## Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Form 8868 (Rev. 1-2022)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print \*\*-\*\*\*0258 CENTER FOR AI AND DIGITAL POLICY File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1100 13TH STREET NW, 800 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 1041-A Form 990 or Form 990-EZ 01 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 MARC ROTENBERG The books are in the care of ► 1100 13TH STREET NW, 800 - WASHINGTON, DC 20005 Telephone No. ► 202-415-6788 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ \_\_\_ and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2022, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X tax year beginning APR 4, 2021 , and ending DEC 31, 2021 If the tax year entered in line 1 is for less than 12 months, check reason: X Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

### PUBLIC INSPECTION COPY

Form **990** 

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

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.

Open to Public

A F	or the	2021 calendar year, or tax year beginning $APR 4$ , $2021$ and	d ending	<u>D</u> :	EC 31,	2021				
<b>В</b> с	heck if oplicable	C Name of organization			D Employe	r identific	cation number			
X	Addres									
	Name change	Doing business as			**_*	***02	58			
X	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1100 13TH STREET NW	Room/s	uite	E Telephon	e numbei - <b>41</b> 5 –				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	•		<b>G</b> Gross receip	ots\$	114,726.			
	Amend return	WASHINGTON, DC 20005			H(a) Is this a	a group re	eturn			
	Application	F Name and address of principal officer: MARC ROLLINDERG			for sub	ordinates	? Yes X No			
	pendin	SAME AS C ABOVE			<b>H(b)</b> Are all su	bordinates in	ncluded? Yes No			
		empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1)	) or	527	If "No,"	attach a	list. See instructions			
		e:▶ CAIDP.ORG					n number 🕨			
		organization: X Corporation Trust Association Other	L\	∕ear o	of formation: 2	2021 N	1 State of legal domicile: DC			
Pa		Summary								
ė	1	Briefly describe the organization's mission or most significant activities: THE	MISS	IO	N OF TH	IE CE	NTER FOR AI			
an	-	AND DIGITAL POLICY IS TO PROMOTE A BETTE								
/err		Check this box  if the organization discontinued its operations or disposition of the continued its operations or disposition of the continued its operations.					4			
Go							$\frac{4}{4}$			
ళ		Number of independent voting members of the governing body (Part VI, line 1b)								
Activities & Governance		Fotal number of individuals employed in calendar year 2021 (Part V, line 2a)  Total number of volunteers (estimate if necessary)					0			
ţį		Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12				7a	0.			
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11					0.			
		Tet difference business taxable free free free free free free free fr		T	Prior Yea		Current Year			
Φ	8 (	Contributions and grants (Part VIII, line 1h)				-	114,726.			
nu		Program service revenue (Part VIII, line 2g)					0.			
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)					0.			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					0.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)					114,726.			
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)					0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)					10,000.			
es			laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)					0.			
χ̈		Total fundraising expenses (Part IX, column (D), line 25)	0.				20.006			
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)					39,026.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)					49,026.			
- Si	19	Revenue less expenses. Subtract line 18 from line 12		Pas	sinning of Curr	ant Vaar	65,700.			
t Assets or nd Balances	20 -	Fetal accete (Part V. line 16)		Бей	ginning of Curr	ent Year	End of Year 75,700.			
Asse Bala		Fotal assets (Part X, line 16)  Fotal liabilities (Part X, line 26)					10,000.			
Net , Fund		Net assets or fund balances. Subtract line 21 from line 20					65,700.			
	rt II	Signature Block					007.000			
		ties of perjury, I declare that I have examined this return, including accompanying schedul	es and sta	ateme	ents, and to the	best of my	knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of w				-	,			
		<u> </u>								
Sigr	,	Signature of officer			Date					
Here		MARC ROTENBERG, PRESIDENT								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature		- 1	ate	Check if	PTIN			
Paid -		MARC FRIEDMAN, CPA			5/18/2022	self-employe				
Prep		Firm's name GLASS JACOBSON, PA	F 0 0		Firm	's EIN 🛌	**-***5214			
Use	Unly	Firm's address 800 KING FARM BOULEVARD, SUITE	500			20	1 017 2040			
		ROCKVILLE, MD 20850			Phor	ne no. 3 U	1-917-3040			
Mav	the IF	S discuss this return with the preparer shown above? See instructions					X Yes No			

