Form 990

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	5-0047

2003 Open to Public

inspection	

A For the 2003 calendary year, or tax year beginning 2003, and ending	Depa Inter	artment nal Reve	of the Treasury enue Service	► The	organization may have to use a	copy of this return to satis	sfy state r	, eporting req	quire	ment	s.	Inspec	
B Oct Name of explosion D Employer Multimization Number 22-1905358 Instrume train Instrume train Instrume train Instrume train Instrume train Instrume train Instrume train Instrume train Instrume train Instrume train Instrume train I	Α	For t	he 2003 caler	ndar year,	or tax year beginning	, 2003, a	nd endin	g	-			,	
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Bit is consistent of the set of the		Som	e states requ	ire a comp	lete return.		М	Check •	٠Ē	if the	organiz	ation is not requi	red
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m 990 (2003) CENTER FOR DEMOCI			st complete column (A)	52-190 Columns (B), (C), and	0
required for section 501(c)(3) and (4	4) organi	izations and section 494	7(a)(1) nonexempt char	table trusts but optional	for others.
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Grants and allocations (att sch)					
(cash \$					
non-cash \$)	22				
Specific assistance to individuals (att sch)	23				
Benefits paid to or for members (att sch)	24				
Compensation of officers, directors, etc	25	459,069.	358,985.	30,236.	69,848
Other salaries and wages.	26	516,954.	487,586.	19,482.	9,886
Pension plan contributions	27	52,252.	44,581.	2,924.	4,747
Other employee benefits	28	75,756.	61,595.	8,256.	5,905
Payroll taxes	29	63,318.	56,317.	3,116.	3,885
Professional fundraising fees	30				
Accounting fees	31	52,966.	0.	52,966.	C
Legal fees	32	232.	0.	118.	114
Supplies	33	23,743.	14,216.	8,341.	1,186
Telephone	34	21,686.	19,394.	971.	1,321
Postage and shipping	35	6,684.	4,252.	2,088.	344
Occupancy	36	109,486.	94,661.	5,989.	8,836
Equipment rental and maintenance	37				
Printing and publications	38	12,570.	11,959.	611.	(
Travel	39	57,840.	49,800.	7,857.	183
Conferences, conventions, and meetings.	40	5,431.	0.	5,431.	(
	41	0,1011		0,1011	
Depreciation, depletion, etc (attach schedule)	42	22,845.	19,749.	1,252.	1,844
Other expenses not covered above (itemize):		22,0101			
a INSURANCE	43 a	1,859.	1,640.	99.	120
b CONSULTANTS	43b	132,256.	120,256.	0.	12,000
c TEMPORARIES	43 c	8,335.	3,034.	5,059.	242
d DUES AND SUBSCRIPTIONS	43 d	27,084.	24,037.	1,552.	1,495
e See Other Expenses Stmt Total functional expenses (add lines 22 - 43).	43 e	38,879.	31,740.	4,259.	2,880
Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,689,245.	1,403,802.	160,607.	124,836
nt Costs. Check 🕨 🗌 if you are following S	SOP 98-	2.			
any joint costs from a combined educational	campai	gn and fundraising solicit	ation reported in (B) Pro	gram services?	.► Yes X No
es,' enter (i) the aggregate amount of these	joint cos	ts \$; (ii) the an	nount allocated to Progra	am services
; (iii) the amount allo	ocated to	o Management and gene	ral \$; and (iv) the	e amount allocated
undraising \$					
rt III Statement of Program Serv	vice A	ccomplishments			
at is the organization's primary exempt purpo organizations must describe their exempt pur nts served, publications issued, etc. Discuss ions and 4947(a)(1) nonexempt charitable tru	pose ac achieve	hievements in a clear an ments that are not measu	urable. (Section 501(c)(e the number of 3) & (4) organ-	Program Service Expen (Required for 501(c)(3) ar (4) organizations and 4947(a)(1) trusts; but optional for others.)
		EDUCATION & LI	ů.	,	
AND TECHNICAL ASPECTS OF					
LAWSUIT IN PENNSYLVANIA &		(Grants and a		<u>FOR FAMILIES</u> 0.)	185,837
b COPYRIGHT: _ RESEARCH & PUR	BLIC 1	EDUCATION ON CO	NSUMER INTERES	IS_IN_DIGITAL	

٩A	TEEA0102 10/03/03	Form 990 (2003)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,403,802.
e	e Other program services SEE. SCHEDULE (Grants and allocations \$ 0.)	430,439.
	(Grants and allocations \$ 0.)	296,915.
	TESTIMONY ON CIVIL LIBERTIES & PUBLICATION OF PAPER ON INTELLIGENCE OVERSIGHT	
	RESPONSES TO TERRORISM, INCLUDING COMMENTS ON AIRLINE PASSENGER SCREENING SYSTEM, CONGRESSIONAL	
c	d 4TH AMENDMENT PRIVACY: RESEARCH & COMMENTARY ON PRIVACY ISSUES POSED BY	
	(Grants and allocations \$ 0.)	216,636.
	SPYWARE & SPAM, AUTHENTICATION PRIVACY PRINCIPLES & COMPENDIUM OF PAPERS ON PRIVACY	
	FRAMEWORK FOR DATA PROTECTION ONLINE; PUBLICATION OF CONSUMER EDUCATION REPORTS ON	
c	DATA PRIVACY: RESEARCH & DIALOGUE WITH INDUSTRY ON DEVELOPMENT OF POLICY AND TECHNICAL	
	(Grants and allocations \$ 0.)	273,975.
	ON DIGITAL TV COPYRIGHT PROTECTION	

Part	IV	Ba

IV Balance Sheets (See Instructions)

Not	e:	Wh coli	nere required, attached schedules and amounts within the description umn should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
		45	Cash – non-interest-bearing	224,515.	45	279,763.
		46	Savings and temporary cash investments	190,714.	46	82,515.
			Accounts receivable	143,335.	47 c	195,578.
		b	Pledges receivable 48 a Less: allowance for doubtful accounts 48 b Grants receivable 6	112,500.	48 c 49	91,250.
A S S E T S		50 51 o	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
Ť			Dess: allowance for doubtful accounts		51 c	
3					52	
			Prepaid expenses and deferred charges	85.	53	28,329.
			Investments – securities (attach schedule).		54	20,527.
			Investments – land, buildings, & equipment: basis 55 a			
			Less: accumulated depreciation (attach schedule)		55 c	
		56	Investments – other (attach schedule)		56	
		57 a	Land, buildings, and equipment: basis 57 a 118 , 706 .			
		b	Less: accumulated depreciation (attach schedule)L=5.7. Stmt 57 b 89,878.	51,652.	57 c	28,828.
		58	Other assets (describe ► See Line 58 Stmt).	11,259.	58	4,700.
		59	Total assets (add lines 45 through 58) (must equal line 74)	734,060.	59	710,963.
		60	Accounts payable and accrued expenses	15,580.	60	41,045.
۲,		61	Grants payable		61	
Å B		62	Deferred revenue		62	
ĭ			Loans from officers, directors, trustees, and key employees (attach schedule)		63	
 T			Tax-exempt bond liabilities (attach schedule)		64 a	
Ē			Mortgages and other notes payable (attach schedule)		64 b	
s			Other liabilities (describe ► See Line 65 Stmt).	34,955.	65	36,018.
			Total liabilities (add lines 60 through 65)	50,535.	66	77,063.
N E T	Or	gan	izations that follow SFAS 117, check here ► X and complete lines 67 through 69 and lines 73 and 74.			
		67		608,525.	67	633,900.
S		68	Temporarily restricted	75,000.	68	
ASSETS		69	Permanently restricted		69	
o R	Or	gan	izations that do not follow SFAS 117, check here and complete lines			
		-	70 through 74.			
F UN D		70	Capital stock, trust principal, or current funds		70	
		71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Ă		72	Retained earnings, endowment, accumulated income, or other funds		72	
BALAZCES		73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	683,525.	73	633,900.
5		74	Total liabilities and net assets/fund balances (add lines 66 and 73)	734.060	74	710,963

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.

