Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

AF	or the	e 2023 calendar year, or tax year beginning and	i enaing		
	heck if pplicabl	C Name of organization		D Employer identified	cation number
	Addre				
	Name chang	e Doing business as		86-33502	58
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return		800	202-415-0	
	termin ated			G Gross receipts \$	714,133.
	Ameno return	WASHINGTON, DC 20005		H(a) Is this a group re	
	Application	F Name and address of principal officer: MARC ROLENBERG		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
ΙT	ax-ex	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemption	
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2021 N	1 State of legal domicile: DC
Pa	rt I	Summary			
ا		Briefly describe the organization's mission or most significant activities: \underline{THE}			TER FOR AI
일		AND DIGITAL POLICY IS TO PROMOTE DEMOCRAT	ric vai	LUES, FUNDA	MENTAL
ra	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass	
8				3	12
5		Number of independent voting members of the governing body (Part VI, line 1b)			10
es S	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			3
ŧ		Total number of volunteers (estimate if necessary)			0
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
\dashv	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
<u>a</u>		Contributions and grants (Part VIII, line 1h)		258,841.	711,096.
e l		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	3,037.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		258,841.	714,133.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)			142 208
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		68,185.	142,298.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
꼾		Total fundraising expenses (Part IX, column (D), line 25) 17,6		120 065	267 010
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		130,065. 198,250.	267,010. 409,308.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		60,591.	304,825.
_ v	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
t Assets or od Balances	00	Total accests (Doubly Line 40)		150,310.	439,035.
Sse Bals	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		24,019.	7,919.
Eet	22	Net assets or fund balances. Subtract line 21 from line 20		126,291.	431,116.
Pa	rt II	Signature Block		120/2310	131/1101
		lities of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the hest of my	knowledge and helief it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of w			Milowidge and bonoi, it is
,	001100	s, and completel boolaration of property (canol than officer) to become an an information of the	mon propuror	That any knowledge.	
Sigr	1	Signature of officer		Date	
Here		MARC ROTENBERG, PRESIDENT			
	-	Type or print name and title			
		Print/Type preparer's name Preparer's signature	[1	Date Check	PTIN
aid		OLIVIA A. HUTTON, CPA OLIVIA A. HUTTO	N, $CP 0$	4/22/24 if self-employe	P00964688
	arer	Firm's name YOUNT, HYDE & BARBOUR, PC	_ · L-		4-1149263
	Only	Firm's address 702 KING FARM BOULEVARD, SUITE 63	10		
		ROCKVILLE, MD 20850		Phone no. 30	1-917-3040
Мау	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	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 CENTER FOR AI AND DIGITAL POLICY AIMS TO PROMOTE A BETTER SOCIETY,
	MORE FAIR, MORE JUST - A WORLD WHERE TECHNOLOGY PROMOTES BROAD SOCIAL
	INCLUSION BASED ON FUNDAMENTAL RIGHTS, DEMOCRATIC INSTITUTIONS, AND
	THE RULE OF LAW.
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
	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 \$ 67,191. including grants of \$) (Revenue \$)
	PUBLICATION OF THE REPORT "ARTIFICIAL INTELLIGENCE AND DEMOCRATIC
	VALUES". IN 2023, THE CENTER PUBLISHED ITS THIRD COMPARATIVE STUDY OF
	ARTIFICIAL INTELLIGENCE AND DEMOCRATIC VALUES. THE REPORT RATED AND
	RANKED THE AI POLICIES AND PRACTICES OF 75 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.
	DILICITIENT OF THE DEPTHED INCOMES THE WORLD!
4b	(Code:) (Expenses \$ 201,573. including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$) (Revenue \$)
	TRAINING OF FUTURE AI POLICY LEADERS. IN 2023, 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.
40	(Code:) (Expenses \$ 67,191. including grants of \$) (Revenue \$)
70	ADVISING NATIONAL GOVERNMENTS AND INTERNATIONAL ORGANIZATIONS ON AI
	POLICY: IN 2023, THE CENTER PROVIDED ADVICE ON AI POLICY TO MANY
	NATIONAL GOVERNMENTS AND INTERNATIONAL ORGANIZATIONS, INCLUDING THE
	COUNCIL OF EUROPE, THE EUROPEAN PARLIAMENT, THE G20, THE G7, THE US
	CONGRESS, US FEDERAL AGENCIES, THE UK GOVERNMENT, THE OECD, THE OFFICE
	OF SCIENCE AND TECHNOLOGY POLICY, UNESCO, THE US OFFICE OF SCIENCE AND
	TECHNOLOGY POLICY, AND OTHERS.
	THOURONG LOUTOI' WAD OLITHAD.
A e1	Other program convices (Describe on Schodule O.)
40	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 335,955.
10	Form 990 (2023)
	10111 999 (2020)

