Provide a line of the line of t		Form	990		Return of Organiz	ation Exempt	from	Income Ta	x		OMB No. 1545-0047
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G Type of organization G Exempt under section 501(2) 3 H (insert number) or G Section 4947(a)(1) nonexempt charitable trusts Must attach a completed H (a) Is this a group return filed for affiliales 7 Vis X In other basis H is checked Vis Y (informer basis) (b) If Yes' enter the number of affiliales for advit hills return is filed C Vis X In other basis H is checked Vis Y (informer basis) (c) Is this a group return filed for affiliales for advit hills return is filed C Vis X In other basis H is checked Vis Y (informer basis) (c) Is this acquite thin the Vis Y and particulation set Vis Y (informer basis) Vis X In other basis H is factor A (informer basis) (c) Is this acquite the number of Vis Y (informer basis) In other basis A (informer basis) In other basis Vis X In other basis Note: Form 900-L2 may be used by organizations with gross receipts fasts for SU0.000 and total assets regular a completer eturn. Note: Form 900-L2 may be used by organizations with gross receipts fasts for Fund Balances (see instructions) In a 1, 135, 664. 1 Indirect public support 1<		(re	equired also for	uons.			DC 2	0006-4003			
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Check here: G [] If the organization's gross receipts are normally not more than 252,000. The organization need not file a return with the IRS: but if it received a Form 390 package in the mall, it should file a return without financial data. Some states require a complete return. Note: Form 390-E2 may be used by organizations with gross receipts less than 3100.000 and total assets less than 3250,000 at end of year. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions) 1 Contributions, gifts, grants, and similar amounts received: a Direct public support. 1 a 1 b 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c		•••					87				Cash X Accrual
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A N S E T T S18 Excess or (deficit) for the year (subtract line 17 from line 12)18 e -98, 861.19 N S E T S19 Net assets or fund balances at beginning of year (from line 73, column (A))19 302, 716.20 20 2120 203, 855.	E X		•								
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			•			•					203 855
	BA						<u></u>			•	Form 990 (1999)

Form 990 (1999) CENTER FOR DEMOCRACY AND TECHNOLOGY Part II

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

52-1905358

Page 2

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	(cash \$					
	non-cash \$)	22				
23	Specific assistance to individuals (attach sch)					
24	Benefits paid to or for members (attach sch)		100 714	160 757	0.086	10 071
25 26	Compensation of officers, directors, etc Other salaries and wages		<u>199, 714.</u> 581, 324.	<u>169, 757.</u> 549, 650.	<u>9, 986.</u> 14, 389.	<u> </u>
20 27	Pension plan contributions		58, 121.	52, 809.	1, 586.	3, 726.
28	Other employee benefits		46, 385.	38, 174.	5, 335.	2, 876.
29	Payroll taxes		51, 263.	37, 053.	11, 360.	2, 850.
30	Professional fundraising fees				,	,
31	Accounting fees		13, 100.	11, 284.	1, 816.	0.
32	Legal fees	32	1,654.	1, 050.	604.	0.
33	Supplies	33	34, 635.	27, 132.	7, 503.	0.
34	Telephone	34	28, 602.	25, 424.	3, 178.	0.
35	Postage and shipping		9, 302.	4, 321.	4, 981.	0.
36	Occupancy		75, 097.	57, 597.	17, 500.	0.
37	Equipment rental and maintenance	-	11,677.	5, 208.	6, 469.	0.
38	Printing and publications		14, 599.	13, 348.	1, 251.	0.
39	Travel		47 500	00.007	10 010	0
40	Conferences, conventions, and meetings		47, 538.	28, 325.	19, 213.	0.
41	Interest		27, 697.	24, 432.	3, 265.	0.
42 43	Depreciation, depletion, etc (attach schedule) Other expenses (itemize): a	42 43a	27,097.	24, 432.	5, 205.	0.
	DUES AND SUBSCRIPTIONS	43a	23, 746.	21, 338.	2, 408.	0.
	NETWORK USAGE	43c	14, 121.	12, 185.	1, 936.	0.
	INSURANCE	43 d	2, 660.	0.	2, 660.	0.
	See Other Expenses Stmt	43e				
44	See Other Expenses Stmt Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 pring of loint Costs ' Did you report in co	44	49, 347. 1, 290, 582.	23, 755. 1, 102, 842.	25, 592. 141, 032.	0. 46, 708.
44 Repo educ If 'Ye \$	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 lumn (E ion?	49, 347. 1, 290, 582. 3) (program services) any	23, 755. 1, 102, 842. joint costs from a comb ; (ii) the am	25, 592. 141, 032.	0. 46, 708. Yes X No am services
44 Repo educ If 'Ye \$	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 	44 Iumn (E ion? joint co ocated	49, 347. 1, 290, 582. 3) (program services) any posts \$	23, 755. 1, 102, 842. joint costs from a comb ; (ii) the am	25, 592. 141, 032. bined ount allocated to progra	0. 46, 708. Yes X No am services
44 Repo educ If 'Ye \$	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 prting of Joint Costs Did you report in co ational campaign and fundraising solicitaties,' enter (i) the aggregate amount of these ; (iii) the amount all indraising \$ till Statement of Program Servet is the organization's primary exempt purp	44 lumn (E joint co ocated /ice A osse? G	49, 347. 1, 290, 582. 3) (program services) any posts \$ to management and gene ccomplishments EDUCATI ONAL	23, 755. 1, 102, 842. joint costs from a comt ; (ii) the am eral \$	25, 592. 141, 032. bined ount allocated to progra ; and (iv) the	0. 46, 708. Yes X No am services e amount allocated Program Service Expenses (Required for 501(c)(3) and (4) organizations and (4) organizations ind
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44 Representation of the second seco	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 orting of Joint Costs ' Did you report in co ational campaign and fundraising solicitat es,' enter (i) the aggregate amount of these ; (iii) the amount all indraising \$ t III Statement of Program Server is the organization's primary exempt purp rganizations must describe their exempt purp is served, publications issued, etc. Discuss ons & section 4947(a)(1) nonexempt charite INTERACTIVE WORKING GROUP RESEARCH, ADVOCACY AND PU AND TECHNOLOGY ASPECTS OF DP DIGTEL/IMPLEMENTATION: RESEARCH, ANALYSIS, AND I THAT PROTECT 4TH AMENDMEN E INTERNET PRIVACY: BUILD A PRIV MAINTAIN CONTROL OVER THEIR I ABOUT THEM, & LIMIT REDISCLO OPEN PLATFORM WORKING GROUP ON POLICIES THAT AFFECT T	44 lumn (E ion? joint co ocated vice A vose? C urpose s achie s achie bill tr DELIC F_FRF VT_VA VT_VA VT_VA VT_VA VT_VA VT_VA VT_VA VT_VA	49, 347. 1, 290, 582. a) (program services) any osts \$	23, 755. 1, 102, 842. joint costs from a comt ; (ii) the ameral \$ AND CHARITABLI nd concise manner. Sta surable. (Section 501(c) mount of grants & alloca ONSTITUTIONAL ERACTIVE MEDIA allocations \$ SPACE THAT WILL EN ARE CHOICES ABOU EY HAVE ALREADY (allocations \$ SIS, AND EDUCA E OF THE INTER POLICY allocations \$ allocations \$ SIS, AND EDUCA E OF THE INTER POLICY	25, 592. 141, 032. oined ount allocated to progra- : and (iv) the : and (0. 46, 708. Yes X No am services e amount allocated Program Service Expenses (Required for 501(c)(3) and (4) organizations and (4) organizations ind