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  THE MISSION OF THE CENTER FOR AI AND DIGITAL POLICY IS TO ENSURE THAT
	ARTIFICIAL INTELLIGENCE AND DIGITAL POLICIES PROMOTE A BETTER SOCIETY,
	MORE FAIR, MORE JUST, AND MORE ACCOUNTABLE - A WORLD WHERE TECHNOLOGY
	PROMOTES BROAD SOCIAL INCLUSION BASED ON FUNDAMENTAL RIGHTS,
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
J	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.
7	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	0.102
48	(Code: ) (Expenses \$ 9,123 • including grants of \$ ) (Revenue \$ )  PUBLICATION OF THE REPORT "ARTIFICIAL INTELLIGENCE AND DEMOCRATIC
	VALUES". IN 2021, THE CENTER PUBLISHED THE FIRST COMPARATIVE STUDY OF
	ARTIFICIAL INTELLIGENCE AND DEMOCRATIC VALUES. THE REPORT RATED AND
	RANKED THE AI POLICIES AND PRACTICES OF 30 COUNTRIES, AND PROVIDED A
	METHODOLOGICAL BASIS TO EVALUATE FUTURE DEVELOPMENTS. THE CENTER'S
	REPORT HAS PROMOTED THE ADOPTION OF DEMOCRATIC VALUES IN THE DESIGN AND
	DEPLOYMENT OF AI SYSTEMS AROUND THE WORLD.
	21 024
4b	(Code:) (Expenses \$
	MDATNING OF BUMUDE AT DOLLGY LEADEDG IN 2021 MUE GENMED OFFEDER
	TRAINING OF FUTURE AI POLICY LEADERS. IN 2021, THE CENTER OFFERED
	INTENSIVE CLINIC EDUCATION IN AI POLICY RESEARCH, WRITING, AND
	ANALYSIS. PARTICIPANTS IDENTIFIED SIGNIFICANT AI POLICY NEWS, ASSESSED
	COUNTRY AI POLICIES AND PRACTICES, DRAFTED STATEMENTS ON AI POLICY TO
	NATIONAL GOVERNMENTS AND INTERNATIONAL ORGANIZATIONS, AND IDENTIFIED
	EMERGING TRENDS. CAIDP AWARDED CERTIFICATES TO THOSE WHO COMPLETED THE
	AI POLICY AND AI POLICY - ADVANCED COURSES. CANDIDATES WERE ALSO
	REQUIRED TO SIGN A STATEMENT OF PROFESSIONAL ETHICS FOR AI POLICY. THE
	CAIDP STATEMENT OF PROFESSIONAL ETHICS RECOGNIZES THAT AI SYSTEMS
	IMPACT THE RIGHTS AND OPPORTUNITIES OF OTHERS, MAY POSE A RISK TO
	PUBLIC SAFETY, AND THAT BIAS IS AN ONGOING CHALLENGE.
4c	(Code:) (Expenses \$
	4C) ADVISING NATIONAL GOVERNMENTS AND INTERNATIONAL ORGANIZATIONS ON AI
	POLICY. IN 2021, THE CENTER PROVIDED ADVICE ON AI POLICY TO MANY
	NATIONAL GOVERNMENTS AND INTERNATIONAL ORGANIZATIONS, INCLUDING THE US
	NATIONAL SECURITY COMMISSION ON AI, THE EUROPEAN PARLIAMENT, THE G20,
	THE US CONGRESS, THE GOVERNMENT OF COLOMBIA, THE AFRICAN COMMISSION ON
	PEOPLE AND HUMANS RIGHTS, THE ORGANIZATION OF AMERICAN STATES, THE
	OECD, THE OFFICE OF SCIENCE AND TECHNOLOGY POLICY, UNESCO, THE US
	OFFICE OF SCIENCE AND TECHNOLOGY POLICY, AND OTHERS.
4d	1 3
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	1 9 1 7
	Form <b>990</b> (2021)

## 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<del>'</del>		
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			,,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			3,7
	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		
b				
	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		x
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	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

### Part IV | Checklist of Required Schedules (continued)

			Vaa	N <sub>2</sub>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			37
•	Schedule J	23		X
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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			₩.
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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		Х
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			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see 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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		X
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	51		<del></del>
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
<b>~</b> -	Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
Ь	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		<sub>V</sub>	
Pai	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
· al	Check if Schedule O contains a response or note to any line in this Part V			
	Elizabeth Calibration a response of rists to diff into it diff.		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

132004 12-09-21

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			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							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
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 ▶								
	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		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l					
	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								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	_		v					
а	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							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		X					
	to file Form 8282?	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e							
e									
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <del>f</del> 7g							
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7 <u>9</u> 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11							
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.	8							
a Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
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?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
D	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  Enter the amount of reserves on hand  13b  13c								
		14a		Х					
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<del></del>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 10							
	excess parachute payment(s) during the year?	15		х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
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, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