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			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		х
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	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		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
_	Schedule D, Part III	8_		X
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?			٠,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		Х
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		х
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	 -		
124	•	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	•	12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			٦,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </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> </u>
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		<u> X</u>
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		X
20a	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		Х
_	•	_		_

CENTER FOR AI AND DIGITAL POLICY 86-3350258 Page 4 Form 990 (2023) Part IV | Checklist of Required Schedules (continued) Yes No 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 Х 22 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 23 X Schedule J 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 Х 24a Schedule K. If "No," go to line 25a 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 d 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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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 Х 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, 28 instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? |f "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II 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		Δ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
35 a	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		
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		X
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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of hote to any line in this Fart v					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	3			
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 re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	

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Form 990 (2023) CENTER FOR AI AND DIGITAL POLICY

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	2a	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?	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 Actions are considered as a second s	counts (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		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e 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 contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv				X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	_		_V
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
9 h	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		/		
Ū			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the agree of the control of the control of the distribution and the distribution of the distribution o		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	4		
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.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	40.			
	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c	445		Х
		- 0	14a	1	<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		14b		\vdash
15			15		x
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
.0	If "Yes," complete Form 4720, Schedule O.		10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	rivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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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.

1a Enter the number of voting members of the governing body at the end of the tax year	X
It there are material differences in voting rights among members of the governing body or if the governing body degated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent 10 2 Did any officer, cirector, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or other person? 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 Did the organization base any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members of stockholders? 7 Did the organization have members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Did the organization have local chapters, branches, or affiliates, and branches to ensure their op	X
If there are material differences in voting rights among members of the governing body, or if the governing body delegated bread authority to an executive committee or similar committee, explain on Schedule 0. 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 have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 5 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? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 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 addressess on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, director, trustee, and key employee listed in Part VII, Section A, who cannot be reached at the organization smalling address? If "Yes." provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	X X X X
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Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c 2 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	<u> </u>
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a The organization's CEO, Executive Director, or top management official	
, , , , , , , , , , , , , , , , , , , ,	
b Other officers or key employees of the organization 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	
	Х
taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	
exempt status with respect to such arrangements?	
Section C. Disclosure	
17 List the states with which a copy of this Form 990 is required to be filed DC	
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) ava	able
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)	
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial	
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, 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) Name and title	(B) Average hours per	box	not cl	Pos heck i ss per	more son is	than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer		Highest compensated snat		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MARC ROTENBERG EXECUTIVE DIRECTOR	40.00	Х		х				55,000.	0.	0.
(2) MERVE HICKOK	40.00	^		^				33,000.	0.	<u></u>
PRESIDENT	40.00	х		х				52,500.	0.	0.
(3) PABLO MOLINA	3.00							32/3001		
TREASURER	3733	Х		x				0.	0.	0.
(4) KARINE CAUNES	10.00								-	
SECRETARY		Х		Х				0.	0.	0.
(5) DOAA ABU-ALYOUNES	3.00									
DIRECTOR		Х						0.	0.	0.
(6) LEN KENNEDY	3.00									
DIRECTOR	1	Х						0.	0.	0.
(7) LORRAINE KISSELBURGH	10.00	ļ								
CHAIR	10.00	Х		Х		_		0.	0.	0.
(8) LARISSA ZUTTER	10.00	3,7							0	0
OIRECTOR (9) CRISTOS VELASCO	3.00	Х						0.	0.	0.
DIRECTOR	3.00	Х						0.	0.	0.
(10) IVAN FONG	3.00	Λ						0.	0.	<u></u>
DIRECTOR	3.00	х						0.	0.	0.
(11) WONKI MIN	3.00								•	
DIRECTOR		Х						0.	0.	0.
(12) URSULA PACHL	3.00									
DIRECTOR		Х						0.	0.	0.
						_				
		1								
		-								
•										Form 990 (2022)