-	•-	_	_	
F	'a	a	е	4

Form	990 (2003) CENTER FOR DEMOC	CRA	<u>CY AND TE</u> CHNOL	<u>OG</u> Y		52-1905	358 Page 4
Par	t IV-A Reconciliation of Reven Financial Statements with per Return (See instruction	ue th I	per Audited Revenue		t IV-B Reconcilia Financial S per Return	ation of Expenses Statements with E	per Audited
а	Total revenue, gains, and other support per audited financial statements ►	а	1,639,620.	a	Total expenses and lo financial statements	osses per audited	1,689,245.
b	Amounts included on line a but not on line 12, Form 990:			b	Amounts included on on line 17, Form 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):		
	\$				\$		
_	Add amounts on lines (1) through (4)	b	1 620 620		Add amounts on lines (1) t Line a minus line b		1 600 245
C .	Line a minus line b	С	1,639,620.	C			1,689,245.
d	Amounts included on line 12, Form 990 but not on line a :			d	Amounts included on Form 990 but not on I		
(1)	Investment expenses not included on line 6b, Form 990 · · · · \$			(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):			(2)	Other (specify):		
()							
	\$\$				\$		
	Add amounts on lines (1) and (2)	d			Add amounts on lines	s (1) and (2) · · 🕨 d	
e	Total revenue per line 12, Form 990 (line c plus line d) · · · · · · ▶			е		l) ⊳ e	
Part	V List of Officers, Directors,						
	(A) Name and address	(1	B) Title and average hou per week devoted to position	urs	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
JER	RY_BERMAN	_					
	4_EYE_ST	_					
	HINGTON, DC 20006	P:	RESIDENT	40			0.
	I CARBO	-					
	N_BELLEFIELD_AVE TSBURG, PA 15260	- _	IRECTOR	1	0.	0.	0.
	OL FUKUNAGA		IRECIUR	<u> </u>	0.	0.	0.
	S BERETANIA	-					
	OLULU, HI 96813		IRECTOR	1	Ο.	0.	0.
TRA	CY_WESTEN	_					
109	51_W_PICO_BLVD	_					
	ANGELES, CA 90064	D	IRECTOR	1	0.	0.	0.
	IEL_WEITZNER	_					
	TECHNOLOGY SQ	_					
CAM	BRIDGE, MA 02139	D	IRECTOR	1	0.	0.	0.
See	List of Officers, Etc. Statement	-					0
		I					0.
75	Did any officer, director, trustee, or key	em	ployee receive aggregat	e com	pensation of more		

Did any officer,	airector, tr	ustee, or ke	y empioye	e receive a	aggregate	compensati	on of n
than \$100 000	from your c	ragnization	and all rol	ated organ	nizations o	of which mo	ro than

