** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection
Inspection

<u>A</u>	For the	e 2022 calendar year, or tax year beginning and	l ending		
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre	SE CENTER FOR DEMOCRACY AND TECHNOLOGY			
	Name chang			52-19053	58
	□ Initial □ return □ Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	lreturn		200	202-637-	
	termin ated Amen			G Gross receipts \$	11,669,487.
F	return Applic tion	WASHINGTON, DC 20005	TNT	H(a) Is this a group re	
	tion pendii	SAME AS C ABOVE	T 1/	for subordinates H(b) Are all subordinates in	—
$\overline{}$	Tay ay	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}}$ 501(c) () (insert no.) $\overline{}}$ 4947(a)(1)	or 527	1	list. See instructions
	Websi		01 321	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: DC
	art I	Summary	1 = 1000	- 1	. State of Togal doffinence
_	1	Briefly describe the organization's mission or most significant activities: SEE	PART I	II, LINE 1.	
Governance					
r.	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass	ets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
		Number of independent voting members of the governing body (Part VI, line 1b)			12
es &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			38
ΣĖ	6	Total number of volunteers (estimate if necessary)			12
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	Prior Year 10,348,597.	Current Year 11,624,236.
ne	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		-4,651.	911.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-110,485.	-346,425.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,233,461.	11,278,722.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		359,530.	264,775.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,257,394.	5,003,721.
Ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25) 394, 2	12.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,430,201.	1,631,868.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,047,125.	6,900,364.
	19	Revenue less expenses. Subtract line 18 from line 12		4,186,336.	4,378,358.
Net Assets or	9		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		9,312,037.	19,060,299.
at As	21	Total liabilities (Part X, line 26)		699,215.	6,069,119.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		8,612,822.	12,991,180.
	art II	Signature Block			Described as a set by the first State
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is
uue	, correc	rt, and complete. Declaration of preparer (other than officer) is based on all information of w	ilicii preparer	lias ally kilowieuge.	
Sig	n	Signature of officer		I Date	
Hei		ALEXANDRA GIVENS, PRESIDENT/CEO			
110	C	Type or print name and title			
		Print/Type preparer's name Preparer's signature/		Date Check	PTIN
Pai	d	RICHARD J. LOCASTRO, CPA Richard J. Loca	tro (09/26/2023 if self-employe	P00288314
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN	-		2-1392008
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N			
_		BETHESDA, MD 20814-2930		Phone no. 30	1-951-9090
Ma	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No
	01 12-1		ons.		Form 990 (2022)

		ge 2
Pai	t III Statement of Program Service Accomplishments	
		X
1	Briefly describe the organization's mission:	
	ADVOCATING FOR PUBLIC POLICIES THAT ADVANCE DEMOCRATIC VALUES IN THE	
	DIGITAL AGE.	
	-	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$2, 232, 405. including grants of \$) (Revenue \$)
	PRIVACY & DATA: AS TECHNOLOGY PERMEATES ALL FACETS OF SOCIETY, THE	
	PERSONAL DATA COLLECTED, USED AND SHARED BY COMPANIES AND GOVERNMENTS	
	HAS WIDE-RANGING EFFECTS ON PEOPLE'S LIVES. CDT DEVELOPS LAWS, POLICIES	
	AND BEST PRACTICES TO PROTECT PEOPLE'S DIGITAL PRIVACY, AND TO ADDRESS	
	UNFAIR AND DISCRIMINATORY USES OF PEOPLE'S DATA. WE CHAMPION CONSUMERS'	
	INTERESTS, WITH A PARTICULAR FOCUS ON THE RIGHTS OF HISTORICALLY MARGINALIZED COMMUNITIES.	
	MARGINALIZED COMMUNITIES.	
	-	
4b	(Code:) (Expenses \$ 1,788,937 • including grants of \$) (Revenue \$	
	FREE EXPRESSION AND GLOBAL HUMAN RIGHTS: THE INTERNET AND NEW	— <i>'</i>
	TECHNOLOGIES GIVE PEOPLE THE ABILITY TO EXPRESS THEMSELVES, ACCESS	
	INFORMATION AND FIND COMMUNITY. CDT WORKS TO PROTECT THESE ACTIVITIES	
	ONLINE, AND TO ADVANCE PLATFORM GOVERNANCE APPROACHES THAT PROMOTE	
	HUMAN RIGHTS AND ENSURE ACCOUNTABILITY FOR COMPANIES AND GOVERNMENTS	
	INVOLVED. OUR TEAM WORKS TO SUSTAIN A FREE AND OPEN INTERNET ON BOTH A	
	DOMESTIC AND GLOBAL STAGE.	
4-	(Code:) (Expenses \$ 746 , 432 • including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$/46,432. including grants of \$) (Revenue \$) EQUITY IN CIVIL TECHNOLOGY: AS GOVERNMENT AGENCIES INCREASINGLY RELY ON	· —
	DATA AND TECHNOLOGY TO CARRY OUT THEIR RESPONSIBILITIES, IT IS CRITICAL	
	THAT THEY DO SO IN WAYS THAT AFFIRM INDIVIDUAL PRIVACY, RESPECT CIVIL	<u>'</u>
	RIGHTS, PROMOTE TRANSPARENT AND ACCOUNTABLE OVERSIGHT, AND ADVANCE JUST	1
	SOCIAL STRUCTURES WITHIN THE BROADER COMMUNITY. CDT FURTHERS THESE	
	GOALS BY CREATING SOLUTIONS-ORIENTED POLICY RESOURCES AND ACTIONABLE	
	TECHNICAL GUIDANCE.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 1,094,365. including grants of \$ 264,775.) (Revenue \$)	
<u>4e</u>	Total program service expenses 5,862,139.	
	Form 990 (2	(220)