86-3350258

Part VII Section A. Officers, Directors, To	(B)	Pioy			<u>л пі</u> ; С)	91108		(D)	(E)	T	(F)	
(A) Name and title	Average			Pos	•	1		Reportable	(ב) Reportable		(F) Estimate	24
Name and title	hours per					than dis both		compensation	compensation		amount	
	week					or/trus		from	from related		other	-
	(list any	octor						the	organizations	C	ompensa	ıtion
	hours for	or dire	a.			ted		organization	(W-2/1099-MISC/		from th	е
	related	stee	truste		a.	benss		(W-2/1099-MISC/	1099-NEC)	- 1	organizat	
	organizations below	nal tru	io nal		ploye	t com		1099-NEC)		- 1	and relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			'	rganizati	UHS
	<u> </u>	=	-	0	호	王屯	-			+		
		1										
						├				_		
		-										
						┢				+		
						_						
		4										
						\vdash				_		
		1										
						\vdash				+		
1b Subtotal								107,500.	0	_		0.
c Total from continuation sheets to Part	VII, Section A							0.	0			0.
d Total (add lines 1b and 1c)								107,500.	0	•		0.
2 Total number of individuals (including bu	it not limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable			0
compensation from the organization											Yes	0 No
3 Did the organization list any former office	er director trust	ا مو	(6)/ 6	mnl	love	e or	hia	hest compensated emp	lovee on		100	110
line 1a? If "Yes," complete Schedule J fo			•	•	•		•		•	3		х
4 For any individual listed on line 1a, is the												
and related organizations greater than \$										4		х
5 Did any person listed on line 1a receive												
rendered to the organization? If "Yes." o	omplete Schedul	e J f	or su	ıch į	pers	on				. 5	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest										sation	from	
the organization. Report compensation f	or the calendar ye	ear e	endir	ng w	ith c	or wi	tnın T	the organization's tax y	ear.		(0)	
(A) Name and busine	ess address	N	ONE	3				Description of s	ervices	Com	(C) pensatio	n
								·			-	
							_					
2 Total number of independent contractor	s (including but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organization	anization				()						
										For	_{rm} 990 (2023

332008 12-21-23

Form 990 (2023) CENTER
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			<u> </u>	,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
SS	1 :	_	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
S S			Fundraising events 1c					
fts, Ar			Related organizations 1d					
ig ig			• • • • • • • • • • • • • • • • • • • •					
ons,			Government grants (contributions) 1e					
utic	1	T	All other contributions, gifts, grants, and	711 006				
ē			similar amounts not included above 1f	711,096.				
ont	9	_	Noncash contributions included in lines 1a-1f		711,096.			
<u>O</u> 8		n	Total. Add lines 1a-1f	1	/11,090.			
				Business Code				
ice	2							
er v		b						
n S	•	С						
ran 3ev	(d						
Program Service Revenue	•	е						
₫			All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest	est, and				
			other similar amounts)		3,037.			3,037.
	4		Income from investment of tax-exempt bond p	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
	,	d	Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
	1	b	Less: cost or other basis					
ē			and sales expenses 7b					
enr		С	Gain or (loss) 7c					
3ev		d	Net gain or (loss)	•				
her Revenue			Gross income from fundraising events (not					
퉏		_	including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		h	Less: direct expenses 8t					
			Net income or (loss) from fundraising events	<u> </u>				
			Gross income from gaming activities. See					
	9	u	Part IV, line 19	.[
		h	Less: direct expenses 9t					
				/ <u> </u>				
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
			Less: cost of goods sold [10]	•				
		С	Net income or (loss) from sales of inventory .					
જ				Business Code				
eor Je	11 :							
lan	ı	b						
Miscellaneous Revenue	(С						
Mis	(All other revenue					
	•	е	Total. Add lines 11a-11d		7444	_		2 22=
	12		Total revenue. See instructions		714,133.	0.	0.	3,037.