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? No

BAA

Form 990 (2003) CENTER FOR DEMOCRACY AND TECHNOLOGY

76 Did the organization engage in any activity not previously reported to the IRS? If Yes,' attach a debiated description of each activity. 76 X 77 Ware any changes made in the organizing or governing documents but not reported to the IRS? 77 X 78 Did the organization have unnelated business gross income of \$1,000 or more during the year covered by this return? 78 a X 79 Was there a flipdaton, discontion, termination, or substantial contraction during the year covered by this return? 78 b X 79 Was there a flipdaton, discontion, termination, or substantial contraction during the year covered by this return? 79 X 80 a the organization related (other than by association with a statewide or nationwide organization? 80 a X 91 Yes, 'near the name of the organization ? INTERNET_EUCATION FOUNDATION 80 a X 91 a Enter direct and indirect political expenditures. See line 61 instructions 81 a 0. 81 b X 92 a bit the organization releave donated services or the use of materials, equipment, or facilities at no charge or at substantially bits that of as an experse in Part II. (Be instructions in Part III). 82 bit the organization comply with the public inspection requirements from tax devectibe? 83 a X 91 d'he organization comply with the public inspection requirements from tax devect
77 Were any changes made in the organization or governing documents but not reported to the IRS? 77 X 78 Bit the organization have unmatted business gross income of \$1,000 or more during the year covered by this return? 78 X 79 XX Test, has it filed a tax return on Form 990-T for this year? 79 X 80 It frees, has it filed a tax return on Form 990-T for this year? 79 X 80 It frees, it static that statement. 79 X 80 It frees, it static the mane of the organization > INTERNET_EDUCATION FOUNDATION 90 a X 91 It ves, it was indiced political expenditures. See line 81 instructions 11 a 0.1 11 b X 81 a bett de organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantial value? 81 b X 81 bit the organization comply with the public inspection requirements for returns and exemption applications? 83 a X 81 bit the organization comply with the public inspection requirements for returns and exemption applications? 83 a X 82 bit the organization oncomply with the public inspection requirements for the truns and exemption applications? 84 a X 84 bit the organization oncomply with the public inspection r
If Yes, 'attach a conformed copy of the changes. 78 a Did the organization have unrelated business gress income of \$1,000 or more during the year covered by this return? 78 a X 79 West here a liquidation, dissolution, termination, or substantial contraction during the year? 79 West here a liquidation, dissolution, termination, or substantial contraction during the year? 79 West here a liquidation, dissolution, termination, or substantial contraction during the year? 79 West here a liquidation, dissolution, termination, or substantial contraction during the year? 70 West here a liquidation, dissolution, termination, or substantial contraction during the year? 70 West here a liquidation, dissolution, termination, or substantial contraction during the year? 70 West 'enter the name of the organization is the substantial processing of the organization is the organization related (due the organization related substantial) (source work of on concessing to the substantial) (source or at revenue in Part II Concessing to the substantial) (source or at part II Concessing to the substantial) (source or part III) (source contributions? 33 a X 81 b Did the organization comply with the public inspection requirements for trunks and exemption applications? 33 a X 82 b Did the organization solicit any contributions or gifts that were not tax deductible? 84 a X 81 West, 'Not (%) (%), or (%) organization include with every solicitation an express state
78 a Did the organization have unreliated business gross income of \$1,000 or more during the year covered by this return? 78 a X b ff Yes; has it filed a tax return on Form 990-T for this year? 78 a X 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year/ If Yes; attach a statement. 79 X 80 as the organization related (before than by association with a statewide or nationwide organization? 80 a X 91 If Yes; 'enter the name of the organization > IntrEENET EDUCATION and check whether it is an organization? 80 a X 91 a Enter direct and indirect political expenditures. See line 61 instructions 81 a 0. 11 X 82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than filt renal value? 81 b X 82 a Did the organization comply with the dublic inspection requirements freating to quid pro quo contributions? 83 a X 84 a Did the organization comply with the dublic inspection requirements relating to quid pro quo contributions or gifts taw reno not tax deductible? 84 a X 91 of the organization include with every solicitation an express statement that such contributions? 85 a 26 b 86 a X 85 did the organization include synontfures. 85 a 56 a <t< td=""></t<>
b If Yes, has it filed a tax return on Form 990-T for this year? 78 b X 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, statch a statement. 79 Xes Xes 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, goowring bodies, stuteses, difference, set, to any other exempt or nationwide organization? 80 a X 81 a Enter direct and indirect political expenditures. See line 81 instructions 81 a 0 81 b X 82 a Dir the organization related (other than by association with a statewide or nationwide organization)? 81 b X 82 a Dir the organization file Form 1120-POL for this year? 81 b X 83 a Dir the organization comply with the public inspection requirements for returns and exemption applications? 83 a X 83 a Dir the organization comply with the public inspection requirements for returns and exemption applications? 83 a X 84 a Dir the organization comply with the disclosure requirements returns and exemption applications? 84 a X 85 of 10(c)(4). (5), or (6) organizations, a Were substantially all dues nondeductible by members? 85 a 85 b 85 of 11 corganization endly the provisition were set as the anount on the S50 to the organization encel to pay the seacing 0633(e) tion of the provisition were orealized o
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes', attach a statement 79 x 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization? 80 a X Bit Pres,' enter the name of the organization > INTERNITE EDUCATION FOUNDATION 80 a X Bit a forganization neceive donated services or the use of materials, equipment, or facilities at no charge or at substantial vises than fair rental value? 81 a line / organization 81 b X 82a Did the organization comply with the updic inspection requirements for returns and exemption applications? 83 a X b If Yes,' did the organization comply with the updic inspection requirements or returns and exemption applications? 83 a X b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts share mere not tax deductible? 84 a X b If Yes, ' did the organization include with every solicitation an express through 85h below unless the organization received a wave for proxy tax owed for the prior year. 85 a c Dues, assessments, and similar amounts from members. 85 a 85 a g Jost the organization collubing any policital expenditures (in e86 d liess 86.) 85 d 85 d g Staction 0633(e) (1/A) dues notices. 85 a 85 d
year? If 'Yes,' attach a statement 78 X 80a is the organization related (other than by essociation with a statewide or nationwide organization) through common membership, governing bodies, itrustees, officers, etc. to any other exempt or nonexempt organization? 80a X 80a is the organization related (other than by essociation with a statewide or nationwide organization? 80a X 80a is the organization membership, governing bodies, itrustees, officers, etc. to any other exempt or nonexempt organization? 80a X 81a Enter direct and indirect policial expenditures. See line 81 instructions 81a 0 81b X 82a Did the organization releve donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair fental value? 82a X 82a X 82a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X 83b X 84a Did the organization comply with the public requerements for returns and exemption applications? 83a X 84a X 84a Did the organization comply with the public expenditures of \$2.000 or less? 85a 85a 84a X 84a Did the organization include with expenditures of \$2.000 or less? 85a 85a 85a 85a 85a 85a<
80a is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? 90a X 911 'vsc; inter the name of the organization - INTERNATE EDUCATION FOUNDATION and check whether it is X arganization related a common membership, governing to conserve the state and indirect political expenditures. See line 91 instructions 81a 0 81b X 82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than air response in Part II. (See instructions in Part III.) 83b X 82a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X 83a Did the organization comply with the public inspection requirements relating to quid pro quo contributions? 83a X 84a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84a X bit 'vsc; idd the organization solicitat a mount from members 85c 85a 85 of 01(0/A), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a 85a 85 of discriment 852 or 853, do not complete 855 chrough 85h below unless the organization received a waver for proxy tax owed for the prior year. 85c 85c 85c 86 Sol (0/0/A), (5), or (6) organizations. a Were substantially all dues no
membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt roganization? 90 a X b If Yes,' enter the name of the organization * INTERNET EDUCATION FOUNDATION and check whether it is X exempt or in onexempt. 81 a Enter direct and indirect political expenditures. See line 81 instructions 81 a in o in onexempt. 81 a Enter direct and indirect political expenditures. See line 81 instructions 81 a in o in onexempt. 81 a Enter direct and indirect political expenditures. See line 81 instructions 81 a in o in onexempt. 81 a Enter direct and indirect political expenditures. See line 81 instructions in Part III. 81 b in X 82 a Dird the organization in End value? 81 b in X 83 D in the organization comply with the public inspectors nequirements for returns and exemption applications? 83 a X 83 D in the organization include with every solicitation an express statement that such contributions? 83 a X 84 D id the organization include with every solicitation an express statement that such contributions or gifts were nor tax deductible? 84 a in X 11 Yes' was answered to either 85 ar 085b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax cweed for the prory and cweed in 633(e) (1)(A) dues notices. 85 a in the organization electro pay the section 603(e) (1)(A) dues notices. 6 A gorgate nondsuctible endurutes (ince 85d less 85c). 85 a in
B1 a Enter direct and indirect political expenditures. See line 81 instructions B1 a Increase of the programmeter of the programeter of the programmeter of the programmeter of the progr
81 a Enter direct and indirect political expenditures. See line 81 instructions 81 a 0. 81 b X 82 a Did the organization received wohards services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82 a X b If "Yes", you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part IIII). 82 a X 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83 a X 84 a Did the organization and the very solicitation an express statement that such contributions? 84 a X 84 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85 a 85 a 85 did(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85 a 85 b 85 did the organization make only in-house lobbying expenditures of \$2,000 or less? 85 b 85 b 9 Did the organization and political expenditures of \$2,000 or less? 85 c 85 b 9 Did the organization ondeductible amount of section 6033(e)(1)(A) dues notices. 85 c 85 c 9 Did the organization received a political expenditures (ine 85 c less 85e). 85 d 85 d 85 d 9 Did the organization did and politica
b Did the organization file Form 1120-POL for this year? 81 b X 82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82 a X b If Yes, 'you may indicate the value of these items here. Do not include this amount as revenue in Part II or as an expense in Part III. [82 b] X 33 Did the organization comply with the ublic inspector nerguirements for returns and exemption applications? 83 a X b Did the organization comply with the ublic inspector nerguirements for returns and exemption applications? 83 a X b If Yes, 'du the organization solicit any contributions or gifts that were not tax deductible? 84 a X b If Yes, 'du the organization solicit any contributions or gifts that were not tax deductible? 84 a X b If Yes, 'du the organization set only in-house lobbying expenditures of \$2,000 relass? 85 a 10 bid the organization make only in-house lobbying expenditures of \$2,000 relass? 85 a b Did the organization make only in-house lobbying expenditures of \$2,000 relass? 85 a 10 bid the organization make expenditures of \$2,000 relass? 85 a c Dues, assessments, and similar amounts from members 85 a 10 bid the organization advert the prior year. 10 bid the organization make expenditures of \$2,000 relass? 85 a
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82 a X b If 'Ves', you may indicate the value of these items here. Do not include this amount as revenue in Part 10 or as an expense in Part II. (See instructions in Part III.) 82 b X 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83 a X 84 a Did the organization comply with the cisclosure requirements relating to guid pro quo contributions? 83 a X 84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84 a X 85 b Of(c)(A), (S), or (B) organizations, a Were substantially all dues nondeductible by members? 85 a 85 a 85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85 a 85 b 1f Yes' was answered to either 85 a dB b, db not complete 85c through 85h below unless the organization received a waiver for prox tax owed for the prior year. 85 b 85 b c Dues, assessments, and similar amounts from members 85 c 85 d 85 d g Does the organization elect to pay the section 6033(e) tax on the amount on line 85(r). Its reasonable estimate of dues algorithe to bobying and political expenditures of the following tay ear? 85 a 85 g 6 507(c)(7) organizations. Enter:
substantially less than fair rental value? 82.2 X b If Yes, 'you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III). 82.1 X b Bit He organization comply with the public inspection requirements for returns and exemption applications? 83.3 X b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83.5 X b If Yes, ' did the organization solicit any contributions or gifts that were not tax deductible? 84.4 X b If Yes, ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84.5 X b Did the organization make only in-house lobbying expenditures of \$2.000 or less? 85.5 X X b If Yes' was answered to either 85 ar 0.85.0, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owel for the proir year. 85.6 85.6 X c Dues, assessments, and similar amounts from members 85.6 85.6 X 85.9 X g Does the organization elect to pay the section 6033(e)(1)(A) dues notices. 85.6 85.6 X 85.9 X f Taxable amount of lobbying and political expenditures for the folowing tax year? 86.1
revenue in Part I or as an expense in Part II. (See instructions in Part III.)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83 a X b Did the organization solicit any contributions or gifts that were not tax deductible? 84 a X 84 a Did the organization noulde with every solicitation an express statement that such contributions or gifts were not tax deductible? 84 a X 85 501(c)(4), (5), or (6) organization as, a Were substantially all dues nondeductible by members? 84 a X 85 501(c)(4), (5), or (6) organization make only in-house lobbying expenditures of \$2,000 or less? 85 b X If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85b below unless the organization received a waiver for proxy tax owed for the prior year. 85 c c Dues, assessments, and similar amounts from members 85 c 85 d g Does the organization elect to pay the section 6033(e)(1)(A) dues notices. 85 c 85 d g Does the organization elect to pay the section 6033(e)(1)(A) dues notices. 85 d 85 d g Does the organization elect to pay the section 6033(e) tax on the amount on line 851 to its reasonable estimate of dues allocable to nondeductible information from members or shareholders. 85 d 85 d g Does income from other sources. 87 a 85 d 85 d 85 h 6 So1(c)(7) organizations. Exter: a Orus income from members or shareholders. 87 a 86 a 87 b
84a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b 85a b 501(c)(4), 6), or (6) organizations. a Were substantially all dues nondeductible by members? 85a 85b b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b 85b 85b If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax oweld for the prior year. 85c 85b 85b c Dues, assessments, and similar amounts from members 85c 85c 85c 85c 85c g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85d 85d 85d 85d h if section 6033(c)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f? 85d 85d 85d b Gross receipts, included on line 12, for public use of club facilities 86d 86d 87a 85d b Gross income from other sources. (Do not net amounts due or pa
b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84 b 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85 a b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85 a If Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. 85 c c Dues, assessments, and similar amounts from members 85 c e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. 85 d e Aggregate nondeductible amount of section 6033(e) (1)(A) dues notices. 85 d g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85 d g Does the organization. 85 d h If section 6033(e)(1)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12, for public use of club facilities. 86 a b Gross income from other sources. 87 a 87 a b Gross income from other sources. 87 a 87 a s for (1/2) organizations. Enter: a Gross income from members or shareholders. 87 a 88 a b Gross income from other sources. 87 a 87 b 88 a x <
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If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. Dues, assessments, and similar amounts from members Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices B5 d B5 d<!--</td-->
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during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction
year under sections 4912, 4955, and 4958
d Enter: Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed ► DISTRICT_OF_COLUMBIA_
b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)
91 The books are in care of ► <u>CENTER FOR DEMOCRACY & TECHNOLOGY</u> Telephone number ► (202) 637-9800 Lossing to ► T. EVE. CT. NW. CULTER 1100 DC
Located at ► I EYE ST NW, SUITE 1100 DC ZIP + 4 ► 20006-4003 ZIP + 4 ► 2006-4006 ZIP + 4 ► 2006-4006 ZIP + 2006-4006 ZIP
and enter the amount of tax-exempt interest received or accrued during the tax year