Form 990 (1999) CENTER FOR DEMOCRACY AND TECHNOLOGY

Part IV Balance Sheets (See instructions)

Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45 Cash ' non-interest-bearing	146, 213.	45	32, 959.
	46 Savings and temporary cash investments	126, 352.	46	108, 040.
	47 a Accounts receivable 47 a 2, 904. b Less: allowance for doubtful accounts 47 b	27, 646.	47 c	2, 904.
	48a Pledges receivable 48a b Less: allowance for doubtful accounts 48b		48 c	
	49 Grants receivable		49	
A	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	2, 010.	50	0.
A S S E	51a Other notes & loans receivable (attach schedule) 51a	2,010		
T S	b Less: allowance for doubtful accounts		51 c	
J	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	2, 260.	53	3, 880.
	54 Investments ' securities (attach schedule)	۵, ۵۰۰.	54	5,000
	55a Investments ' land, buildings, & equipment: basis 55a		34	
	b Less: accumulated depreciation			
	(attach schedule)		55 c	
	56 Investments ' other (attach schedule)		56	
	57a Land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule) L- 5.7. Stmt 57b 111, 454.	42, 234.	57 c	60, 709.
	58 Other assets (describe G See Line 58 Stmt)	4, 700.	58	11, 259.
	59 Total assets (add lines 45 through 58) (must equal line 74)	351, 415.	59	219, 751.
	60 Accounts payable and accrued expenses	48, 699.	60	15, 896
Ļ	61 Grants payable		61	
Å	62 Deferred revenue		62	
B	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
Ľ	64a Tax-exempt bond liabilities (attach schedule)		64 a	
T I	b Mortgages and other notes payable (attach schedule)		64 b	
E S	65 Other liabilities (describe G)		65	
	66 Total liabilities (add lines 60 through 65)	48, 699.	66	15, 896.
0	Drganizations that follow SFAS 117, check here G and complete lines 67	,		,
Р Б	through 69 and lines 73 and 74.			
. 6	57 Unrestricted		67	
A S S E T S C C	58 Temporarily restricted		68	
	59 Permanently restricted		69	
-	Drganizations that do not follow SFAS 117, check here G X and complete lines			
R	70 through 74.			
F U 7 D	70 Capital stock, trust principal, or current funds		70	
Ď 7	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	302, 716.	72	203, 855.
Ā	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through			
-	72; column (A) must equal line 19 and column (B) must equal line 21)	<u>302, 716.</u>	73	203, 855.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	351, 415.	74	219, 751

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

Form 9	90 (1999) CENTER FOR DEMOC	RACY AND TECHNO	LOGY	Y	52-	1905	358 Page 4
Part	IV-A Reconciliation of Revenu	e per Audited	Par	rt IV-B Reconcil	iation of Expens	es_pe	r Audited
	Financial Statements with per Return (See instruction			Financia per Retu	I Statements with	n Exp	enses
		,					NT / A
а	Total revenue, gains, and other support per audited financial statements $\ldots \ldots \ldots G$	N/A a	a		nd losses per statements C	a	N/A
b	Amounts included on line a but not on line 12, Form 990:		b	Amounts included on line 17, Form	d on line a but not 990:		
(1)	Net unrealized gains on investments \$		((1) Donated serv- ices and use of facilities	\$		
(2)	Donated serv- ices and use of facilities \$		((2) Prior year adjust- ments reported on line 20, Form 990	\$		
(3)	Recoveries of prior year grants \$		((3) Losses reported on line 20, Form 990	\$		
(4)	Other (specify):		((4) Other (specify):			
	\$				<u>s</u>		
	Add amounts on lines (1)	h		Add amounts on I			
с	through (4) G	b c	c	0		b b c	
d	Amounts included on line 12, Form 990 but not on line a :		d		d on line 17,		
(1)	Investment expenses not included on line 6b,		((1) Investment expenses not included on line			
	Form 990 \$			6b, Form 990	\$		
(2)	Other (specify):		((2) Other (specify):			
	<u> </u>				\$		
е	Add amounts on lines (1) and (2) . G Total revenue per line 12, Form	d	e			j∂ d	
	990 (line c plus line d)	е		990 (line c plus l	ine d) (
Part V	List of Officers, Directors,						
	(A) Name and address	(B) Title and average here week devoted to position	ours	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee bene plans and deferr compensation	fit ed	(E) Expense account and other allowances
	Y BERMAN						
	EYE ST, WASH DC EDWARDS	CHAI RMAN/EXEC DI I	2 40	199, 714	l. 1, 9	97.	0.
	HOLLY POINT RD, EDGEWATER, MD	DI RECTOR	0	C).	0.	0.
	CARBO						
	BELLEFI ELD AVE, PI TTSBURGH, PA	DIRECTOR	0).	0.	0.
	L <u>FUKUNAGA</u> 5 BERETANIA, HONOLULU, HI	DI RECTOR	0	C).	0.	0.
	AEL_TRISTER CONN_AVE, WASH, DC	DI RECTOR	0	C).	0.	0.
	Y WESTEN		-				
	W PICO BLVD, LOS ANGELES, CA	DIRECTOR	0).	0.	0.
	EL_WEI TZNER FECHNOLOGY SQ, CAMBRI DGE, MA	SECTY/TREAS/DEPDIR	40	C).	0.	0.
	·						
				<u> </u>			

Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? 75

If 'Yes,' attach schedule ' see instructions.

Form 990 (1999) CENTER FOR DEMOCRACY AND TECHNOLOGY

Form	n 990 (1	999)	CENTER	FOR	DEM	OCRA	CY	AN	ND '	TEC	CHNO	LOG	Y						52-	190	5358	;	F	Page 5
Par	t VI	Other	r Informa	ation (S	See sp	ecific i	nstr	ructio	ions.	.)													Yes	No
76	Did the	e organi	ization eno	gage in a	iny act	tivity no	ot pr	orevio	iously	y rep	oorted	to the	e IRS?	If 'Ye	s,' attacl	h a de	etailed	desc	ription			76		X
77			anges mad																			77		X
.,			h a conforn		•	•			ing t	uocu	mema	but		Jonteu		(): .						,,		<u> </u>
78 2			nization hav	1.5			·		inco	ome c	of \$1.0	000 o	r more	durin	a the ve	ar cov	vered b	ov thi	is return	?		78a		X
		0	t filed a tax				0														-	78b		X
			iquidation,																		ľ			
79																	s, alla					79		X
	memb	ership,	ation relat governing	bodies,	truste	es, offi	cers															80a		X
Ľ	o If 'Yes	s, enter	the name		0										it in				non					
01 -		the ame	ount of pol												it is			1		exen	ιρι. Ο.			
			nization file													-					0.	81b		x
																						010		<u> </u>
82 a			ization rec less than f																			82 a		X
ł			nay indicat art I or as a]	82b							
83 a			ization cor	•			•					•	0		,	-		ons?				83 a	X	
		5	ization cor				•										•				ŀ	83b	X	
84 a	Did the	e organi	ization sol	icit any o	contrib	outions	or g	gifts	s that	t wer	e not f	tax de	eductil									84a		X
	lf 'Yes	s,' did th	ne organiza	ation incl	lude wi	ith eve	ry so	solici	itatio	on an	n expre	ess st	ateme	nt that	t such co	ontrib	utions	or gi	fts were					
05			tible?																		F	84b		<u> </u>
), or (6) org iization ma	-																		85a 85b		
L			answered to																			850		
	waiver	r for pro	oxy tax owe	ed for the	e prior	year.	o no		ompi	iete d	oot in	rougi	1 0011	leiow i	uness u	ie org	anizati		eceiveu	d				
			ments, and														85 c							
			e) lobbying																					
			ondeductibl																					
			unt of lobb																					
ç	Does t	the orga	anization e	lect to p	ay the	Sectio	n 60	6033((e) ta	ax or	n the a	amou	nt in 8	5f?							· · · · ·	85 g		
ł			33(e)(1)(A)																			05.6		
07			ues allocal						•	•		•				ving t	ax yea	Γ <u>Υ</u> .			· · · · ·	85 h		
80		. , 0	anizations						•	•						Í	86a							
ŀ			s, included														86b							
87			ganization														87a							
			-														070							
	agains	st amou	e from othe ints due or	received	d from	them.)										_	87 b							
88	At any or an o If 'Yes	/ time di entity di s,' comp	uring the y isregarded lete Part IX	ear, did l as sepa K	the or arate fi	ganiza rom the	tion e org	n owr rgani	n a 5 iizatio	50% ion u	or gre nder F	ater i Regul	interes ations	t in a Sectio	taxable o ons 301.	corpo 7701	ration 2 and	or pa 301.	artnersh 7701-31	ip, ?		88		x
89 a	501(c))(3) orga	anizations	. Enter:	Amour	nt of ta	x im	mpos	sed c	on th	ie orga	anizat	tion du	iring th	ne year u	under	:							
	Sectio	on 4911	G		0	<u>;</u> ; Se	ectio	ion 4	4912	G				0.	; Secti	on 49	55 G				0.			
ł	during	the yea	d 501(c)(4) ar or did it ich transac	become	aware	of an	exce	cess l	bene	efit tr	ransac	ction 1	from a	prior v	year? If '	'Yes,'	attach	ı a st	tatemen	t 		89b		x
c	Enter:	Amoun	nt of tax im 2, 4955, ar	posed o	n the d	organiz	atio	on m	nana	agers	s or dis	squali	ified p	ersons	during	the ye	ear und	ler			-			0.
ſ			nt of tax on																					
90 a	List th	e states	s with whic	h a copy	of this	s return	is f	filed	1 G	1	DIST	RI	CT O	F CO	LUMBT	Α				-				
			nployees e																			90b		13
			e in care o																		-			
	Located	at G 1	634 EY	E ST	NW,	SUIT	ГΕ	11	00					_			DC	2	ZIP + 4 G	2	0006	- 400)3	
92	Sectio	on 4947	(a)(1) non	exempt o	charita	ble tru	sts	filin	ng Fo	orm 9	990 in	lieu d	of Fori	n 1041	' Chec	k her	е				·	`	(G
	and er	nter the	amount of	ftax-exe	mpt_in	terest	rece	eive	ed or	accr	rued di	<u>uring</u>	the ta	x year	<u></u> .	<u></u> .	<u></u> .		G	92				

BAA

Form 990 (1999) CENTER FOR DEMOCRACY AND TECHNOLOGY Part VII Analysis of Income-Producing Activities (See instructions.)