Form 990 (2023) CENTER FOR AI AND DIGITAL POLICY Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons		-		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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,				
	trustees, and key employees	107,500.	91,375.	10,750.	5,375.
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	20,000.		14,000.	6,000.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,849.	2,759.	747.	343.
10	Payroll taxes	10,949.	7,848.	2,125.	976.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	758.		758.	
С	Accounting	7,060.		7,060.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	160,062.	151,981.	7,936.	145.
12	Advertising and promotion				
13	Office expenses	12,870.	9,224.	2,498.	1,148.
14	Information technology	17,170.	12,306.	3,333.	1,531.
15	Royalties				
16	Occupancy	19,001.	13,617.	3,689.	1,695.
17	Travel	15,800.	15,800.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,155.	19,155.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,358.	3,840.	1,041.	477.
24	Other expenses. Itemize expenses not covered 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	COMMUTER BENEFITS	3,600.	3,600.	0.	0.
b	MISCELLANEOUS	2,856.	2,826.	30.	0.
C	BANK FEES	1,696.	0.	1,696.	0.
d	SUBSCRIPTIONS	1,624.	1,624.	0.	0.
e		_, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1,021.	•	<u></u>
25	Total functional expenses. Add lines 1 through 24e	409,308.	335,955.	55,663.	17,690.
26	Joint costs. Complete this line only if the organization	200,000.	223,233.	33,003.	= 1,000
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

Form 990 (2023)
Part X Balance Sheet

Part	ı X	Balance Sneet				
		Check if Schedule O contains a response or r	note to any line in this Part X		······	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		113,763.	1	433,524
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	15,250.	3	C	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, su	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ		6		
2	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₹	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	10b		10c	
	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	21,297.	15	5,51	
_	16	Total assets. Add lines 1 through 15 (must e	qual line 33)	150,310.	16	439,03
	17	Accounts payable and accrued expenses	2,722.	17	2,40	
	18	Grants payable		18		
	19	Deferred revenue			19	
- :	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete	te Part IV of Schedule D		21	
۱ ا	22	Loans and other payables to any current or fo	ormer officer, director,			
		trustee, key employee, creator or founder, su				
2		controlled entity or family member of any of the	nese persons		22	
' :	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela	ted third parties		24	
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X	04 005		F F44
		of Schedule D		21,297.	25	5,511
-	26	Total liabilities. Add lines 17 through 25		24,019.	26	7,919
,		Organizations that follow FASB ASC 958, or	heck here X			
ا ق		and complete lines 27, 28, 32, and 33.		106 001		424 444
5	27			126,291.		431,116
<u> </u>	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC	958, check here			
:		and complete lines 29 through 33.				
2	29	Capital stock or trust principal, or current fun-			29	
200	30	Paid-in or capital surplus, or land, building, or			30	
-	31	Retained earnings, endowment, accumulated		100 001	31	401 114
	32	Total net assets or fund balances		126,291.	32	431,116
	33	Total liabilities and net assets/fund balances		150,310.	33	439,035

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>71</u>	<u>4,1</u> 3	<u>33.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,30	
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>4,82</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	6,29	91.
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	43	1,1	16.
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	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?		2b		X
	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 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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

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.