8 Page 5

Page 6

		Unrelated	d business income	Excluded by se	ction 512, 513, or 514	
	nter gross amounts unless e indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
	Program service revenue: ADMINISTRATIVE SUPPORT					85,043.
e u						
	Medicare/Medicaid payments					
g F	ees & contracts from government agencies					
	Membership dues and assessments .					
	nterest on savings & temporary cash invmnts.			14	1,909.	
	Dividends & interest from securities					
	Net rental income or (loss) from real estate:					
	lebt-financed property					
	not debt-financed property					
	Vet rental income or (loss) from pers prop Other investment income					
100 (Gain or (loss) from sales of assets other than inventory					
101 N	let income or (loss) from special events					
	Gross profit or (loss) from sales of inventory					
	Other revenue: a					
-	MISC INCOME					117.
_ c						
d_ e						
	Subtotal (add columns (B), (D), and (E))				1,909.	85,160.
105 1	Subtotal (add columns (B), (D), and (E))	1(E))			· · · · · · · · · · · ·	87,069.
	ne 105 plus line 1d, Part I, should equal t					· ·
	III Relationship of Activities to			xempt Purpos	es (See instructions.)	
Line No	b. Explain how each activity for which in of the organization's exempt purpose	ncome is repo es (other than	rted in column (E) of by providing funds fo	Part VII contributed r such purposes).	importantly to the accom	nplishment
93	Ba CONTRACTS ARE REALTED	TO EVEND				
103				50 EC 15		
	Ba INSURANCE REFUND FOR S			50 20 20 20 20 20 20 20 20 20 20 20 20 20		
	3a INSURANCE REFUND FOR S			501615		
		TOLEN PR	OPERTY			
Part I	X Information Regarding Tax	TOLEN PR	OPERTY	egarded Entitie		N/A
Part I		TOLEN PR	OPERTY		S (See instructions.)	N/A (E)
Nar	X Information Regarding Taxa (A) me, address, and EIN of corporation,	able Subsider (B)	OPERTY	egarded Entitie	(D) Total	(E) End-of-year
Nar	X Information Regarding Taxa (A)	able Subside (B)	OPERTY diaries and Disr of erest Nature	egarded Entitie (C)	(D)	(E)
Nar	X Information Regarding Taxa (A) me, address, and EIN of corporation,	able Subsider (B)	OPERTY diaries and Disr e of Nature	egarded Entitie (C)	(D) Total	(E) End-of-year
Nar	X Information Regarding Taxa (A) me, address, and EIN of corporation,	able Subsider (B)	COPERTY diaries and Disr e of Nature %	egarded Entitie (C)	(D) Total	(E) End-of-year
Nar	X Information Regarding Taxa (A) me, address, and EIN of corporation,	able Subsider (B)	OPERTY diaries and Disr e of Nature % %	egarded Entitie (C)	(D) Total	(E) End-of-year
Nar	X Information Regarding Taxa (A) me, address, and EIN of corporation, partnership, or disregarded entity	able Subsid (B) Percentage ownership int	OPERTY diaries and Disr e of Nature % % % %	egarded Entitie (C) of activities	(D) Total income	(E) End-of-year assets
Nar	X Information Regarding Taxa (A) me, address, and EIN of corporation, partnership, or disregarded entity	able Subsite (B) Percentage ownership int	OPERTY diaries and Disr erest % % % % % % % %	egarded Entitie (C) of activities	(D) Total income	(E) End-of-year assets
Nar Part) a Did	X Information Regarding Taxa (A) me, address, and EIN of corporation, partnership, or disregarded entity K Information Regarding Tran the organization, during the year, receive any fur	TOLEN PR able Subsi (B) Percentage ownership int sfers Ass ds, directly or inc	OPERTY diaries and Disr e of erest % Ociated with Pen directly, to pay premiums of	egarded Entitie (C) of activities sonal Benefit (n a personal benefit cor	(D) Total income Contracts (See instruent Total Total Total Contracts (See instruent Total Total Total Income	(E) End-of-year assets ctions.) . Yes X No
Part) a Did b Did	X Information Regarding Taxa (A) me, address, and EIN of corporation, partnership, or disregarded entity X Information Regarding Transition K Information Regarding Transition, during the year, receive any fur date organization, during the year, pay p	able Subsite (B) Percentage ownership int sfers Ass ds, directly or inc remiums, direct	OPERTY diaries and Disr e of erest % 0ciated with Per directly, to pay premiums of ctly or indirectly, on a	egarded Entitie (C) of activities sonal Benefit (n a personal benefit cor	(D) Total income Contracts (See instruent Total Total Total Contracts (See instruent Total Total Total Income	(E) End-of-year assets
Part) a Did b Did	X Information Regarding Taxa (A) me, address, and EIN of corporation, partnership, or disregarded entity X Information Regarding Transition K Information Regarding Transition, during the year, receive any fur dathe organization, during the year, receive any fur dathe organization, during the year, pay p at the organization, during the year, pay p at the 'Yes' to (b), file Form 8870 and Form	able Subsit (B) Percentage ownership int sfers Ass ds, directly or inc remiums, direct a 4720 (see ins	OPERTY diaries and Disr e of erest %	egarded Entitie (C) of activities Sonal Benefit (n a personal benefit cor personal benefit cor	(D) Total income Contracts (See instruentract?	(E) End-of-year assets ctions.) . Yes X No . Yes X No
Part) a Did b Dic Note	X Information Regarding Taxa (A) me, address, and EIN of corporation, partnership, or disregarded entity K Information Regarding Tran the organization, during the year, receive any fur d the organization, during the year, pay p is: If 'Yes' to (b), file Form 8870 and Form Under penalties of perjury, I declare that I have e true, correct, and complete. Declaration of prepa	able Subsit (B) Percentage ownership int sfers Ass ds, directly or inc remiums, direct a 4720 (see ins	OPERTY diaries and Disr e of erest %	egarded Entitie (C) of activities Sonal Benefit (n a personal benefit cor personal benefit cor	(D) Total income Contracts (See instruentract?	(E) End-of-year assets ctions.) . Yes X No . Yes X No
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Part) a Did b Did Note Please Sign	X Information Regarding Taxa (A) me, address, and EIN of corporation, partnership, or disregarded entity X Information Regarding Transition the organization, during the year, receive any fured the organization, during the year, receive any fured the organization, during the year, pay pay in the organization of preparements in the organization of preparements in the organization of preparements in the preparement of officer	able Subsit (B) Percentage ownership int sfers Ass ds, directly or inc remiums, direct a 4720 (see ins	OPERTY diaries and Disr e of erest %	egarded Entitie (C) of activities Sonal Benefit (n a personal benefit cor personal benefit co checkules and statements, on of which preparer has a	(D) Total income Contracts (See instruentract?	(E) End-of-year assets ctions.) . Yes X No . Yes X No
Part) a Did b Dic Note Please Sign Here Paid Pre-	X Information Regarding Taxa (A) me, address, and EIN of corporation, partnership, or disregarded entity X Information Regarding Transition regarded entity K Information Regarding Transition, during the year, receive any fure of the organization, during the year, pay part of the organization of preparest to the preparet of the preparet of the organization of preparet of the prep	able Subsit (B) Percentage ownership int Sfers Ass ds, directly or inc remiums, direct o 4720 (see ins xamined this return rer (other than offic	OPERTY diaries and Disr e of erest %	egarded Entitie (C) of activities sonal Benefit (n a personal benefit cor personal benefit co chedules and statements, on of which preparer has a	(D) Total income Contracts (See instruct) Thract?	(E) End-of-year assets ctions.) . Yes X No . Yes X No
Part) a Did b Dic Note Sign Here Paid Pre- parer's	X Information Regarding Taxa (A) me, address, and EIN of corporation, partnership, or disregarded entity X Information Regarding Transition of the organization, during the year, receive any fure of the organization, during the year, receive any fure of the organization, during the year, pay pay pays: If 'Yes' to (b), file Form 8870 and Form Under penalties of perjury, I declare that I have of true, correct, and complete. Declaration of prepare Signature of officer Signature of officer Type or print name and title Preparer's signature Signature (or McGuire Asso	able Subsi (B) Percentage ownership int Sfers Ass ds, directly or inc remiums, direct o 4720 (see ins xamined this returner of 4720 (see ins xamined this returner of the returner contacts	OPERTY diaries and Disr e of erest % % % % % % % % % % % % % % % % % % % ociated with Per diffectly, to pay premiums of ctly or indirectly, on a structions). n, including accompanying structions). n, including accompanying structions of the struction structure stru	egarded Entitie (C) of activities Sonal Benefit (n a personal benefit cor personal benefit co checkules and statements, on of which preparer has a	(D) Total income Contracts (See instru- ntract?	(E) End-of-year assets ctions.) . Yes X No . Yes X No
Please Sign Here Paid Pre-	X Information Regarding Taxa (A) me, address, and EIN of corporation, partnership, or disregarded entity X Information Regarding Transition the organization, during the year, receive any furd the organization, during the year, pay part of the organization, during the year, pay part of the organization, during the year, pay part is if 'Yes' to (b), file Form 8870 and Form Under penalties of perjury, I declare that I have e true, correct, and complete. Declaration of prepare Signature of officer Image: Signature	able Subsi (B) Percentage ownership int Sfers Ass ds, directly or inc remiums, direct o 4720 (see ins xamined this returner of 4720 (see ins xamined this returner of the returner contacts	OPERTY diaries and Disr e of erest % 0ciated with Per directly, to pay premiums of ctly or indirectly, on a structions). n, including accompanying structions). provide the struction of the structure	egarded Entitie (C) of activities Sonal Benefit (n a personal benefit cor personal benefit co checkules and statements, on of which preparer has a	(D) Total income Contracts (See instruentract?	(E) End-of-year assets ctions.) · Yes X No · Yes X No e and belief, it is reparer's SSN or PTIN (see eneral Instruction W)