Form 990 (2022) CENTER FOR DEMOCRACY AND TECHNOLOGY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha	- 21	
D	·	11b		Х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		τ,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X
20a	" roo, complete concasion"	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form 990 (2022) CENTER FOR DEMOCRACY AND TECHNOLOGY

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		├──
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		1
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		<u> </u>
32	•	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	Ь—
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3,7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Х	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	Ь—
ui	Check if Schodula O contains a response or note to any line in this Bart V			
	Check if Schedule O Contains a response of note to any line in this Fart V		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 18		162	140
	Enter the number reported in box 5 of form 1030. Enter 40 in not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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232004 12-13-22

CENTER FOR DEMOCRACY AND TECHNOLOGY
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X								
b	If "Yes," enter the name of the foreign country BELGIUM										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X							
b	, , , , , , , , , , , , , , , , , , , ,										
С	, ,										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	OI:									
_	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).	7-	Х								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	- 22								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		Х							
d		7c		23							
u e	If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X							
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year? N/A	8									
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders N/A 11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
_	organization is licensed to issue qualified health plans Start the amount of receives an head										
с 14а	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-10									
	excess parachute payment(s) during the year?	15		х							
	If "Yes," see the instructions and file Form 4720, Schedule N.	.0									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		L							
	If "Yes," complete Form 6069.										

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
, ,	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- ra		
b	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
		8a	Х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	21	
9		9		x
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		21
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the examination have local chapters, branches, or effiliates?	10a	162	X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iva		-23
b		10h		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b 40-	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4=	v	
	The organization's CEO, Executive Director, or top management official	15a	X	Х
b	Other officers or key employees of the organization	15b		
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		Х
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
500	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed CA, CT, FL, IL, MD, MA, MS, NH, NY	gr.	777	7,77,7
17				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	orily)	avallal	JIE
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARIA VILLAMAR - 202-637-9800			
	1401 K STREET NW, 200, WASHINGTON, DC 20005			(0000)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(B) (C) Average Position				(D)	(E)	(F)		
Name and title	Average		(do not check more		ck more than one			Reportable	Reportable	Estimated
	hours per					s both		compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	ndividual trustee or director				p		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	vidual	nstitutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	indi	Insti	Officer	Key	High	Former			
(1) ALEXANDRA REEVE GIVENS	40.00								_	
PRESIDENT & CEO		Х		Х				409,167.	0.	39,171.
(2) SAMIR JAIN	40.00								_	
DIRECTOR OF POLICY						Х		219,032.	0.	38,752.
(3) GREGORY NOJEIM	40.00								_	
SR COUN. & DIR., SEC. & SURVEIL.						Х		189,688.	0.	37,952.
(4) DHANARAJ THAKUR	40.00								_	
RESEARCH DIRECTOR						Х		170,000.	0.	23,748.
(5) EMMA LLANSO	40.00								_	
DIRECTOR, FREE EXPRESSION						Х		169,101.	0.	15,867.
(6) MALLORY KNODEL	40.00								_	
CHIEF TECHNOLOGY OFFICER						X		150,862.	0.	15,221.
(7) WILLIAM S. BERNSTEIN	0.50								_	_
CHAIR		Х		Х				0.	0.	0.
(8) JULIE BRILL	0.50									
DIRECTOR/TREASURER		Х		Х				0.	0.	0.
(9) LAURA W. MURPHY	0.50									_
DIRECTOR		Х						0.	0.	0.
(10) PETER HUSTINX	0.50									_
DIRECTOR		Х						0.	0.	0.
(11) CARL LANDWEHR	0.50								_	_
DIRECTOR		Х						0.	0.	0.
(12) TRAVIS LEBLANC	0.50								_	_
DIRECTOR		Х						0.	0.	0.
(13) BRUCE P. MEHLMAN	0.50								_	_
DIRECTOR		Х						0.	0.	0.
(14) DAVID VLADECK	0.50								_	_
DIRECTOR		Х						0.	0.	0.
(15) ANDREW J. PINCUS	0.50									
DIRECTOR	<u> </u>	Х						0.	0.	0.
(16) PHILIPPA SCARLETT	0.50	_							_	_
DIRECTOR	<u> </u>	Х						0.	0.	0.
(17) MARK SEIFERT	0.50	_							_	_
DIRECTOR		X						0.	0.	990 (2022)