6

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

	Check if Schedule O contains a response or note to any line in this Part VI			
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			
	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			
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	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:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
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	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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		Х
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?		37	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
46	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v
	taxable entity during the year?	16a		X
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	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed DC	0.65.	۱ ۵۰۰۰- ۱۱	- la!-
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 only	, avalla	anie
	for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain on Schedule O)			
10	·······································	d fine:	ooic!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iinal	icial	
20	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 ► MARC ROTENBERG - 202-415-6788			
	1100 13TH STREET NW, 800, WASHINGTON, DC 20005			

## 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See the instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week (list any		ector		100)	from the	from related organizations	other compensation		
	hours for	direct			organization	(W-2/1099-MISC/	from the			
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrus	nal tru		oyee	dwo.		1099-NEC)		and related
	below	ividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARC ROTENBERG	line) 40.00	ᆵ	lus	₽	, Ř	E E	윤			
PRESIDENT	40.00	Х		X				10,000.	0.	0.
(2) MERVE HICKOK	10.00	^		^				10,000.	0.	<u> </u>
CHAIR	10.00	Х		X				10,000.	0.	0.
(3) KARINE CAUNES	10.00	^		Δ				10,000.	· ·	<u>0 •</u>
SECRETARY	0.00	Х		Х				10,000.	0.	0.
(4) PABLO MOLIND	0.00	Δ		<u> </u>				10,000.	0.	
TREASURER	0.00	x		Х				0.	0.	0.
(5) DOAA ABU-ALYOUNES	10.00			-						
DIRECTOR		Х						0.	0.	0.
(6) LEN KENNEDY	10.00			f						
DIRECTOR		х						0.	0.	0.
(7) LORRAINE KISSELBURGH	10.00									
DIRECTOR		Х						0.	0.	0.
(8) LARISSA ZUTTER	10.00									
DIRECTOR		Х						0.	0.	0.
(9) CRISTO VELASCO	10.00									
DIRECTOR		Х						0.	0.	0.
						_				
						$\vdash$				
						$\vdash$				
		ł								
							$\vdash$			
		1								
		1								
		_	_	_	_	_	_	•		- 000

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	rees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			_ (0	•			(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable			timated	
	hours per week			ss pe				compensation	compensation from related			ount o	f
	(list any	tor						from the	organization			oensat	ion
	hours for	r direc				ted		organization	(W-2/1099-MI			om the	
	related	istee o	trustee			bensa		(W-2/1099-MISC/	1099-NEC)	)	_	anizatio	
	organizations below	ual tru	ional t		ployee	t com	١.	1099-NEC)				l relate nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				orga	inzatio	113
			_		<u>x</u>								
						-							
		-											
				4									
1b Subtotal	1						<b></b>	30,000.		0.			0.
c Total from continuation sheets to Part \	/II, Section A						<b></b>	0.		0.			0.
d Total (add lines 1b and 1c)								30,000.		0.			0.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bov	e) w	ho r	eceived more than \$100	0,000 of reportab	le			0
compensation from the organization												Yes	No
3 Did the organization list any former office	r, director, trust	ee, k	cey e	empl	loye	e, o	r hio	hest compensated emp	oloyee on	ļ			-110
line 1a? If "Yes," complete Schedule J for	such individual										3		Х
4 For any individual listed on line 1a, is the s	sum of reportab	le co	omp	ensa	atior	n an	d otl	her compensation from					
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or	•				•			ted organization or indiv	idual for services	;	_		v
rendered to the organization? If "Yes," con Section B. Independent Contractors	mpiete Scheaui	е Ј т	or st	ucn į	pers	son					5		X
Complete this table for your five highest complete.										npens	ation fi	rom	
the organization. Report compensation fo	r the calendar y	ear e	endi	ng v	vith	or w	/ithir		year.				
<b>(A)</b> Name and busines	s address	NC	ONE	Ξ				<b>(B)</b> Description of s	ervices	С	(C omper		
2 Total number of independent contractors	(including but r	not lin	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ					(	0		,					
											Form 9	aan 🙉	001)