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TEEA0106 10/03/03 Form **990** (2003)

SCH	EDL	JL	EA
(Form	990	or	990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Department of the Treasury Internal Revenue Service

►

Supplementary Information - (See separate instructions.) MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization	-		Employer identification	number
CENTER FOR DEMOCRACY AND TECHNOLO	OGY		52-1905358	
Part I Compensation of the Five High (See instructions. List each one. If there		r Than Officers,	Directors, and	Trustees
(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 and deferred compensation	(e) Expense account and other allowances
ARI SCHWARTZ				
1634 EYE ST NW, WASH, DC 20006	ASSOC DIRECTOR 40			0.
JOHN B MORRIS, JR.				
1634 EYE ST, NW, WASH DC 20006	DIR, INTERNET STANDARDS, TECHNOLOGY AND POLICHER			0.
PAULA_BRUENING				
1634 EYE ST NW, WASH, DC 20006	STAFF COUNSEL 40			0.
LARA M_FLINT				
1634 EYE ST NW, WASH, DC 20006	STAFF COUNSEL 40			0.
Total number of other employees paid over \$50,000	4			
Part II Compensation of the Five Hig (See instructions. List each one (whethe	r individuals or firms). If there are no	ntractors for Pro	ofessional Servi	ces

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	_	
	_	
	_	
	_	
	_	
Total number of others receiving over \$50,000 for professional services ► None		

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

OMB No. 1545-0047

2003

Cohodulo A (Form 990 or 990-EZ	0000	CENTRED	TOD	VDADDOMIN		TECHNOLOGY
Schedule A (FOUL 990 OF 990-EZ) 2003	CENIER	FOR	DEMOCRACI	AND	IECHNOLOGI

Page 2

Pa	art III Statements About Activities (See instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid		
	or incurred in connection with the lobbying activities > \$ 32,271. 32,271.		
	(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	Х	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
	a Sale, exchange, or leasing of property?		х
	b Lending of money or other extension of credit?		х
	c Furnishing of goods, services, or facilities?		x
	See Part V, Form 990 d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2d	х	
	e Transfer of any part of its income or assets?		х
3	a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)		х
	b Do you have a section 403(b) annuity plan for your employees?	Х	
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		х
Pa	art IV Reason for Non-Private Foundation Status (See instructions.)		
The 5	e organization is not a private foundation because it is: (Please check only ONE applicable box.)		

- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a 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 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)					
(a) Name(s) of supported organization(s)	(b) Line number from above				

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

Calendar year (or fiscal year (a) 2002 (b) (c) 2000 (d) (e) beginning in) 2001 1999 Total 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 1,569,176. 1,476,441. 1,135,664. 6,008,836. 1,827,555. 16 Membership fees received . . . 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related 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 organization after June 30, 1975 1,715. 5,029. 5,394. 6,057. 18,195. 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. See . L-22 . Stmt 1,632. 4,738. 50,000. 56,370. 1,830,902. 578,943. 1,481,835. 1,191,721. 6,083,401. Total of lines 15 through 22 . . . 1. 23 6,083,401 24 Line 23 minus line 17 1,830,902. 1,578,943. 1,481,835. 1,191,721. 25 Enter 1% of line 23 18,309. 15,789. 14,818. 11,917. **a** Enter 2% of amount in column (e), line 24 ► 26 a 121,668. 26 Organizations described on lines 10 or 11: b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your 26 b 3,131,511. ► 26 c 6,083,401 18,195. 18 d Add: Amounts from column (e) for lines: 19 56,370. 3,131,511. . . . 26 b 22 26 d 3,206,076. ► 26 e 2,877,325. f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). 26 f 47.30 ► Organizations described on line 12: 27 a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: _____(2001) ______(2000) ______(1999) _____ (2002) b For any amount included in line 17 that was received from each person (other than 'disgualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) (2000) (1999) (2002)c Add: Amounts from column (e) for lines: 17 27 c d Add: Line 27a total . . . 27 d ► 27 e f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) > 27 f g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27 g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27 h ÷ Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a 28

list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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52-1905358

Schedule A (F	orm 990 or 990-E2	2003	CENTER	FOR	DEMOCRACI	AND	TECHNOLOGY	_
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Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Schedule A (F	orm 990 or 990-EZ) 2003	CENTER	FOR	DEMOCRACY	AND	TECHNOLOGY
Part V	Private School Ques (To be completed ONLY b	tionnaire	e (See that ch	instructions.) ecked the box o	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?	20		
		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?	24		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	31		
32	Does the organization maintain the following:			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
I	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?	32 d		
	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?	33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
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		
BAA			90-EZ) 2003

Page 5

		(To be completed ONLY by an eligible organization th	at filed Form 5768)			,		
Cheo	k ►a	if the organization belongs to an affiliated group.	Check ► b	🗌 i	if you che	ecke	ed 'a' and 'limited control	' provisions apply.
		Limits on Lobbying Expenditor (The term 'expenditures' means amounts paid					(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lob	bying expenditures to influence public opinion (grassro	oots lobbying)		3	6		915.
37	Total lob	bying expenditures to influence a legislative body (dire	ect lobbying)		3	7		31,356.
38	Total lob	bying expenditures (add lines 36 and 37)			3	8		32,271.
39	Other ex	empt purpose expenditures			3	9		1,659,520.
40	Total exe	empt purpose expenditures (add lines 38 and 39)			4	0		1,691,791.
41	Lobbying	nontaxable amount. Enter the amount from the follow	ving table –					
	If the an	ount on line 40 is – The lobbying no	ntaxable amount i	is –				
		\$500,000						
	Over \$1,00	0,000 but not over \$1,500,000 \$175,000 plus 10% o	f the excess over \$1,00	0,00	0 4	1		234,590.
	Over \$1,50	0,000 but not over \$17,000,000 \$225,000 plus 5% of	the excess over \$1,500	,000,				
	Over \$17	7,000,000		•				
42	Grassroo	ots nontaxable amount (enter 25% of line 41)			4	2		58,648.
43	Subtract	line 42 from line 36. Enter -0- if line 42 is more than lin	ne 36		4	3		0.
44	Subtract	line 41 from line 38. Enter -0- if line 41 is more than lin	ne 38		4	4		0.
	Caution	If there is an amount on either line 43 or line 44, you	must file Form 472	0.				