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Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F	•)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Estim	ated
	hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation	n	amou	nt of
	week	_	Cerar	ia a a	Tecic	or/trus	lee)	from	from related		oth	
	(list any	ector						the	organization		comper	
	hours for	or dir	يو			ated		organization	(W-2/1099-MIS		from	
	related	stee	ruste			bens		(W-2/1099-MISC/	1099-NEC)		organi	
	organizations below	al tru	onalt		loye	E S		1099-NEC)			and re	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				organiz	ations
(10) MODERN WILDER	,	Ĕ	Ë	5	Ā.	불등	요					
(18) MORTEN KJAERUM	0.50	٠,,								^		0
DIRECTOR	-	Х				\vdash		0.		0.		0.
		-										
			_			₩						
		-										
						_						
		1										
-												
		1										
						+						
		1										
4. 0.1.1.1						<u> </u>		1 207 050		0.	170	711.
1b Subtotal								1,307,850.		0.	1/0,	
c Total from continuation sheets to Part VI								0.			170	0.
d Total (add lines 1b and 1c)								1,307,850.		0.	170,	/11•
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable	9		4 =
compensation from the organization											1	17
											Ye	s No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	phest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4 For any individual listed on line 1a, is the su	ım of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization			
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J 1	for such individual			4 X	[
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	nplete Schedule	e J f	or su	ıch i	pers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100.000 of comp	oensa	tion from	
the organization. Report compensation for												
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	С	compensa	tion
EDGE RESEARCH, 1560 WILSO	N BLVD	S	TTT	TЕ				ONLINE SURVE			•	
475, ARLINGTON, VA 22209	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-				- 1	GROUPS	, 1000		207	950.
475, INCLINCTON, VII 22205								OROOL D			201,	
							\dashv					
							\dashv					
							_					
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organization					_	1						

Form 990 (2022) CENTER
Part VIII Statement of Revenue

			Check if Schedule O	ontain	s a respo	nse (or note to any lin	e in this Part VIII			
							,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
S (0	1.	a Fad	erated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	' '		mbership dues								
يَّجُ وَ							1,042,900.				
fts, Ar	,		draising events				1,042,500.				
<u>.</u>	•		ated organizations								
ns, Sim			vernment grants (contri								
e ë	1		ther contributions, gifts,	-			10 501 226				
듗됨			lar amounts not included				10,581,336.				
d d	!	_	eash contributions included in I	ines 1a-	If 1g	<u> </u>		44 604 006			
<u>0 g</u>		h Tota	al. Add lines 1a-1f				1	11,624,236.			
							Business Code				
e	2	a				_					
Program Service Revenue	- 1	b									
Sugar	(c				_					
eve eve	,	d									
Pg B		e									
Ā	1	f All c	other program service i	evenu	e						
	,	g Tota	al. Add lines 2a-2f								
	3		estment income (includ								
							<i>,</i>	911.			911.
	4		ome from investment o								
	5		alties		•	-					
		1109	4.000		(i) Real		(ii) Personal				
	6	a Gro	ss rents	6a	()		()				
				6b							
			s: rental expenses	6c							
			ntal income or (loss)								
			rental income or (loss)	$\overline{}$	(i) Coourit		(ii) Othor				
	7 :		ss amount from sales of		(i) Securit	ies	(ii) Other				
			ets other than inventory	7a							
_			s: cost or other basis								
ne			sales expenses	7b							
her Revenue	•	c Gair	n or (loss)	7c							
Be			gain or (loss)			. <u></u>					
her	8	a Gros	ss income from fundraisir	ng even	ts (not						
ŏ		incl	uding \$1,0	142,9	00. of						
		con	tributions reported on	line 1c). See						
		Parl	t IV, line 18			8a	39,500.				
	- 1	b Les	s: direct expenses			8b	390,765.				
			income or (loss) from			ts		-351,265.			-351,265.
	9 :	a Gro	ss income from gamin	g activ	ities. See						
			t IV, line 19			9a					
	ı		s: direct expenses			9b					
			income or (loss) from								
			ss sales of inventory, le			Π					
			allowances			10a					
			s: cost of goods sold			10b					
			income or (loss) from			_					
-		INCL	ااانااا (دونا) ان مااندی	Jaico C	· IIIVEIILUI	у	Business Code				
Sn	44	a RET	MBURSEMENTS				900099	4,448.			4,448.
je ne	113		CELLANEOUS			_	900099	392.			392.
Miscellaneous Revenue			CTTTVMECOS			_	500099	332.			332.
Se Be	•	c				_					
Σ̈́	(other revenue					4.040			
			al. Add lines 11a-11d					4,840.	-	-	0.45
	12	Tota	ı l revenue . See instructio	ns				11,278,722.	0.	0.	-345,514.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 264,775. 264,775. Benefits paid to or for members Compensation of current officers, directors, 67,251. 448,338. 336,253. 44,834. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,775,308. 3,180,134. 374,672. 220,502. Other salaries and wages 7 Pension plan accruals and contributions (include 148,708. 126,206. 14,278. 8,224. section 401(k) and 403(b) employer contributions) 30,702. 268,398. 19,736. 318,836. Other employee benefits 9 312,531. 261,503. 30,158. 20,870. 10 Payroll taxes 11 Fees for services (nonemployees): Management 1,532. 1,532. Legal 47,457. 47,457. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 625,012. 603,921. 14,054. 7,037. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 71,642. 59,888. 8,035. 3,719. Office expenses 13 68,432. 53,929. 11,361. 3,142. Information technology 14 15 Royalties 567,930. 482,228. 38,863. 46,839. 16 Occupancy 26,134. 25,020. 989. 125. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 84,727. 81,117. 3,205. 405. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 27,993. 23,882. 2,247. 1,864. Depreciation, depletion, and amortization 22 11,138. 3,774. 7,057. 307. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 88,582. 80,355. 6,179. 2,048. BOOKS/DUES/SUBS. 413. BANK CHARGES 11,271. 10,740. 118. TAXES AND LICENSES 18. 16. 1. С d All other expenses 6,900,364. 5,862,139. 644,013. 394,212. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,539,278.	1	7,428,998.		
	2	Savings and temporary cash investments			2,236,509.	2	2,761,210.
	3	Pledges and grants receivable, net		3,426,461.	3	3,083,945.	
	4	Accounts receivable, net			72,106.	4	871,927.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	hese persor	าร		5	
	6	Loans and other receivables from other disqu					
ις		under section 4958(f)(1)), and persons describ		6			
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ÿ	9	Donner of all accompanies are all all of comments all all accompanies			4,133.	9	22,085.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	223,138. 217,581.			
	b	Less: accumulated depreciation	10b	217,581.	33,550.	10c	5,557.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			0.	15	4,886,577.
	16	Total assets. Add lines 1 through 15 (must e			9,312,037.	16	19,060,299.
	17	Accounts payable and accrued expenses		207,387.	17	249,018.	
	18	Grants payable			24 000	18	154 500
	19	Deferred revenue			34,000.	19	154,500.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su					
jap		controlled entity or family member of any of t	-			22	
_	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin			457,828.	۰.	5,665,601.
	06	of Schedule D			699,215.	25 26	6,069,119.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, or	hook horo	X	055,215.	20	0,000,110.
S		and complete lines 27, 28, 32, and 33.	Heck Here				
Š	27	. , , ,			3,626,152.	27	4,534,750.
sala	28				4,986,670.	28	8,456,430.
P	20	Organizations that do not follow FASB ASC		······································	1,300,0101	20	0,130,1301
필		and complete lines 29 through 33.	<i>3</i> 300, cncc	, riere			
ō	29	Capital stock or trust principal, or current fun	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated		Г		31	
Net Assets or Fund Balances	32	<u>-</u> '			8,612,822.	32	12,991,180.
Z	33	Total liabilities and net assets/fund balances			9,312,037.	33	19,060,299.
	, 55	. Star nabilities and not about / fund baidiness			-,,,,,,,,,,	- 55	Form 990 (2022)