52-1905358

Page 6

		Unrelate	d business income	Excluded by s	ection 512, 513, or !	514 (5)
Enter gross otherwise in	s amounts unless ndicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D)	Related or exempt function income
93 Pro	ogram service revenue:					
d						
е <u> </u>						
f Med	dicare/Medicaid payments					
•	& contracts from government agencies					
	mbership dues and assessments					
	rest on savings & temporary cash invmnts			14	6, 0	57.
	idends & interest from securities rental income or (loss) from real estate:					
	ot-financed property					
	debt-financed property					
	rental income or (loss) from pers prop					
99 Oth	ner investment income					
othe	in or (loss) from sales of assets er than inventory					
	income or (loss) from special events					
	ss profit or (loss) from sales of inventory					
	ner revenue: a	-				50,000.
e						
	total (add columns (B), (D), and (E))				6, 05	
	al (add line 104, columns (B), (D), ar					56, 057 .
	e 105 plus line 1d, Part I, should equa				- /	<u></u>
	Relationship of Activities to		-			
Line No.	Explain how each activity for which of the organization's exempt purpose	income is rep ses (other that	orted in column (E) of P	art VII contribute	ed importantly to the	accomplishment
103a	CONTRACT FOR IEF GNW					
1000						
Part IX	Information Regarding Tax	able Subsid	liaries and Disrega	rded Entities	(See instructions.)) N/A
	(A)	(B)	(0	:)	(D)	(E)
	, address, and EIN of corporation,	Percentage		activities	Total	End-of-year
par	rtnership, or disregarded entity	ownership in	%		income	assets
		<u> </u>	<u>%</u>			
			%			
			%			
Please	Under penalties of perjury, I declare that I have true, correct, and complete. Declaration of pre-	ve examined this re	eturn, including accompanying	schedules and statem	ents, and to the best of n	ny knowledge and belief, it is
Sign	\sim	eparer (otner than	officer) is based on all informa	tion of which prepare	\sim	
Here	Signature of Officer		D	ate	CHAI RMAN Type or Print Nar	
<u> </u>				Date		Preparer's SSN or PTIN
Paid Pre-	Preparer's Signature				self-	
parer's		SCUCI VIEC	2	11/16/00	employed G 🛛 🗶	579-78-1597
Use	(or yours if 2200 OTH				EIN G	
Only	self-employed) and Address ARLINGTON	SINEEI SU		VA		22204-2302
BAA			TEEA0106 12/27/99	¥11		Form 990 (1999)

Department of the Treasury Internal Revenue Service

Schedule A	
(Form 990)	

Organization Exempt Under Section 501(c)(3)



IRS use only ' Do not write or staple in this space.

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

OMB No. 1545-0047

G Must be completed by the above organizations ar	nd attached to their Form 990 or 99	Ю-ЕZ.		
Name of the Organization			Employer Identification N	lumber
CENTER FOR DEMOCRACY AND TECHNOLO		Than Officers D	<u>52-1905358</u>	
Part I Compensation of the Five High (See instructions. List each one. If there		i nan Officers, D	irectors, and Tr	ustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ALAN DAVIDSON				
1634 EYE ST, NW, WASH DC 20006	STAFF COUNSEL 40	59, 125.	5, 912.	0.
DEIRDRE MULLIGAN				
			0.004	
1634 EYE ST, NW, WASH DC 20006	STAFF COUNSEL 40	82, 037.	8, 204.	0.
JAMES DEMPSEY				
1634 EYE ST NW, WASH, DC 20006	CALEA FELLOW 40	95, 221.	9, 522.	0.
JOHN B_MORRIS_JR				
1634 EYE ST NW, WASH, DC 20006	BROADBAND DI RECTORI R 10	71, 923.	0.	0.
				<u> </u>
Total number of other employees paid over \$50,000	<u>4</u>			
Part II Compensation of the Five High (See instructions. List each one (whether			essional Service	S
	-		<i>c</i> .	
(a) Name and address of each independent contra	actor paid more than \$50,000	(b) Type o	of service	(c) Compensation
NONE				
	· ·			

Total number of others receiving over

\$50,000 for professional services .

None

Sche	dule	A (Form 990) 1999 CENTER FOR DEMOCRACY AND TECHNOLOGY 52-1905358		F	Page 2
Par	t III	Statements About Activities		Yes	No
1		ng the year, has the organization attempted to influence national, state, or local legislation, including any attempt influence public opinion on a legislative matter or referendum?	1	x	
	lf 'Y	es,' enter the total expenses paid or incurred in connection with the lobbying activities G\$ 28, 208.			
	orga	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other anizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the sying activities.			
2	trus	ng the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its tees, directors, officers, creators, key employees, or members of their families, or with any taxable organization which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:			
a	Sale	e, exchange, or leasing of property?	2 a		X
t	Len	ding of money or other extension of credit?	2b		X
c	Furi	nishing of goods, services, or facilities?	2 c		X
c	l Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See . Pt . V, Fm . 990	2 d	X	
e	Trai	nsfer of any part of its income or assets?	2e		x
		e answer to any question is 'Yes,' attach a detailed statement explaining the transactions.			
		s the organization make grants for scholarships, fellowships, student loans, etc?	3		X
		you have a section 403(b) annuity plan for your employees?	4a		<u> </u>
k	o Atta or Io	ch a statement to explain how the organization determines that individuals or organizations receiving grants bans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)			
Par	t IV	Reason for Non-Private Foundation Status (See instructions.)			
The o	orgar	ization is not a private foundation because it is (please check only One applicable box):			
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8		A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name	ie, cit	t y ,	
	_	and state G			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b (Also complete the Support Schedule in Part IV-A.)	ı)(1)(A)(iv)	
11 a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11 k)	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12		An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gros from activities related to its charitable, etc, functions ' subject to certain exceptions, and (2) no more than 33-1/3% of its su from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by th organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	ipport	eipts t	
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizat described in: (1) lines 5 through 12 above; or (2) section $501(c)(4)$, (5), or (6), if they meet the test of section $509(a)(2)$. (Se section $509(a)(3)$.)	ions e		
		Provide the following information about the supported organizations. (See instructions.)			
		(a) Name(s) of supported organization(s)		ne nur n abo	