Open to Public Inspection

Name of the organization

CENTER FOR AT AND DIGITAL POLICY

Employer identification number

OMB No. 1545-0047

	CENT	ER FOR AI	AND DIGITAL I	POLICY		86-	3350258
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete this	part.) See instruction	ıs.	
The organ	ization is not a private found						
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	A school described in sect	tion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)			
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170(b))(1)(A)(iii).		
4	A medical research organiz	zation operated in cor	njunction with a hospital	described in	section 170(b)(1)(A)(iii). Enter the I	hospital's name,
	city, and state:						
5	An organization operated for	or the benefit of a col	llege or university owned	or operated	by a governmental u	nit described in	
	section 170(b)(1)(A)(iv). (0	Complete Part II.)					
6	A federal, state, or local government	vernment or governm	nental unit described in	section 170(b)(1)(A)(v).		
7 X	An organization that norma	ally receives a substar	ntial part of its support fr	om a govern	mental unit or from th	ne general publi	c described in
	section 170(b)(1)(A)(vi). (C	Complete Part II.)					
8 🗌	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9 🗌	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operated	in conjunction with a	land-grant colle	ege
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the nar	me, city, and state of	the college or	
	university:						
10	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from cont	tributions, membersh	ip fees, and gro	oss receipts from
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no mo	ore than 33 1/3% of it	s support from	gross investment
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	m businesse	s acquired by the org	anization after	June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)					
11 🔲	An organization organized a	and operated exclusi	ively to test for public sat	ety. See see	ction 509(a)(4).		
12	An organization organized a	and operated exclusi	ively for the benefit of, to	perform the	functions of, or to ca	rry out the purp	oses of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section 509	9(a)(2) . See section :	509(a)(3). Chec	k the box on
	lines 12a through 12d that	describes the type of	f supporting organizatior	and comple	ete lines 12e, 12f, and	12g.	
а	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its suppor	ted organization(s), t	ypically by givin	g
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority of th	he directors or truste	es of the suppo	rting
	organization. You must o	complete Part IV, Se	ections A and B.				
b	Type II. A supporting org	ganization supervised	or controlled in connect	ion with its s	upported organizatio	n(s), by having	
	control or management o	of the supporting orga	anization vested in the sa	ame persons	that control or mana	ge the supporte	ed
	organization(s). You mus	st complete Part IV,	Sections A and C.				
С	Type III functionally inte	egrated. A supporting	g organization operated	in connectior	n with, and functional	ly integrated wi	th,
	its supported organization	n(s) (see instructions)). You must complete F	Part IV, Secti	ions A, D, and E.		
d	Type III non-functionally	y integrated. A supp	orting organization oper	ated in conne	ection with its suppor	ted organization	n(s)
	that is not functionally int	tegrated. The organiz	zation generally must sat	isfy a distribu	ition requirement and	l an attentivene	SS
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D, an	nd Part V.		
е	Check this box if the orga	anization received a v	written determination from	m the IRS tha	at it is a Type I, Type	II, Type III	
	functionally integrated, or	r Type III non-function	nally integrated supporting	ng organization	on.	_	
	er the number of supported o	•				L	
	vide the following information			(iv) le the ergenize	tion listed 1		
((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organiza in your governing d	locument?	, 1 ,	vi) Amount of other
	organization (described on lines 1-10 above (see instructions)) Yes No support (see instructions) support (see instructions)						port (see instructions)
						[
Total							

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(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			114,726.	258,841.	711,096.	1084663.
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	Total. Add lines 1 through 3			114,726.	258,841.	711,096.	1084663.
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,						
	column (f)						716,230.
	Public support. Subtract line 5 from line 4.						368,433.
Sec	ction B. Total Support	т	т	T	Г		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4			114,726.	258,841.	711,096.	1084663.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots					3,037.	3,037.
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	Total support. Add lines 7 through 10						1087700.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop						<u>X</u>
Sec	ction C. Computation of Publi	c Support Per	centage			T	
14	Public support percentage for 2023 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the				14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2022. 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 stop here. The organization qual	•					
17a	7a 10% -facts-and-circumstances test - 2023. 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 te	st. The organization	on qualifies as a p	ublicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu			•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17b	, check this box ar		
						Schedule A	(Form 990) 2023

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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business 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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(0) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	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						
12	regularly carried on 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 fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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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")? |f "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?
- 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).
- 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
4		
1		
2		
_		
За		
3b		
Зс		
4a		
4b		
4c		
F		
5a		
5b		
5c		
- 55		
6		
7		
8		
9a		
01-		
9b		
90		
9c		
10a		
.54		
10b		
	n 990)	2023

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Pai	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 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		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	/I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
_	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
		r		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	suppo	orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		k 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.			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	'	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	0-		
		nese activities constituted substantially all of its activities.	2a		
b		re activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	ΛL		
•		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
L		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI. e organization exercise a substantial degree of direction over the policies, programs, and activities of each	Od		
D		supported organizations? If "Voc " describe in Part VI the role placed by the experimetion in this record	3h		

2

3

<u>4</u> 5

6

Schedule	A (For	m 99N)	2023

2 Enter 0.85 of line 1.

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

3 Minimum asset amount for prior year (from Section B, line 8, column A)

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

emergency temporary reduction (see instructions).