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
					_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 27</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,90		
3	Revenue less expenses. Subtract line 2 from line 1	3	4	, 37	8,3	58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	,61	2,8	22.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	12	,99	1,1	80.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

CENTER FOR DEMOCRACY AND TECHNOLOGY 52-1905358 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sed	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4641826.	9339759.	5843875.	10348597.	11346898.	41520955.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	4641006	0220050	E0420EE	10240505	11246000	41500055
	Total. Add lines 1 through 3	4641826.	9339759.	5843875.	10348597.	11346898.	41520955.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						12700455
	column (f)						13708455.
	Public support. Subtract line 5 from line 4.						27812500.
	etion B. Total Support	() 22/2	# N 22.42	()	() 222 (()	
	ndar year (or fiscal year beginning in)	(a) 2018 4641826.	(b) 2019 9339759.	(c) 2020 5 0 4 2 0 7 5	(d) 2021 10348597.	(e) 2022	(f) Total
	Amounts from line 4	4041020.	3333733.	3043073.	10346397.	11340090.	41320933.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2 804	2,271.	251.	198.	911.	6,525.
_	and income from similar sources	2,894.	2,2/1.	231.	190.	911.	0,323.
9	Net income from unrelated business						
	activities, whether or not the					0.	
40	business is regularly carried on					0.	
IU	Other income. Do not include gain						
	or loss from the sale of capital	106,259.	89,869.	10,480.	5,484.	8 436	220,528.
11	assets (Explain in Part VI.) Total support. Add lines 7 through 10	100,233.	05,005	10,400.	3,101.	0,450.	41748008.
	Gross receipts from related activities,	oto (coo instructio	une)			12	<u> </u>
	First 5 years. If the Form 990 is for the	•	,	ourth or fifth tax v			
10	organization, check this box and stor	-		•			
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	66.62 %
	Public support percentage from 2021					15	68.86 %
	33 1/3% support test - 2022. If the o					ore, check this bo	
	stop here. The organization qualifies						77
b	33 1/3% support test - 2021. If the		•				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	-			-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
						Schedule A	(Form 990) 2022

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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
<u>8</u>	Public support. (Subtract line 7c from line 6.)						<u> </u>
		(=) 0010	(h) 0010	(=) 0000	(4) 0001	(-) 0000	(6) Tatal
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gross income from interest,						
100	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
198	33 1/3% support tests - 2022. If the						
_	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in did not check a	pox on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

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Schedule A (Form 990) 2022

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

232025 12-09-22 Schedule A (Form 990) 2022

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J 4		, ,	_	_	_	v	Page 0

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi:	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations mus		•	T			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
e	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	anization (see			
	instructions)						

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

e Excess from 2022

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,

Part VI

line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED: DESCRIPTION: CY PRES AWARD 277338. DATE: 12/31/22 AMOUNT: DESCRIPTION: CY PRES AWARD 53015. DATE: 12/31/20 AMOUNT: DESCRIPTION: CY PRES AWARD DATE: 12/31/18 AMOUNT: 39780. DESCRIPTION: CY PRES AWARD DATE: 12/31/17 AMOUNT: 46771. DESCRIPTION: CY PRES AWARD DATE: 12/31/16 AMOUNT: 457332.