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

Part	t IV-A Support Schedule Note: You may use the v					
Cale begii	ndar year (or fiscal year nning in)	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1, 267, 891.	1, 334, 234.	1, 829, 568.	848, 073.	5, 279, 766.
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc, purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organ- ization after June 30, 1975	5, 279.	2, 852.	2, 801.	4, 283.	15, 215.
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	35, 434.	66, 333.	0.	0.	101, 767.
23	Total of lines 15 through 22	1, 308, 604.	1, 403, 419.	1, 832, 369.	852, 356.	5, 396, 748.
24	Line 23 minus line 17	1, 308, 604.	1, 403, 419.	1, 832, 369.	852, 356.	5, 396, 748.
25	Enter 1% of line 23	13, 086.	14, 034. er 2% of amount in col	<u>18, 324.</u>	8, 524.	107.005
26 k	Organizations described on lines b Attach a list (which is not open to person (other than a governmenta	public inspection) shov I unit or publicly suppo	ving the name of and a orted organization) wh	amount contributed by ose total gifts for 1995	each 5 through	107, 935.
	1998 exceeded the amount shown					1, 648, 551.
	c Total support for Section 509(a)(1 d Add: Amounts from column (e) for				G 26c	5, 396, 748.
Ľ	a Add. Amounts norn column (e) for	1111es. 18		26b <u>1, 648, 5</u>	51 G 26d	1, 765, 533.
e	e Public support (line 26c minus line					
	Public support percentage (line 2					, ,
27	Organizations described on line	12:	-			
a	a For amounts included in lines 15, amounts received in each year fro (1998)	m, each 'disqualified p	erson.' Enter the sum	of such amounts for e	ach year:	
I	bFor any amount included in line 17 received for each year, that was m organizations described in lines 5 and the larger amount described	7 that was received from hore than the larger of through 11, as well as in (1) or (2) , enter the su	m a nondisqualified pe (1) the amount on line individuals.) After cor um of these difference	rson, attach a list to s 25 for the year or (2) nputing the difference s (the excess amounts	how the name of, and \$5,000. (Include in th between the amount s) for each year:	amount e list received
	(1998) (1998)	(1997)	(1996)		_ (1995)	
C	aud: Amounts from column (e) for 17	10		10 21		
ſ	c Add: Amounts from column (e) for 17 d Add: Line 27a total	20 an	d line 27b total	<u> </u>	G 27d	<u> </u>
e	e Public support (line 27c total minu	is line 27d total)				
f	F Total support for socian $E00(a)(2)$	tost: Entor amount on	line 22 column (o)	(- 27f		
ç	g Public support percentage (line 2	7e (numerator) divided	by line 27f (denomina	ator))	G 27g	
ł	h Investment income percentage (li	ne 18, column (e) (num	nerator) divided by line	e 27f (denominator))	G 27h	%
28	Unusual Grants: For an organizat list (which is not open to public ins brief description of the nature of th	spection) for each year	showing the name of	the contributor, the da	te and amount of the	

Schedule A (Form 990) 1999 CENTER FOR DEMOCRACY AND TECHNOLOGY

52-1905358

Page 3

Sche	edule A (Form 990) 1999 CENTER FOR DEMOCRACY AND TECHNOLOGY 52-190535	8	F	age 4
Par	t V Private School Questionnaire (See instructions.) (To be completed Only by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	_		
		_		
32	Does the organization maintain the following:	-		
i	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
l	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		
		_		
33	Does the organization discriminate by race in any way with respect to:			
i	a Students' rights or privileges?	33 a		
I	b Admissions policies?	33 b		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d		
	e Educational policies?	33 e		
1	f Use of facilities?	33 f		
9	g Athletic programs?	33 g		
I	h Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
I	b Has the organization's right to such aid ever been revoked or suspended?	34 b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Schedule A (Form 990) 1999	CENTER	FOR	DEMOCRACY	AND	TECHNOLOGY	

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

Check here G **a** if the organization belongs to an affiliated group.

Check here G **b** if you checked 'a' above and 'limited control' provisions apply.

	Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		organizations 395.
30				
	Total lobbying expenditures to influence a legislative body (direct lobbying)			27, 813.
38	Total lobbying expenditures (add lines 36 and 37)			28, 208.
39	Other exempt purpose expenditures	39		1, 262, 374.
40	Total exempt purpose expenditures (add lines 38 and 39)	40		1, 290, 582.
41	Lobbying nontaxable amount. Enter the amount from the following table '			
	If the amount on line 40 is ' The lobbying nontaxable amount is '			
	Not over \$500,000			
	Over \$500,000 but not over \$1,000,000			
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41		204, 058.
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42		51, 015.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		0.
	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50.)