Pa	I L V	/ 1111			as in this Dout VIII			
			Check if Schedule O contains a respons	e or note to any lir	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	-	_	Federated campaigns 1a					000110110 0 12 0 1 1
ant	٠		Federated campaigns 1a  Membership dues 1b					
'n.G			Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d					
s, G			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
ber		•	similar amounts not included above 11	114,726.				
oğ.		a	Noncash contributions included in lines 1a-1f					
Sor		-	Total. Add lines 1a-1f		114,726.			
		<u></u>	Totali / lad lillos Ta TT	Business Code				
ø.	2	а						
vic	_	b						
Program Service Revenue		c						
am		d						
ogr		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
			other similar amounts)	<b></b>				
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
Revenue			and sales expenses <b>7b</b>					
eve		С	Gain or (loss) 7c					
		d	Net gain or (loss)	<b>.</b>				
ther	8	а	Gross income from fundraising events (not					
₽			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses	-				
	_		Net income or (loss) from fundraising events	<b>_</b>				
	9	а	Gross income from gaming activities. See	_				
		L.	Part IV, line 19 9 Less: direct expenses 9	_				
			Less: direct expenses					
	10		Gross sales of inventory, less returns	<b>&gt;</b>				
	10	а	and allowances10	)   				
		h	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory	_				
_				Business Code				
sno	11	а						
nue	••	b						
Miscellaneous Revenue		c						
disc R			All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		114,726.	0.	0.	0.

## 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 respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	10 000	10 000		
_	trustees, and key employees	10,000.	10,000.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages  Pension plan accruals and contributions (include				
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10	Payroll taxes				
11	Fees for services (nonemployees):				
''	Management				
b	Legal				
c					
d					
e	D ( ' ' ( ' ' ' ' ' ' O D ' ' ' ' ' ' ' ' ' ' ' '				
f	Investment management fees				
g	//٢// 44				
	column (A), amount, list line 11g expenses on Sch O.)	20,589.	20,589.		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	0 603	0 603		
17	Travel	2,683.	2,683.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 /1 5	1 /15		
19	Conferences, conventions, and meetings	1,415.	1,415.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance Other expenses. Itemize expenses not covered				
<b>24</b>	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 0.)				
а	COMMINITORIC	5,871.	5,871.		
b	ADMINISTRATION FEES	3,000.	-,	3,000.	
c	SPONSORSHIP	2,987.	2,987.	,	
d	SUBSCRIPTIONS	1,092.	1,092.		
е	All other expenses	1,389.	982.	407.	
25	Total functional expenses. Add lines 1 through 24e	49,026.	45,619.	3,407.	0
26	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)				

		Check if Schedule O contains a response or not	te to ar	ny line in this Part X			
				,	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	6,200.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3	69,500.		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disquali		T			
		under section 4958(f)(1)), and persons described	d in se	ction 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net	F		7		
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equi			0.	16	75,700.
	17	Accounts payable and accrued expenses				17	10,000.
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
abi		controlled entity or family member of any of the				22	
⊐	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	<b>-</b>			0.	26	10,000.
		Organizations that follow FASB ASC 958, che					
ces		and complete lines 27, 28, 32, and 33.					
<u>la</u>	27	Net assets without donor restrictions				27	65,700.
Ва	28	Net assets with donor restrictions				28	
pr		Organizations that do not follow FASB ASC 9					
Net Assets or Fund Balances		and complete lines 29 through 33.					
Ŏ S	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or ec				30	
: As	31	Retained earnings, endowment, accumulated in		F		31	
Ret	32	Total net assets or fund balances		F	0.	32	65,700.
	33	Total liabilities and net assets/fund balances			0.	33	75,700.

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				26.		
2	Total expenses (must equal Part IX, column (A), line 25)	2				26. 00.		
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
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,							
	column (B))	10		65,700				
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 O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	X 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 separat	e basis	s,					
	consolidated basis, or both:							
	Separate basis 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 th	e audit	.,			l		
	review, or compilation of its financial statements and selection of an independent accountant?		2	:c		Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	O					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit					
	Act and OMB Circular A-133?			а		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b				

## **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

► 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 \*\*-\*\*\*0258 CENTER FOR AI AND DIGITAL POLICY Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 university: 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes 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.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					114,726.	114,726.
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						
4	<b>Total.</b> Add lines 1 through 3					114,726.	114,726.
	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,						
	column (f)						21,914.
6	Public support. Subtract line 5 from line 4.						21,914. 92,812.
	ction B. Total Support						•
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	. ,			ì	114,726.	114,726.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						114,726.
12	Gross receipts from related activities	, etc. (see instructi	ons)		•	12	
13	First 5 years. If the Form 990 is for the	ne organization's fi				501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ	lic Support Pe	rcentage				
14	Public support percentage for 2021 (	line 6, column (f), o	divided by line 11,	column (f))		14	80.90 %
	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and <b>stop here.</b> The organization qual						▶□
17a	17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances tes	t - <b>2020.</b> If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circur	nstances test, che	eck this box and <b>s</b>	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. T	he organization qu	alifies as a public	ly supported organ	ization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s 🕨 🔲