Schedule B

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

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Organization type (check one):						
Filers of:		Section:				
Form 990 or 990-EZ		$\boxed{\textbf{X}}$ 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				
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General F	tule					
	ŭ	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special R	ules					
s	ections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
c li	contributor, during terary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
y is p	rear, contributions is checked, enter he ourpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., aplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \$				
answer "N	lo" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2022)

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Name of organization Employer identification number

CENTER FOR DEMOCRACY AND TECHNOLOGY

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,351,863.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>2,197,783</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$3,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + 4	\$ 706,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>615,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$542,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **2**

Name of organization	Employer identification number

CENTER FOR DEMOCRACY AND TECHNOLOGY

52-1905358

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 277,338.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CENTER FOR DEMOCRACY AND TECHNOLOGY

52-1905358

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223/53 11-15.			Schedule B (Form 990) (2022)

Name of organization **Employer identification number** CENTER FOR DEMOCRACY AND TECHNOLOGY 52-1905358 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nam	ne of orga		Employer identification number			
Da	-4 1 4	CENTER	FOR DEMOCRACY AN	ID TECHNOLOGY	<u> </u>	52-1905358
Pa	rt I-A	Complete if the org	anization is exempt und	der section 501(c)	or is a section 527	organization.
2	Political	a description of the organiz campaign activity expendit er hours for political campai	\$			
Pa	rt I-B	Complete if the org	anization is exempt und	der section 501(c)(3).	
1	Enter the	e amount of any excise tax	incurred by the organization un	der section 4955		\$
			incurred by organization manag			
3	If the org	ganization incurred a section	n 4955 tax, did it file Form 4720	o for this year?		Yes No
4a	Was a co	orrection made?				Yes No
		describe in Part IV.		Jan a a atian 504/a)		4/5\/0\
	rt I-C		anization is exempt und			
		• •	by the filing organization for so	· ·		\$
2		0 0	ization's funds contributed to o	•		¢
2	•		. Add lines 1 and 2. Enter here			\$
Ü						\$
4			1120-POL for this year?			
5	made pa	nyments. For each organizations received that were pro	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	id from the filing organiz a separate political orga	cation's funds. Also enter anization, such as a sepa	the amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization's funds. If none, enter	contributions received and

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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

See the separate instructions for lines 2a through 2f.)

dee the departer mon detection for miles at the degree and									
Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2019	(a) 2019 (b) 2020 (d		(d) 2022	(e) Total				
2a Lobbying nontaxable amount	508,093.	436,232.	466,340.	495,018.	1,905,683.				
b Lobbying ceiling amount (150% of line 2a, column(e))					2,858,525.				
c Total lobbying expenditures	37,474.	21,566.	5,828.	19,060.	83,928.				
d Grassroots nontaxable amount	127,023.	109,058.	116,585.	123,755.	476,421.				
e Grassroots ceiling amount (150% of line 2d, column (e))					714,632.				
f Grassroots lobbying expenditures	4,025.	2,300.			6,325.				

Schedule C (Form 990) 2022

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)		
of the	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
Dar	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)	or sec	tion		
Fai	501(c)(6).	11 30 1 (0)(3)	, or sec	ZUOII		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			ılı-A, illie	J, 15	
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		. 1			
2	expenses for which the section 527(f) tax was paid).	,aı				
a	Current year		2a			
	Carryover from last year					
	Total					
	4					
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exc					
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
	expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		. 5			
Par				•		
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See		
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

CENTER FOR DEMOCRACY AND TECHNOLOGY

Employer identification number 52-1905358

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) i unus and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a		
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relativest floars develor to membering, inspecting,	Thanking of Violations, and officially con-	oor valien eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1 3,	3	3
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	· ·	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2022

