
	Ξ	147,309.	0.	0.	9,485.	13,740.	170,534.	0
7 DAVID SOHN	8		0.	0.	0	0	0	0
	Ξ	150,849.	0	0.	9,227.	8,928.	169,004.	0
8 JUSTIN BROOKMAN	9	0	0	0.	0	0	0	0
	8							
on	▣							
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10	₿							
	8							
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#### **SCHEDULE 0**

(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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

CENTER FOR DEMOCRACY AND TECHNOLOGY 52-1905358 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: COMMUNICATIONS **EXPENSES \$ 35,987.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. CONSUMER PRIVACY EXPENSES \$ 369,385. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. COPYRIGHT INCLUDING GRANTS OF \$ 0. EXPENSES \$ 257,706. REVENUE \$ 0. 1ST AMENDMENT EXPENSES \$ 196,473. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. MARKLE CAPACITY EXPENSES \$ 171,254. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. INTERNET EDUCATION FOUNDATION **EXPENSES \$ 86,285.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. STANDARDS EXPENSES \$ 15,986. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. INTERNATIONAL HUMAN RIGHTS **EXPENSES \$ 360,222.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

NET NEUTRALITY

Schedule O (Form 990 or 990-EZ) (2011)

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

Schedule O (Form 990 or 990-EZ) (2011) Page 2 Name of the organization Employer identification number CENTER FOR DEMOCRACY AND TECHNOLOGY 52-1905358 EXPENSES \$ 141,665. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. CAMPAIGN FOR CDT'S FUTURE EXPENSES \$ 9,691. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: THE 990 WAS 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 AGREES TO DISCLOSE 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.

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

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION DECISIONS REGARDING THE Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011)	
Name of the organization CENTER FOR DEMOCRACY AND TECHNOLOGY	Employer identification number 52-1905358
CEO ARE REVIEWED AND VOTED ON BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION N	MAKES ITS
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAIL	ABLE TO THE PUBLIC
UPON REQUEST. IT MAKES ITS 990S AND ANNUAL AUDITS AVAILA	ABLE ON ITS WEBSITE
AND UPON REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
FUNDS RETURNED TO DONOR FOR UNDER EXPENDITURE	<u>-4,0</u> 12.
<del>-</del>	
<del></del>	
2212	