4 -Year Averaging Period Under Section 501(h)

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

			Lobbying Expenditures During 4 -Year Averaging Period								
	Calendar year (or fiscal year beginning in) ►	(a) 2003	(b) 2002	(c) 2001	(d) 2000		(e) Total				
45	Lobbying nontaxable amount	234,462.	233,538.	230,887.	223,	340.	922,227.				
46	Lobbying ceiling amount (150% of line 45(e))						1,383,341.				
47	Total lobbying expenditures	31,356.	20,696.	36,980.	37,3	37,284. 126,33					
48	Grassroots non- taxable amount	58,616.	58,385.	57,722.	55,	835.	230,558.				
49	Grassroots ceiling amount (150% of line 48(e))						345,837.				
50	Grassroots lobbying expenditures	915.	479.	9,683.		0.	11,077.				
Par	t VI-B Lobbying Ac (For reporting or	ctivity by Nonelect hly by organizations that	ing Public Charitie did not complete Part VI-	S A) (See instructions.)			N/A				
Durir atter	ng the year, did the organiz npt to influence public opin	zation attempt to influence ion on a legislative matte	e national, state or local er or referendum, through	legislation, including any the use of:	Yes	No	Amount				
k c	 Volunteers Paid staff or management Media advertisements Mailings to members, leg Publications, or published 	t (Include compensation	in expenses reported on	l lines c through h.)	· · · · · · .						

f Grants to other organizations for lobbying purposes.
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (add lines c through h.)

X X X X X X X X

	(Form 990 or 990-EZ) 200				F	Page 6
Part VII	Exempt Organization	ling Transfers To and Transactions an ons (See instructions)	d Relationships With Nonchar	itable		
51 Did th of the	e reporting organization di Code (other than section s	rectly or indirectly engage in any of the following wi 501(c)(3) organizations) or in section 527, relating to	th any other organization described in se opolitical organizations?	ction 501(c)	
	,	anization to a noncharitable exempt organization of			Yes	No
	1 0 0			51 a (i)		Х
• • •				a (ii)		Х
b Other	transactions:					
(i) S	ales or exchanges of asse	ts with a noncharitable exempt organization		b (i)		х
(ii) P	urchases of assets from a	noncharitable exempt organization		b (ii)		Х
(iii)R	ental of facilities, equipme	nt, or other assets		b (iii)		Х
(iv)R	eimbursement arrangemei	nts		b (iv)		Х
(v) Lo	oans or loan guarantees			b (v)		Х
(vi)P	erformance of services or	membership or fundraising solicitations		b (vi)		Х
c Sharir	ng of facilities, equipment,	mailing lists, other assets, or paid employees		с		Х
d If the the go any tr	answer to any of the above ods, other assets, or servi ansaction or sharing arran	e is 'Yes,' complete the following schedule. Column ces given by the reporting organization. If the organ gement, show in column (d) the value of the goods,	(b) should always show the fair market value other assets, or services received:	alue of lue in		
(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and s		igement	ts

 52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?					
(a) Name of organization	(b) Type of organization	(c) Description of relationship			

Organization type (check

Schedule of Contributors

Supplementary information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2003

Employer identification number

52-1905358

Department of the Treasury Internal Revenue Service Name of organization

one):	 TECHNOLOGY	
	Section:	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(_3) (enter number) organization 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 box(es) for both the General Rule and a Special Rule - see instructions.)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one Х contributor. (Complete Parts I and II.)

Special Rules -

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc, contributions of \$5,000 or more during the year.)

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B	(Form 990	, 990-EZ,	or 990-PF)	(2003)
	(,,		()

Schedule B (Form 990, 990-EZ, 990-PF) (2003)	Page	1 to 6	of Part I
Name of organization	Empl	loyer identification number	
CENTER FOR DEMOCRACY AND TECHNOLOGY	52-	-1905358	

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AMERICA ONLINE		Person X
	8619 WESTWOOD CENTER DRIVE	\$	Payroll Noncash
	VIENNAVA_22182		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	ACXIOM_CORPORATION		Person X
	1_INFORMATION_WAY	\$	Payroll Noncash
	LITTLE_ROCKAR_72202		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	AMERICAN EXPRESS		Person X
	20002 N 19TH AVENUE	\$	Payroll Noncash
	PHOENIX AZ 85027		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		Aggregate	Type of contribution Person
Number	Name, address, and ZIP + 4	Aggregate	Type of contribution
Number	Name, address, and ZIP + 4	Aggregate	Type of contribution Person X Payroll
Number	Name, address, and ZIP + 4 CHOICE POINT	Aggregate	Type of contribution Person X Payroll
Number <u>4</u> (a)	Name, address, and ZIP + 4 CHOICE POINT 1000 ALDERMAN DRIVE ALPHARETTA GA 30005 (b)	Aggregate contributions	Type of contribution Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.) (d) Type of contribution X Person X
Number <u>4</u> (a) Number	Name, address, and ZIP + 4 CHOICE_POINT 1000_ALDERMAN_DRIVE ALPHARETTA GA_30005 (b) Name, address, and ZIP + 4	Aggregate contributions	Type of contribution Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll X Noncash X
Number <u>4</u> (a) Number	Name, address, and ZIP + 4 CHOICE_POINT 1000_ALDERMAN_DRIVE ALPHARETTA GA_30005 (b) Name, address, and ZIP + 4	Aggregate contributions	Type of contribution Person X Payroll
Number <u>4</u> (a) Number	Name, address, and ZIP + 4 CHOICE_POINT	Aggregate contributions	Type of contribution Person X Payroll
Number 4 (a) Number 5 (a)	Name, address, and ZIP + 4 CHOICE_POINT 1000_ALDERMAN_DRIVE ALPHARETTA GA_30005 (b) Name, address, and ZIP + 4 EBAY_INC 2145_HAMILTON_AVENUE SAN_JOSE CA_95125 (b)	Aggregate contributions	Type of contribution Person X Payroll Noncash Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash Noncash (Complete Part II if there is a noncash contribution.) (Complete Part II if there is a noncash contribution.) (d) Type of contribution (d) Type of contribution Person X
Number <u>4</u> (a) Number <u>5</u> (a) Number	Name, address, and ZIP + 4 CHOICE POINT 1000 ALDERMAN_DRIVE ALPHARETTA GA_30005 (b) Name, address, and ZIP + 4 EBAY_INC 2145 HAMILTON_AVENUE SAN_JOSE CA_95125 (b) Name, address, and ZIP + 4	Aggregate contributions	Type of contribution Person X Payroll

Schedule B (Form 990, 990-EZ, 990-PF) (2003)	Page	2 to 6	of Part I
Name of organization	Emp	loyer identification number	
CENTER FOR DEMOCRACY AND TECHNOLOGY	52-	-1905358	

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	AT&T	- \$	Person ⊠ Payroll Noncash
	BASKING RIDGENJ_07920	_	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	MARKLE FOUNDATION	_ _\$	Person X Payroll Noncash (Complete Part II if there
(a) Number	NEW_YORKNY_10020 (b) Name, address, and ZIP + 4	(c) Aggregate contributions	is a noncash contribution.) (d) Type of contribution
9	BUSINESS_SOFTWARE_ALLIANCE 2001_L_STREET_NWDC_20036	_ _\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		Aggregate	
Number	Name, address, and ZIP + 4 DOUBLE_CLICK	Aggregate	Type of contribution Person X Payroll
Number <u>10</u> (a)	Name, address, and ZIP + 4 DOUBLE_CLICK 450_WEST_33RD_STREET	Aggregate contributions	Type of contribution Person X Payroll
Number 10 (a) Number	Name, address, and ZIP + 4 DOUBLE_CLICK 450_WEST_33RD_STREET NEW_YORK NY_10001 (b) Name, address, and ZIP + 4 MICROSOFT ONE_MICROSOFT_WAY	Aggregate contributions	Type of contribution Person X Payroll