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

	dule D (Form 990) 2022 CENTER B t III Organizations Maintaining Co	OR DEMOCK					r Sin		12-19			age 2
	<u> </u>									(contin	ued)	—
3	Using the organization's acquisition, accession	n, and other record	is, cneck	any of the i	rollowing that	make s	signitic	ant u	se of its			
	collection items (check all that apply):											
а												
b												
С	Preservation for future generations											
4	Provide a description of the organization's co								e in Part	XIII.		
5	During the year, did the organization solicit or		,		,				_	7		,
	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered '	"Yes" or	n Form	1 990,	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	<u> </u>										
1a	Is the organization an agent, trustee, custodia								_	7		1
	on Form 990, Part X?								L	」Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	ıble:						A		
							⊢			Amount		
	Beginning balance						—	1c				
	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f			_	
	Did the organization include an amount on Fo						•		L	」Yes		No
	If "Yes," explain the arrangement in Part XIII.											<u> </u>
Par	t V Endowment Funds. Complete if		1						bl-	(-) Fa		<u></u>
		(a) Current year	(b) Pi	rior year	(c) Two yea	rs dack	(a) 11	iree y	ears back	(e) Four	years	раск
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	, column (a)) held as:							
а	Board designated or quasi-endowment		%									
b	Permanent endowment	%										
С	Term endowment	%										
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.										
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administer	ed for th	ne			_		
	organization by:										Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as requir	red on Sc	hedule R?						3b		
4	Describe in Part XIII the intended uses of the											
Par	t VI Land, Buildings, and Equipme	ent.										
	Complete if the organization answered	l "Yes" on Form 990	D, Part IV,	line 11a. S	See Form 990	, Part X,	, line 1	0.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	Accum	ulate	d	(d) Book	value	Э
		basis (investr	ment)	basis	(other)	de	precia	ation				
1a	Land											
	Buildings	I										
	Leasehold improvements											
	Equipment	I		2	7,189.		27	,18	39.			0.
	Other			19	5,949.		190	, 39	2.	5	5,55	5 7 .
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colum	n (B). line 1	0c.)					5	5,55	57.

Schedule D (Form 990) 2022

Part VII	Investn	nents -	Other Securit	ies.					
Schedule D	(Form 990)	2022	CENTER	FOR	DEMOCRACY	AND	TECHNOLOGY	52-1905358	Pag

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.									
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value							
(1) Financial derivatives									
(2) Closely held equity interests									
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)									
Part VIII Investments - Program Related.									
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.							
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value							
<u>(1)</u>									
(2)									
(3)									
(4)									
(5)									

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(6)(7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET	4,886,577.
(2)	
(3)	
<u>(5)</u>	
<u>(6)</u>	
(8)	
<u>(9)</u>	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	4,886,577.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	5,665,601.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,665,601.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

Par	Keconciliation of Revenue per Audited Financial State		Revenue per Re	turn.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			10 600 010		
1				1	12,602,810.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1					
а	Net unrealized gains (losses) on investments		DE 4 411				
b	Donated services and use of facilities		754,411.				
С	Recoveries of prior year grants		F.C.O. CER				
d	Other (Describe in Part XIII.)	2d	569,677.		1 204 202		
е	Add lines 2a through 2d			2e	1,324,088.		
3	Subtract line 2e from line 1			3	11,278,722.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b						
b	Other (Describe in Part XIII.)				0		
С	Add lines 4a and 4b			4c	0.		
5 Dat	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) † XII Reconciliation of Expenses per Audited Financial Sta	tomonte With	Evnoncos nor E	5 Otur	11,278,722.		
Pai			Expenses per F	vetur	11.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line				8,145,309.		
1	Total expenses and losses per audited financial statements			1	0,143,309.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما	751 111				
a	Donated services and use of facilities		754,411.				
b	Prior year adjustments						
С.	Other losses		755,309.				
d	Other (Describe in Part XIII.)		-		1 500 720		
е	Add lines 2a through 2d			2e	1,509,720. 6,635,589.		
3	Subtract line 2e from line 1			3	0,033,309.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1					
a	Investment expenses not included on Form 990, Part VIII, line 7b		264,775.				
b	Other (Describe in Part XIII.)	<u>-</u>	•		264 775		
	Add lines 4a and 4b			4c 5	264,775. 6,900,364.		
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.	(.)		5	0,300,304.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	· Dort IV lines 1h	and 2h: Dort V. line 4	· Dort	V line 2: Dort VI		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	•		, rait	A, IIIIe Z, Fait Ai,		
111103	zu and 45, and 1 art XII, lines zu and 45. Also complete this part to provide an	y additional illion	iation.				
PAF	T X, LINE 2:						
	·						
FOF	THE YEAR ENDED DECEMBER 31, 2022, CDT	HAS DOCUM	MENTED ITS	CON	SIDERATION		
<u>OF</u>	FASB ASC 740-10, INCOME TAXES, THAT PRO	VIDES GUI	DANCE FOR	REP	ORTING		
<u>UNC</u>	ERTAINTY IN INCOME TAXES AND HAS DETERM	INED THAT	NO MATERI	AL	UNCERTAIN		
					_		
'I'A2	POSITIONS QUALIFY FOR EITHER RECOGNITI	ON OR DIS	SCLOSURE IN	TH.	E		
	IANGTAL GEAUGNEG						
F.T.	IANCIAL STATEMENTS.						
DAT	T XI, LINE 2D - OTHER ADJUSTMENTS:						
IAI	TI AI, HINE 2D CHIER ADOUGHENIS.						
FUNDRAISING EVENT EXPENSES SHOWN AS EXPENSE ON THE 390,765.							
					33071031		
FIN	IANCIAL STATEMENTS AND NETTED AGAINST RE	VENUE ON					
FOF	M 990, PART VIII, LINE 8B.						
	·						
SUE	SSIDIARY REVENUE REPORTED ON FINANCIAL S	TATEMENTS	NOT				