			Lobbying Expen	ditures During 4 -Year	Averaging Period		
	Calendar year (or fiscal year beginning in) G	(a) 1999	(b) 1998	(c) 1997	(d) 1996		(e) Total
45	Lobbying nontaxable amount	204, 058.	189, 898.	221, 934.	240, 3	58.	856, 248.
46	Lobbying ceiling amount (150% of line 45(e))						1, 284, 372.
47	Total lobbying expenditures	28, 208.	18, 343.	29, 991.	52, 2	79.	128, 821.
48	Grassroots non- taxable amount	51, 015.	47, 475.	55, 484.	60, 0	<u>89.</u>	214, 063.
49	Grassroots ceiling amount (150% of line 48(e))						321, 095.
50	Grassroots lobbying expenditures		1, 314.	6, 305.	9, 4	63.	17, 477.
Par	t VI-B Lobbying Ac (For reporting or	tivity by Nonelections that any by organizations that	ng Public Charities did not complete Part V	; I-A) (See instructions.)			N/A
	ng the year, did the organi npt to influence public opi				any Yes	No	Amount
ä	Volunteers						
I	o Paid staff or managemer	nt (include compensation	n in expenses reported o	n lines c through h.)			
(Media advertisements						
	d Mailings to members, leg						
	e Publications, or publishe						
	Grants to other organizat						
ç	g Direct contact with legisla	ators, their staffs, goverr	ment officials, or a legis	lative body			

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means i Total lobbying expenditures (add lines c through h)

Page 6

No X X

X X X X X X X X

			R DEMOCRACY AND TECHNOL	0GY 52-1905 Relationships With Noncharita		F	Page (
	Exempt Organizatio			Relationships with Noncharita	DIC		
51 Did th	ne reporting organization of	lirectly or inc	lirectly engage in any of the following	with any other organization described in	section 50	1(c)	
			ganizations) or in section 527, relating a noncharitable exempt organization of		Г	Yes	No
				u.	51a (i)	162	X
					a (ii)		X
	transactions:				a (ii)		Λ
		ts with a nor	charitable exempt organization		b (i)		x
	0				b (ii)		X
					b (iii)		X
					b (iv)		X
					b (v)		X
(vi) P	Performance of services or	membership	or fundraising solicitations		b (vi)		X
c Shari	ng of facilities, equipment	, mailing lists	s, other assets, or paid employees	h (b) should always show the fair market nization received less than fair market v s, other assets, or services received:	c value of value in		X
	ransaction or sharing arran (b)	ngement, sho I	ow in column (d) the value of the goods (c)				
(a) Line no.	Amount involved	Name of	noncharitable exempt organization	(d) Description of transfers, transactions, and s	haring arrange	ments	
descr		he Code (oth	ated with, or related to, one or more ta er than section 501(c)(3)) or in section		G 🗌 Yes	X	No
	(a) Name of organization		(b) Type of organization	(c) Description of relation	ship		

Form 4562	Γ	Depreciation an	d Amortiza	tion			OMB No. 1545-0172
Department of the Treasury	(Including Information on Listed Property) G See instructions.						1999
Internal Revenue Service (99)		G Attach this forn	, ,				67
Name(s) Shown on Return		Busine	ss or Activity to Which	n This Form Rela	ates	lde	entifying Number
CENTER FOR DEMOCR			<u>n 990, pag</u>	e 2		5	2-1905358
Part I Election to	Expense Certain	Tangible Property (,' complete Part V before	(Section 179)	Part I)			
		ne business, see instruct				. 1	\$19,000.
	•	rvice. See instructions .					313, 000.
	1 1 51	reduction in limitation .					\$200, 000.
		ne 2. If zero or less, ente					<i></i>
5 Dollar limitation for tax	year. Subtract line 4 fr	om line 1. If zero or less	, enter -0 If ma	rried filing			
6	(a) Description of property		(b) Cost (busines		(c) Elected co		
-				o uso only	(0) 2.00000 00		-
							-
7 Listed property. Enter	amount from line 27			7			
8 Total elected cost of S	ection 179 property. Add	d amounts in column (c),	lines 6 and 7			. 8	
9 Tentative deduction. E	nter the smaller of line !	5 or line 8				. 9	
10 Carryover of disallowe	d deduction from 1998.	See instructions				10	
		of business income (not		•	,		
		nd 10, but do not enter r		-		. 12	
, ,		d lines 9 and 10, less lir					
Note: Do not use Part II or P property used for entertainm	eart III below for listed pr pent, recreation, or amus	roperty (automobiles, ce sement). Instead, use Pa	rtain other vehicl art V for listed pro	es, cellular t operty.	elephones, ce	rtain d	computers, or
		ets Placed in Servi	ce Only Duri	ng Your 1	999 Tax Ye	ar	
(Do Not Inclu	de Listed Property)						
		Section A General As	sset Account Ele	ction			
14 If you are making the	election under Section 1	68(i)(4) to group any as	sets placed in se	rvice during	the tax year in	to on	e o 🗖
or more general asset		x. Séè instructions					G
(a)	Section B	General Depreciation (c) Basis for depreciation	(d)		Í		
Classification of property	(b) Month and year placed in service	(business/investment use only ' see instructions)	(u) Recovery period	(e) Conventior	n (f) Method	ł	(g) Depreciation deduction
15 a 3-year property			7 0				
b 5-year property		23, 881.		HY	200DB		4, 778.
c 7-year property		22, 292.	7.0 yrs	HY	200DB		3, 185.
d 10-year property							
e 15-year property							
f 20-year property			25 yrs		S/I		
g 25-year property h Residential rental			$\frac{25 \text{ yrs}}{27.5 \text{ yrs}}$	MM	S/I S/I		
property			27.5 yrs	MM	S/1		
i Nonresidential real			39 yrs	MM	S/I		
property			00 912	MM	S/I		
	Section C	Alternative Depreciatio	n System (ADS)		•		
16 a Class life		·			S/L		
b 12-year			12 yrs		S/I		
c 40-year			40 yrs	MM	S/I	4	
Part III Other Dep	reciation (Do Not Incl	ude Listed Property) (Se	ee instructions)				
17 GDS and ADS deduction	ons for assets placed in	service in tax years beg	inning before 199	99		17	19, 572.
1 3 3	.,.,					18	
19 ACRS and other depre				<u></u>		19	162.
. ,	(See instructions)						
20 Listed property. Enter	amount from line 26					20	
21 Total. Add deductions and on the appropriate	on line 12, lines 15 and lines of your return. Pa	16 in column (g), and li artnerships and S corpor	nes 17 through 2 ations 'see inst	0. Enter her ructions	e	21	27, 697.
22 For assets shown above	ve and placed in service	during the current year.	enter				