Schedule B (Form 990, 990-EZ, 990-PF) (2003)	Page 3	з to б	of Part I
Name of organization	Emplo	oyer identification number	
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(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>13</u>	OPEN SOCIETY INSTITUTE 400 W 59TH STREET NEW YORK NY 10019	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>14</u>	PITNEY BOWES 409 12TH NW, STE 701 WASHINGTONDC_20024	\$	Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>15</u>	UNITED NATIONS	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16	THE FORD FOUNDATION	\$	Person X Payroll Noncash
	NEW YORKNY_10017	-	(Complete Part II if there is a noncash contribution.)
(a) Number	NEW_YORKNY_10017 (b) Name, address, and ZIP + 4	(c) Aggregate contributions	
	(b)	Aggregate	is a noncash contribution.) (d)
Number	(b) Name, address, and ZIP + 4 FIDELITY_CORPORATE_SERVICES 82_DEVONSHIRE_STREET	Aggregate	is a noncash contribution.) (d) Type of contribution Person X Payroll

Schedule B (Form 990, 990-EZ, 990-PF) (2003)		4 to б	of Part I
Name of organization	Emp	loyer identification number	
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(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>19</u>	VERISIGN 21355 RIDGETOP CIRCLE	\$	Person X Payroll Noncash
	DULLESVA_20166		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20	VERIZON COMMUNICATIONS	\$	Person X Payroll Noncash
	SILVER_SPRINGMD_20904		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_21	FREEDOM TO READ FOUNDATION 50 EAST HURON STREET CHICAGOIL 60611	\$	Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
Number	Name, address, and ZIP + 4 VISA_USA_INC PO_BOX_8999	Aggregate	
Number	Name, address, and ZIP + 4 VISA_USA_INC PO_BOX_8999	Aggregate	Type of contribution Person X Payroll
Number 22 (a) Number 23	Name, address, and ZIP + 4 VISA_USA_INC PO_BOX_8999 SAN_FRANCISCO VA_94128 (b)	Aggregate contributions	Type of contribution Person X Payroll
Number 22 (a) Number 23	Name, address, and ZIP + 4 VISA_USA_INC PO_BOX_8999 SAN_FRANCISCO VA_94128 (b) Name, address, and ZIP + 4 WORLD_BANK_GROUP 1818 H_ST_NW, STE G2-018	Aggregate contributions	Type of contribution Person X Payroll

Schedule B (Form 990, 990-EZ, 990-PF) (2003)		5 to б	of Part I
Name of organization	Emp	loyer identification number	
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(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_25	HEWLETT PACKARD	\$	Person X Payroll Noncash
	COLORADOCO_80901-2810		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
26	INTEL CORPORATION	\$	Person X Payroll Noncash
	HILLSBORAOR_97123-1000		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
27	INTERACTIVE DIGITAL SOFTWARE ASSN 1211_CONNECTICUT_AVE,_NW,_STE_600 WASHINGTONDC_20036-2705	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Name, address, and ZIP + 4 INTERNET_EDUCATION_FOUNDATION	Aggregate	Type of contribution Person X Payroll
Number	Name, address, and ZIP + 4	Aggregate	Type of contribution Person X Payroll
Number 28	Name, address, and ZIP + 4 INTERNET_EDUCATION	Aggregate contributions	Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution.)
Number 	Name, address, and ZIP + 4 INTERNET_EDUCATION_FOUNDATION	Aggregate contributions	Type of contribution Person X Payroll
Number 28 (a) Number	Name, address, and ZIP + 4 INTERNET_EDUCATION_FOUNDATION 1634_EYE_STREET_NW, 11TH_FLOOR WASHINGTON DC_20006 (b) Name, address, and ZIP + 4 LEXIS_NEXIS	Aggregate contributions	Type of contribution Person X Payroll
Number 28 (a) Number	Name, address, and ZIP + 4 INTERNET_EDUCATION_FOUNDATION 1634_EYE_STREET_NW, 11TH_FLOOR WASHINGTON DC_20006 (b) Name, address, and ZIP + 4 LEXIS_NEXIS PO_BOX_7247-7090	Aggregate contributions	Type of contribution Person X Payroll
Number 28 (a) Number 29 (a)	Name, address, and ZIP + 4 INTERNET_EDUCATION_FOUNDATION 1634_EYE_STREET_NW, 11TH_FLOOR WASHINGTON DC_20006 (b) Name, address, and ZIP + 4 LEXIS_NEXIS PO_BOX_7247-7090 PHILADELPHIA PA_19170 (b)	Aggregate contributions	Type of contribution Person X Payroll

Schedule B (Form 990, 990-EZ, 990-PF) (2003)		б to б	of Part I
Name of organization	Emp	loyer identification number	
CENTER FOR DEMOCRACY AND TECHNOLOGY	52	-1905358	

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	JOHN & CATHERINE T MACARTHUR FOUNDATION 140 S DEARBORN STREET CHICAGO IL 60603	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
32	SADOWSKY ASSOCIATES LLC 64 SWEET BRIAR ROAD STAMFORD CT 06905	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
33	SNAPNAMES.COM INC 115 NW FIRST AVENUE PORTLANDOR 97209	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
Number		Aggregate	
Number	Name, address, and ZIP + 4 SPSS, INC 233 S WACHER DRIVE, 11TH FLOOR	Aggregate	Type of contribution Person X Payroll
Number 	Name, address, and ZIP + 4 SPSS, INC 233 S WACHER DRIVE, 11TH FLOOR CHICAGO IL 60606 (b)	Aggregate contributions	Type of contribution Person X Payroll
Number 	Name, address, and ZIP + 4 SPSS, INC 233 S WACHER DRIVE, 11TH FLOOR CHICAGO IL 60606 (b)	Aggregate contributions	Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution.) (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there

_	m 4562 Depreciation and Amortization					OMB No. 1545-0172		
			Depreciation and cluding Information See separate	on Listed Pro)		2003
	ment of the Treasury al Revenue Service		 Attach to you 					67
Name	s) shown on return							lentifying number
		RACY AND TECHN	OLOGY				5	2-1905358
	ess or activity to which this form $990 / Form 9$							
Par	-		Bronorty Under Sec	tion 170				
l ai		ave any listed property, o	Property Under Sec complete Part V before you	i complete Part I.				
1	Maximum amount. Se	e instructions for a high	er limit for certain business	ses			. 1	\$100,000.
2	Total cost of section 1	79 property placed in se	ervice (see instructions) .				. 2	
3	Threshold cost of sect	tion 179 property before	reduction in limitation				. 3	\$400,000.
4	Reduction in limitation	. Subtract line 3 from lin	ne 2. If zero or less, enter -	0			. 4	
5	Dollar limitation for tax	c year. Subtract line 4 fro	om line 1. If zero or less, e	nter -0 If married	l filing		. 5	
6	separately, see instruc	(a) Description of property	<u></u>	(b) Cost (business		(C) Elected co		
		(a) Description of property		(b) Cost (business	use only)		51	-
								-
7	Listed property. Enter	the amount from line 29)		. 7			-
8	Total elected cost of s	ection 179 property. Ad	d amounts in column (c), li	nes 6 and 7			. 8	
9	Tentative deduction. E	Enter the smaller of line	5 or line 8				. 9	
10	Carryover of disallowe	ed deduction from line 1	3 of your 2002 Form 4562				. 10	
11	Business income limit	ation. Enter the smaller	of business income (not le	ss than zero) or li	ne 5 (see	e instrs)	. 11	
12	Section 179 expense	deduction. Add lines 9 a	and 10, but do not enter mo	ore than line 11.	· <u>· · · ·</u>		. 12	
13	,		dd lines 9 and 10, less line		► 13			
			roperty. Instead, use Part					
Par			nce and Other Depre	•				
14			roperty (other than listed p				. 14	
15	,		(see instructions)				15	
16			tructions) · · · · · · · · ·					
Par			include listed property.) (Se					
			Sectio					
17	MACRS deductions for	or assets placed in servi	ce in tax years beginning b	efore 2003			. 17	22,201.
18	If you are electing und	ler section 168(i)(4) to g	roup any assets placed in	service during the	tax yea	r into		
	0	,	ere					
			in Service During 2003 T (C) Basis for depreciation	U		f	Syst	1
	(a) Classification of property	(b) Month and year placed in service	(business/investment use only — see instructions)	(d) Recovery period	(e) Conver		d	(g) Depreciation deduction
19 a	3-year property		1,933.	3.0 yrs	NA	. SL		644.
	5-year property			1				
c	7-year property							
c	10-year property							
e	15-year property							
f	20-year property	<u></u>						
<u> </u>	25-year property			25 yrs		S/I	L	
ŀ	Residential rental			27.5 yrs	MM	I S/I	-	
	property			27.5 yrs	MM			
i	Nonresidential real			39 yrs	MM			
	property				MM	.= ,		
			n Service During 2003 Ta	x Year Using the	Alterna			vstem
				10		S/I		
	12-year			12 yrs	3.47.4	S/I		
	t IV Summary (s			40 yrs	MM	I S/I	1	
		see instructions)					21	
21 22	,		nes 19 and 20 in column (g), and			annronriate lines	21	
22	of your return. Partnerships	s and S corporations — see i	instructions			appropriate illies	22	22,845.
23		ve and placed in service	e during the current year, e		23			