Schedule D (Form 990) 2022 CENTER FOR DEMOCRACY AND TECHNOLOGY	52-1905358 Page 5
Part XIII Supplemental Information (continued)	
SHOWN ON FORM 990	178,912.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	569,677.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SUBSIDIARY EXPENSES REPORTED IN THE FINANCIAL STATEMENTS,	364,544.
BUT EXCLUDED FROM PART IX OF THE FORM 990.	
FUNDRAISING EVENT EXPENSES SHOWN AS EXPENSE ON THE	390,765.
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON	
FORM 990, PART VIII, LINE 8B.	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	/55,309•
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
GRANTS MADE TO SUBSIDIARY REPORTED IN PART IX OF THE	264,775.
FORM 990, BUT ELIMINATED IN THE FINANCIAL STATEMENTS.	
Total 990 / Bot Bernames III III Timmerim Bimbining	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization **Employer identification number** CENTER FOR DEMOCRACY AND TECHNOLOGY 52-1905358 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EUROPE (INCLUDING CONSULTANTS, EU OFFICE ICELAND & GREENLAND) 0 PROGRAM SERVICE ACTIVITY 23,514. EUROPE (INCLUDING GRANTS TO RECIPIENTS 264,775. ICELAND & GREENLAND) 0 0 LOCATED IN REGION

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

0

0

Schedule F (Form 990) 2022

and 3b)

3 a Subtotal **b** Total from continuation

sheets to Part I c Totals (add lines 3a

288,289.

288,289.

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is n	needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			GENERAL OPERATING					
		GREENLAND)	SUPPORT	426,596.		0.		
			recognized as charities by the for counsel has provided a sect			•		1

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

232075 10-17-22 Schedule F (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** 52-1905358 CENTER FOR DEMOCRACY AND TECHNOLOGY Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

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

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross receipts greater than \$5,000 or fundraising event contributions and gross receipts greater than \$5,000 or fundraising event contributions and gross receipts greater than \$5,000 or fundraising event contributions and gross receipts greater than \$5,000 or fundraising event contributions and gross receipts greater than \$5,000 or fundraising event contributions and gross receipts greater than \$5,000 or fundraising event contributions and gross receipts greater than \$5,000 or fundraising event contributions and gross receipts greater than \$5,000 or fundraising event contributions and gross receipts greater than \$5,000 or fundraising event

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receip	ts greater than \$5,000.
			(a) Event #1 2022 TECH	(b) Event #2	(c) Other events NONE	(d) Total events
			PROM		NONE	(add col. (a) through
ø)			(event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	1,082,400.			1,082,400.
	2	Less: Contributions	1,042,900.			1,042,900.
	3	Gross income (line 1 minus line 2)	39,500.			39,500.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	35,000.			35,000.
irect Ex	7	Food and beverages	189,212.			189,212.
	8	Entertainment	10,000.			10,000.
	9	Other direct expenses	10,000. 156,553.			10,000. 156,553.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			390,765.
Da	11	Net income summary. Subtract line 10 from li				-351,265.
Pa	ırt I		answered "Yes" on Form	i 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						() ()
ă	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net garning income summary. Subtract line r	nom line 1, column (a)			<u> </u>
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a				Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re				Yes No
	_	· '				
	_					

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Sch	edule G (Form 990) 2022 CENTER FOR DEMOCRACY AND TECHNOLOGY 52-1	.90535	8 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	s 🔲 No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	s No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	70
17	Liner the flame and address of the person who prepares the organization's gaming/special events books and records.		
	Nama		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. L Yes	s L No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
40			
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	·		
a	s Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	
	retain the state gaming license?	res	s L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D -	organization's own exempt activities during the tax year \$		
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			_

Schedule G	(Form 990)	CENTER	FOR	DEMOCRACY	AND	TECHNOLOGY	52-1905358	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (conti	inued)					
		COIT	naca)					

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for instructions and the latest information.

CENTER FOR DEMOCRACY AND TECHNOLOGY

Employer identification number 52-1905358

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		х
h	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			l
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		37	
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

	(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ALEXANDRA REEVE GIVENS	(i)	384,167.	25,000.	0.	20,500.	18,671.	448,338.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SAMIR JAIN	(i)	209,032.	10,000.	0.	11,500.	27,252.	257,784.	0.
DIRECTOR OF POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GREGORY NOJEIM	(i)	189,688.	0.	0.	11,758.	26,194.	227,640.	0.
SR COUN. & DIR., SEC. & SURVEIL.	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DHANARAJ THAKUR	(i)	170,000.	0.	0.	10,200.	13,548.	193,748.	0.
RESEARCH DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) EMMA LLANSO	(i)	169,101.	0.	0.	10,200.	5,667.	184,968.	0.
DIRECTOR, FREE EXPRESSION	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MALLORY KNODEL	(i)	150,862.	0.	0.	9,180.	6,041.	166,083.	0.
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
DURING THE YEAR, THE FOLLOWING INDIVIDUALS RECEIVED BONUS COMPENSATION FROM
THE ORGANIZATION:
ALEXANDRA REEVE GIVENS \$25,000
SAMIR JAIN \$10,000

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CENTER FOR DEMOCRACY AND TECHNOLOGY