BAA	For Paperwork Reduction Act Notice, see instructions.
	the portion of the basis attributable to Section 263A costs
22	For assets shown above and placed in service during the c

Form 4562 (1999)

	Form 4562 (1999)	CENTER	FOR	DEMOCRACY	AND	TECHNOLOGY
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Part V

52-1905358 Listed Property Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement

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

	Sec	ction A bepre	ciation and C	ther Inforn	nation (Ca	aution: 3	See inst	tructi	ions	for limit	s for pa	ssenger	automot	oiles.)		
23 a	a Do you have evidence	to support the busine	ess/investment u	se claimed? .			Yes		No	23b If "	/es,' is th	e evidence	written? .		Yes	No
Ту	(a) vpe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost other b	or	(busine	(e) or deprecia ss/investr se only)	ation nent	F	(f) Recovery period	N	(g) lethod/ nvention	Depr	(h) eciation luction	Ele Secti	(i) ected ion 179 cost
24	Property used m	nore than 50% ir	n a qualified	business u	se (see ir	nstructio	ons):									
											_					
25	Property used 5	0% or less in a o	qualified busi	ness use (see instru	uctions)	:									
															_	
															-	
24	Add amounts in	column (b) Ent	or the total h	oro and on	lino 20	nogo 1						. 26			-	
26 27	Add amounts in													27	_	
21	Add amounts in				B' Info	-									1	
Comp	lete this section for vehic	cles used by a sole pro	prietor partner o						01110	105						
	provided vehicles to you	, , ,	, , , ,				,		ting th	is section i	for those ve	ehicles.				
				(a)	(k)		(c	:)	(d)	(6	e)	(f)
28	Total business/invest	tment miles driven du	ring the year	Veh	icle 1	Vehi	cle 2		Vehi	cle 3	Veh	icle 4	Vehi	cle 5	Vehi	cle 6
20	(Do not include com															
29	Total commuting mile	es driven during the y	ear													
30	Total other pers miles driven															
31	Total miles drive lines 28 through															
				Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
32	Was the vehicle during off-duty h															
33	Was the vehicle than 5% owner of	used primarily l or related perso	by a more n?													
34	Is another vehic personal use? .	le available for														
	•		C ' Questio		ployers V	Vho Pro	vide Ve	hicle	es fo	r Use by	/ Their	Employe	es			
Ansı 5% d	wer these question owners or related	ns to determine persons.	if you meet a	an exceptio	on to com	pleting :	Section	B foi	r veh	icles us	ed by e	mployee	s who ar	e not ma	ore than	
35	Do you maintain by your employe	a written policy	statement t	nat prohibit	s all pers	sonal us	e of veh	nicles	s, inc	luding c	ommuti	ng,			Yes	No
36	Do you maintain employees? See															
37	Do you treat all	use of vehicles b	by employees	s as persor	nal use?											
38	Do you provide r vehicles, and re	more than five v tain the informa	ehicles to yo tion received	ur employe ?	es, obtai	n inform	nation fr		our	employ	es abo	ut the us	se of the			
39	Do you meet the Note: If your ans	e requirements c	oncerning qu	ualified aut	omobile d	demonst	tration u	ise?	See	instruct	ions					
Pa	-	tization														
		(a)			/ b)		(-)				.0		(-)		(6)	

5

Schedule of Contributors Donating \$5,000 or More in Money, Securities, or Other Property (Not Open For Public Inspection.)

Form 990 Line 1d Statement

G Attach to return

1999

Name as Shown on Return CENTER FOR DEMOCRACY AND TECHNOLOGY

Employer Identification Number 52-1905358

		Page	e Number <u>1</u>
Contributor's Name and Address	Description	Date Received	Amount Received
AMERICA ONLINE	GENERAL		
8619 WESTWOOD CENTER DRIVE	PROGRAM		
VIENNA VA 22182	SUPPORT	Various	220, 000.
AMERICAN CIVIL LIBERTIES UNION	GENERAL		
125 BROAD STREET	PROGRAM		
NEW YORK NY 10004	SUPPORT	08/02/99	10, 000.
COALITION ENCRYPTION REFORM	GENERAL		
1275 PA AVE NW, 10TH FLOOR	PROGRAM		
WASHIGTON DC 20004		Various	65, 000.
DEER CREEK FOUNDATION	GENERAL		
720 OLIVE STREET, STE 1975	PROGRAM	—	
ST LOUIS MO 63101		Various	35, 000.
AMERICAN ASSN ADVERTISING AGENCIES	GENERAL		
1899 L STREET NW	PROGRAM	—	
WASHINGTON DC 20036		01/12/99	5,000.
AMERI CAN EXPRESS	GENERAL		
20002 N 19TH STREET	PROGRAM	—	
PHOENIX AZ 85027	SUPPORT	Various	40, 000.
AT&T	GENERAL		
295 N MAPLE AVE	PROGRAM	—	
BASKING RIDGE NJ 07920		02/16/99	100, 000.
BELL ATLANTIC	GENERAL		
1310 N COURTHOUSE ROAD	PROGRAM	—	
ARLINGTON VA 22201	SUPPORT	05/24/99	60, 000.
DUCINECS COETWARE ALLIANCE	CENEDAL		
BUSINESS SOFTWARE ALLIANCE	GENERAL	—	
2001 LSTREETNWWASHINGTONDC20036	PROGRAM SUPPORT	03/08/99	25, 000.
			.,
CELLULAR TELECOMM INDUSTRY ASSN	GENERAL	_	
1250 CONNECTICUT AVE NW	PROGRAM	_ _	
WASHINGTON DC 20036	SUPPORT	Various	100, 000.
ANA ASSN NATIONAL ADVERTISERS	GENERAL		
155EAST44THSTREETNEW YORKNY10017	PROGRAM SUPPORT		10, 000.