BAA For Paperwork Reduction Act Notice, see instructions.

_	4562 (2003)	CENTER FOR	DEMOC	RACY .	AND I	ECHNO	DLOGY				52-19	0535	8	Page 2
Par		(Include automob	iles, certai	n other v	vehicles,	, cellular	telepho	ones, cert	ain com	outers, a	and prope	erty use	d for	
	entertainment, recrea Note: For any vehicl columns (a) through	le for which vou are	e usina the	standar n B. and	rd milea	ge rate o n C if api	or deduc plicable.	ting leas	e expens	se, com	olete onl y	y 24a, 2	4b,	
	., .	epreciation and O							nits for pa	assenge	r automo	biles.)		
24 a	a Do you have evidence to support t	the business/investme	nt use claime	ed?	· · · [Yes	No	24b If "	res,' is the	evidence	written?	[Yes	No
Ту	(a) (b) ve of property (list vehicles first) Date place in service		(d) Cost o other ba	or	(busine	(e) or deprecia ess/investm use only)	tion nent	(f) Recovery period	Me	(g) ethod/ vention	Depre	h) eciation uction	Ele secti	(i) ected on 179 cost
25	Special depreciation allowar used more than 50% in a qu	nce for qualified lis	ted proper se (see ins	ty placed	d in serv s)	vice durin	ng the ta	ax year a	nd	25				
26	Property used more than 50)% in a qualified bu	usiness use	e (see in	structior	าร):			-		1			
27	Property used 50% or less in	n a qualified busin	ess use (se	e instru	ictions):						1			
													_	
													_	
28	Add amounts in column (h),	lines 25 through 2	7. Enter he	ere and o	l on line 2	1. page	1			28			-	
	Add amounts in column (i), I	-										29)	
			Section E											
	plete this section for vehicles our employees, first answer th												ehicles	
.0 90			(a		I	b)	1	(c)	(c		(e		(f	F)
30	Total business/investment n during the year (do not inclu- miles – see instructions).	ude commuting	Vehi		-	icle 2		nicle 3	Vehi		Vehio		Vehi	
31	Total commuting miles driven duri	ing the year												
32	Total other personal (nonco miles driven													
33	Total miles driven during the lines 30 through 32													
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle available for during off-duty hours?	or personal use												
35	Was the vehicle used prima than 5% owner or related pe	rily by a more erson?												
36	Is another vehicle available personal use?													
	1	ion C – Question	•	loyers V	Nho Pro	vide Ve	hicles	for Use k	y Their	Employ	/ees		<u> </u>	
Ansv 5% c	ver these questions to determ owners or related persons (se	nine if you meet an ee instructions).	exception	to comp	oleting S	ection B	for veh	icles use	d by em	oloyees	who are	not mo	re than	
37	Do you maintain a written po by your employees?	olicy statement tha	t prohibits	all perso	onal use	of vehic	les, incl	uding co	mmuting	, 			Yes	No
38	Do you maintain a written po employees? See instruction	olicy statement tha s for vehicles used	t prohibits I by corpor	persona ate office	l use of ers, dire	vehicles ctors, or	, excep 1% or i	t commut more owr	ing, by y iers	our				
39	Do you treat all use of vehic		• •											
40	Do you provide more than fir vehicles, and retain the infor	ve vehicles to your	employee	s, obtair	n informa	ation fro	m your	employee	es about	the use	of the			
41	Do you meet the requirement Note: <i>If your answer to 37, 3</i>													
Par	rt VI Amortization													
	(a) Description of costs		Date am	b) ortization gins		(c) Amortizabl amount	le	C	d) ode stion	Amo per	(e) rtization riod or centage		(f) Amortizatior for this year	
42	Amortization of costs that be	egins during your 2	2003 tax ye	ear (see	instructi	ons):								
40	Amortization of another that the	agon bofore		oor							40			
43 44	Amortization of costs that b Total. Add amounts in colu	-	-											
					DIZ0812 10						· ••	F	orm 456 2	2 (2003)

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
NETWORK USAGE COMPUTER SUPPLIES OFFICE EQUIP EXPENSE LOSS ON DISPOSAL OF ASSETS	19,270. 3,493. 14,204. 1,912.	16,716. 3,083. 10,288. 1,653.	1,032. 166. 2,956. 105.	1,522. 244. 960. 154.
Total	38,879.	31,740.	4,259.	2,880.

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

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
COMPUTERS/EQUIPMENT/FURNITURE	118,706.	89,878.	28,828.
Total	118,706.	89,878.	28,828.

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

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

Form 990, Page 3, Part IV, Line 65 Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
PAYROLL TAXES PAYABLE SALARIES PAYABLE	<u> </u>	7,355. 28,663.
PENSION PAYABLE	8,093.	0.
Total	34,955.	36,018.

Form 990, Page 4, Part V List of Officers, Etc. Statement

	1			
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
JUDITH KRUG				
50 EAST HURON STREET	CHAIR			
CHICAGO, IL 60611	1	0.	0.	0.
MARK LLOYD				
818 18TH STREET NW	DIRECTOR			
WASHINGTON, DC 20006	1	0.	0.	0.
JAMES DEMPSEY				
1634 EYE ST NW	SECTY/EXEC DIR			
WASHINGTON, DC 20006	1/SECTY 40/DEP DIR			0.
ALAN DAVIDSON				
1634 EYE ST NW	TREAS/ASSOC DIR			
WASHINGTON, DC 20006	1/TREAS 40/ASSOC DIR			0.

Total

Schedule A, Part IV-A, Line 22 **Other Income**

Description	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
REIMBURSED TRAVEL EXPENSES		4,738.			4,738.
PUBLICATION INCOME	715.				715.
ADMINISTRATIVE SUPPORT				50,000.	50,000.
EMPLOYEE COMPUTER PURCHASE	917.				917.
Total	1,632.	4,738.		50,000.	56,370.

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0.

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Supporting Statement of:

Form 990 p 1/Line 1a

Description	Amount
CONTRIBUTIONS-OTHER GRANTS INDIVIDUAL CONTRIBUTIONS	851,117. 700,350. 1,084.
Total	1,552,551.

Supporting Statement of:

Form 990 p 2/Other Program Service Exp

Description	Amount
GLOBAL INTERNET POLICY INITATIVE	160,950.
STANDARDS	102,494.
DNS PROJECT (DOMAIN NAME)	40,244.
E-DEMOCRACY	58,181.
E-GOVERNANCE WORLD BANK	3,635.
INTERNET EDUCATION FOUNDATION	64,935.
Total	430,439.

Supporting Statement of:

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

Description	Amount
VOIDED EXPENSES PRIOR YEAR	4,738.
Total	4,738.

Supporting Statement of:

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

Description	Amount
CONTRACT INCOME	50,000.
Total	50,000.