Employer identification number 52-1905358

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SECURITY & SURVEILLANCE: NEW TECHNOLOGIES HAVE GIVEN GOVERNMENTS UNPRECEDENTED MEANS TO ACCESS PERSONAL INFORMATION. IN ORDER TO ENSURE ALL PEOPLE CAN SEEK INFORMATION AND EXPRESS THEMSELVES FREELY, THERE MUST BE REASONABLE CHECKS AND BALANCES ON GOVERNMENTS' ABILITY TO AND STORE INDIVIDUALS' DATA. CDT ADVANCES THOUGHTFUL ACCESS, COLLECT SOLUTIONS FOR GOVERNMENT SURVEILLANCE, CYBER SECURITY, AND OTHER ISSUES CONCERNING CIVIL LIBERTIES AND NEW TECHNOLOGIES EXPENSES \$ 586,066. INCLUDING GRANTS OF \$ 0. REVENUE \$ EU OFFICE EXPENSES \$ 296,586. INCLUDING GRANTS OF \$ 264,775. REVENUE COMMUNICATIONS EXPENSES \$ 211,713. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 WAS PREPARED BY OUTSIDE ACCOUNTANTS AND REVIEWED BY THE CONTROLLER, PRESIDENT & CEO, AND BOARD OF DIRECTORS. IT WAS THEN FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS ANNUALLY SIGNS A STATEMENT THAT AFFIRMS THAT SUCH PERSON: HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY; HAS READ AND UNDERSTANDS THE POLICY;

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization Employer identification number

CENTER FOR DEMOCRACY AND TECHNOLOGY

HAS AGREED TO COMPLY WITH THE POLICY;

UNDERSTANDS THAT THE CENTER FOR DEMOCRACY AND TECHNOLOGY IS A CHARITABLE

ORGANIZATION AND THAT, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT

MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS

TAX-EXEMPT PURPOSES; AND AGREES TO DISCLOSE ANY RELATIONSHIPS, POSITIONS OR

CIRCUMSTANCES WHICH MAY PRESENT OR CONTRIBUTE TO A CONFLICT OF INTEREST AS

DEFINED IN THIS POLICY.

ANY CDT EMPLOYEE WHO (I) IS ABOUT TO PARTICIPATE IN A DECISION REGARDING
WHETHER AND ON WHAT TERMS CDT SHOULD ENTER INTO A TRANSACTION, AND (II) HAS
A FINANCIAL INTEREST IN THAT TRANSACTION, MUST DISCLOSE THE EXISTENCE OF
HIS OR HER FINANCIAL INTEREST AND ALL MATERIAL FACTS TO THE PRESIDENT &
CEO. IF THE PRESIDENT & CEO (I) IS ABOUT TO PARTICIPATE IN A DECISION
REGARDING WHETHER AND ON WHAT TERMS CDT SHOULD ENTER INTO A TRANSACTION,
AND (II) HAS A FINANCIAL INTEREST IN THAT TRANSACTION, THE PRESIDENT & CEO
MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST TO THE BOARD
GOVERNANCE COMMITTEE.

IF THE BOARD OR COMMITTEE HAS A REASONABLE CAUSE TO BELIEVE THAT AN

INTERESTED PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF

INTEREST, IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

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

COMPENSATION DECISIONS REGARDING THE CEO ARE REVIEWED AND VOTED ON BY THE

BOARD OF DIRECTORS. THE BOARD USES COMPARABILITY DATA AND THE DECISIONS ARE

DOCUMENTED. THE MOST RECENT REVIEW WAS COMPLETED IN DECEMBER 2022.

FORM 990, PART VI, SECTION C, LINE 19:

52-1905358

Schedule O (Form 990) 2022	Page 2
Name of the organization CENTER FOR DEMOCRACY AND TECHNOLOGY	Employer identification number 52-1905358
THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS, FORM 990,	AND LIST OF
LARGEST FUNDERS AVAILABLE ON ITS WEBSITE. GOVERNING DOCUME	NTS AND CONFLICT
OF INTEREST POLICY ARE AVAILABLE FOR PUBLIC INSPECTION UPO	N REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CENTER FOR DEM	OCRACY AND TECHNOL	OGY				52-19053	58	
Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-year		eets Direct contro entity)
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, b	pecause it had one	or more	related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	Section 5 contr	olled
CDT EUROPE AVENUE GEORGES BENOIDT 21 WATERMAEL-BOITSFORT, BELGIUM 1170	SUPPORTING CDT'S MISSION	BELGIUM	501(C)(3)	501(c)(3))	CENTER DEMOCRA	ACY AND	Yes X	No
,								
	-							

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

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(d) (e) (f)				h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	(g) Share of end-of-year assets	Dienroportionata		Code V-UBI amount in box 20 of Schedule	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				1					1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	Α.	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		X
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1 p		X
q	Reimbursement paid by related organization(s) for expenses				1q		X
	Other transfer of cash or property to related organization(s)				1r	X	<u> </u>
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered rela	tionships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
1) (CDT EUROPE	В	264,775. A	CTUAL AMOUNT			
2)							
3)							
4)							
- \							
5)							
۵۱							
6) 2010	0.00.44.00	<u> </u>		Schedule	D (Eass	m 000	1 2022
J2 16	3 09-14-22			Schedule	n (FUII	11 990	, 2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership

Schedule R (Form 990) 2022