Schedule of Contributors Donating \$5,000 or More in Money, Securities, or Other Property (Not Open For Public Inspection.)

Form 990 Line 1d Statement

G Attach to return

1999

Name as Shown on Return CENTER FOR DEMOCRACY AND TECHNOLOGY

Employer Identification Number 52-1905358

		Page	e Number <u>2</u>
Contributor's Name and Address	Description	Date Received	Amount Received
MCI TELECOMMUNICATIONS	GENERAL		
701 S 12TH STREET	PROGRAM		
ARLINGTON VA 22202	SUPPORT	02/26/99	30, 000.
IBM CORP	GENERAL		
1701 NORTH STREET	PROGRAM		
ENDICOTT NY 13760-5553	SUPPORT	Vari ous	80, 000.
ENDICOTT N1 15700-5555		varrous	00, 000.
INTERACTIVE DIGITAL SOFTWARE	GENERAL		
1130 CONN AVE, NE, SUITE 710	PROGRAM		
WASHINGTON DC 20036	SUPPORT	<u>Vari ous</u>	30, 000.
NOVELL INC	GENERAL		
1555 N TECHNOLOGY WAY	PROGRAM		
OREM UT 84097	SUPPORT	07/15/99	5, 000.
UREM 01 04097	SUITORI	07/13/99	5,000.
MI CROSOFT	GENERAL		
ONE MICROSOFT WAY	PROGRAM		
REDMOND WA 96052-0390	SUPPORT	09/30/99	150, 000.
			· · · · ·
PSINET	GENERAL		
<u>P0 B0X 405</u>	PROGRAM		
HERNDON VA 20170	SUPPORT	05/10/99	18, 750.
SEAGRAN COMPANIES	GENERAL		
1401 I STREET NW	PROGRAM		
WASHINGTON DC 20005	SUPPORT	01/05/99	20, 000.
PITNEY BOWES	GENERAL		
409 12TH STREET NW, SUITE 701	PROGRAM		
WASHINGTON DC 20024	SUPPORT	12/13/99	25, 000.
RECORDING INDUSTRY ASSN OF AM	GENERAL		
1330 CONNECTICUT AVENUE NW	PROGRAM		
WASHINGTON DC 20036	SUPPORT	07/07/99	25, 000.
			· · · ·
SOFTWARE INFO INDUSTRY ASSN	GENERAL		
1730 M STREET NW	PROGRAM		
WASHINGTON DC 20036	SUPPORT	12/13/99	10, 000.
SRC MANACEMENT SEDVICES INC	GENERAL		
SBC MANAGEMENT SERVICES INC 1401 I STREET NW, SUITE 1100	PROGRAM		
Item Item <th< td=""><td>SUPPORT</td><td>04/29/99</td><td>25, 000.</td></th<>	SUPPORT	04/29/99	25, 000.
	50110101	04/ 23/ 33	~J, UUU.

Schedule of Contributors Donating \$5,000 or More in Money, Securities, or Other Property (Not Open For Public Inspection.)

Form 990 Line 1d Statement

G Attach to return

1999

Name as Shown on Return CENTER FOR DEMOCRACY AND TECHNOLOGY Employer Identification Number 52-1905358

		Page Number <u>3</u>				
Contributor's Name and Address	Description	Date Received	Amount Received			
TIME WARNER INC 75 ROCKEFELLER PLAZA	GENERAL PROGRAM					
<u>NEW YORK NY 10019</u>	SUPPORT	Various	45, 000.			
	_					
	-	—				
	_					
	_					
	_					
	_					
	-					
	-					
	-					
	-					
	_					

Form 990, Page 2, Part II, Line 43 Other Expenses Stmt

Other expenses (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
CONSULTANTS MI SELLANEOUS TAXES- OTHER	<u>46, 036.</u> 710. 2, 601.	23, 755. 0. 0.	22, 281. 710. 2, 601.	0. 0. 0.
Total	49, 347.	23, 755.	25, 592.	0.

Form 990, Page 3, Part IV, Lines 57a & 57b Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
COMPUTERS/EQUI PMENT/FURNI TURE	172, 163.	111, 454.	60, 709.
Total	172, 163.	111, 454.	60, 709.

Form 990, Page 3, Part IV, Line 58 Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
DEPOSITS	4, 700.	11, 259.
Total	4, 700.	11, 259.

Supporting Statement of:

Form 990 p 2/Other Program Service Exp

Description	Amount
RESEARCH, ANALYSIS, AND PUBLIC ADVOCATION ON DOMAIN NAME POLICIES & INTER RESEARCH, ANALYSIS, & PUBLIC EDUCATION ON INTL INTERNET LAW & POLICY	<u>22, 608.</u> 81, 586.
Total	104, 194.

Supporting Statement of:

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

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

Supporting Statement of:

Sch. A, 990 p 3/Line 22-b			
Description	Amount		
RECOVERY OF FIRST AMENDMENT LITIGATION EXPENSES UNDER EQUAL ACCESS TO JUS	66, 333.		
Total	66, 333.		

Supporting Statement of:

Sch. A, 990 p 3/Line 26b

Description	Amount
AMERICA ONLINE INC	297, 065.
AT&T	397, 065.
BELL ATLANTIC	120, 065.
CELLULAR TELECOMM INDUSTRY ASSN	52,065.
TRELLIS FUND	124, 388.
HARTFORD FDN FOR HEALTH CARE QUALITY	1, 708.
IBM	127, 065.
MARC	72, 065.
MI CROSOFT	457, 065.

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