Schedule A (Form 990) 2021

## 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	siew, piedee cerri	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
Ŭ	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						
_	The value of services or facilities						
5							
	furnished by a governmental unit to the organization without charge						
_	· · · ·						<del>                                     </del>
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
ı	3 received from disqualified persons				1		
,	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				1	1	1
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						_
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	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.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi						
15	Public support percentage for 2021 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 202	<b>21</b> (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	. <b>020</b> Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2021. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	
k	33 1/3% support tests - 2020. If the	organization did ı	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> f	<b>top here.</b> The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization						

132023 01-04-22

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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
1		
2		
3a		
Sa		
3b		
3c		
- 55		
4a		
4b		
4c		
40		
5a		
- Gu		
5b		
5c		
6		
7		
8		
8		
9a		
9b		
3.2		
9c		
10a		
10b	- 000°	0001

Par	rt IV 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		
b	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
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off	ricers,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	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			
<u> </u>	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations		1	T
			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			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).			
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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	2		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instru	uctions)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	actions).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	tv (see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	,, (	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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		
b	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		
3	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.

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A	(Form 9	990) 2021

5

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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, 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.)
PART II, SHORT YEAR EXPLANATION:
ORGANIZATION BEGAN ON 4/4/2021

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

CENTER FOR AI AND DIGITAL POLICY

\*\*-\*\*\*0258

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 <b>not</b> treated as a private foundation			
		527 political organization			
Form 990	)-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Check if	your organization is	covered by the General Rule or a Special Rule.			
Note: On	ly a section 501(c)(7	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
	-	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 I	Rules				
	sections 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 and 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.			
	For an organization	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.			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{1}{2} \]					
answer "	No" 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 <b>must</b> 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) (2021)

Name of organization

Employer identification number

## CENTER FOR AI AND DIGITAL POLICY

\*\*-\*\*\*0258

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1	FUND FOR CONSTITUTIONAL GOVERMENT  122 MARYLAND AVE NE  WASHINGTON, DC 20002	\$_	72,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2	MARC ROTENBERG  3230 WOODLAND DRIVE NW  WASHINGTON, DC 20009	\$_	5,000.	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
3	MICHAEL DUKAKIS INSTITUTE  MOUNT VERNON STREET  PIEDMONT, CA 94611	\$_	5,889.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4	ALASTAIR MAC TAGGART  70 SOTELO AVENUE  BOSTON, MA 02108	\$_	5,000.	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.)

Name of organization Employer identification number

## CENTER FOR AI AND DIGITAL POLICY

\*\*-\*\*\*0258

	1	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
	Description of noncash property given  (b) Description of noncash property given	Description of noncash property given  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) FMV (or estimate) (See instructions.)  (e) FMV (or estimate) (See instructions.)  (f) Description of noncash property given  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (c) FMV (or estimate) (See instructions.)

Name of organization **Employer identification number** \*\*-\*\*\*0258 CENTER FOR AI AND DIGITAL POLICY 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. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, 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 0** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Inspection

Name of the organization

CENTER FOR AI AND DIGITAL POLICY

**Employer identification number** \*\*-\*\*\*0258

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
JUST AND MORE ACCOUNTABLE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEMOCRATIC INSTITUTIONS, AND THE RULE OF LAW.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD REVIEWED THE FORM 990, DISCUSSED THE CONTENTS, MADE CERTAIN
CHANGES, AND THEN APPROVED BY RECORDED VOTE.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD MEMBERS SIGN ANNUALLY A STATEMENT IN WHICH THEY DECLARE THAT THEY
RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY AS IT APPEARS IN THE
BYLAWS; THAT THEY READ AND UNDERSTOOD THE CONFLICT OF INTEREST POLICY; AND
THAT THEY AGREED TO COMPLY WITH THE CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD MEMBERS REVIEWED DETAILED JOB DESCRIPTIONS, JOB QUALIFICATIONS,
AND THE PROPOSED SALARIES. THE PROPOSED SALARIES WERE EITHER AT MARKET
RATE OR BELOW MARKET RATE.
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST
FORM 990 PART IX LINE 11G OTHER FEES.

**INSTRUCTORS:** 

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021

Name of the organization

Employer identification number

Name of the organization  CENTER FOR AI AND DIGITAL POLICY	Employer identification number **-***0258
PROGRAM SERVICE EXPENSES	20,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,000.
FELLOWSHIPS:	
PROGRAM SERVICE EXPENSES	589.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	589.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	20,589.