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

Schedule A (Form 990) 2023

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2019

b Excess from 2020

c Excess from 2021

d Excess from 2022

e Excess from 2023

7 Excess distributions carryover to 2024. Add lines 3j

332028 12-21-23 Schedule A (Form 990) 2023

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
PATRICK MCGOVERN FOUNDATION	350,000.	328,246.
CRAIG NEWMARK FOUNDATION	200,000.	178,246.
PLANET HERITAGE	100,000.	78,246.
OMIDYAR NETWORK	150,000.	128,246.
ANONYMOUS	25,000.	3,246.
		716 020
Fotal Excess Contributions to Schedule A, Part II, Line 5		716,230.

Schedule B

Department of the Treasury

Internal Revenue Service

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

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

CENTER FOR AI AND DIGITAL POLICY

2023

Name of the organization

Employer identification number

86-3350258

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during 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; or (ii) Form 990-EZ, 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 contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$_

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 **General Rule** applies to this organization because it received nonexclusively

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

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

CENTER FOR AI AND DIGITAL POLICY

86-3350258

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PATRICK MCGOVERN FOUNDATION PO BOX 171536 BOSTON, MA 02117	\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CRAIG NEWMARK PHILANTROPIES 235 MONTGOMERY ST SAN FRANCISCO, CA 94104	\$\$	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	PLANET HERITAGE FOUNDATION 501 SILVERSIDE RD WILMINGTON, DE 19809	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	OMIDYAR NETWORK 1200 17TH ST., NW #500 WASHINGTON, DC 20036	\$\$	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	NAME WITHHELD 1100 13TH STREET NW #800 WASHINGTON, DC 20005	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-28	EUROPEAN AI AND SOCIETY FUND RUE ROYALE 94 BRUSSELLS, BELGIUM 1000	\$\$16,134.	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization Employer identification number

CENTER FOR AI AND DIGITAL POLICY

86-3350258

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BARBARA SIMONS FUND P.O. BOX 770001 CINCINNATI, OH 45277	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate 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.)
(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

86-3350258

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
		<u> </u>	
(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
	.03		Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** CENTER FOR AI AND DIGITAL POLICY 86-3350258 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 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 AI AND DIGITAL POLICY

Employer identification number 86-3350258

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered Tes off offi 550, Fart IV, IIIV	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(L) Constitution (L)	(-)
2	Aggregate value of contributions to (during 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 v	writing that the assets held in donor advised	d funds
Ū	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor or		
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the c	organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year
_			
8	Does each conservation easement reported on line 2d above	• • • • • • • • • • • • • • • • • • • •	
_			
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	lote to the organization's financial statemen	its that describes the
Par	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	Art Historical Treasures or Oth	er Similar Assets
. u.	Complete if the organization answered "Yes" on Form		or ommar /toods
10	If the organization elected, as permitted under FASB ASC 956		d balance shoot works
Ia	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finan	, , , , , , , , , , , , , , , , , , ,	·
h	If the organization elected, as permitted under FASB ASC 956		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	Sample of the second of the se	.a55 6. pasito 601 vi00;
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A		, , , <u>, , , , , , , , , , , , , , , , </u>
а	Revenue included on Form 990, Part VIII, line 1	-	\$
			<u> </u>
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

332051 09-28-23

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

Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	reasures, or Oth	er Similar	Assets (continued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	e following that make	significant us	se of its
	collection items (check all that apply).					
а	Public exhibition	d	Loan or ex	change program		
b	Scholarly research	е	e Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization's ex	empt purpos	e in Part XIII.
5	During the year, did the organization solicit o	r receive donations o	of art, historical tre	asures, or other simil	ar assets	
	to be sold to raise funds rather than to be ma					
Par	rt IV Escrow and Custodial Arrang	gements Comple	te if the organization	on answered "Yes" o	n Form 990, I	Part IV, line 9, or
	reported an amount on Form 990, Par	t X, line 21.				
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for contribution	ons or other assets n	ot included	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:			
						Amount
С	Beginning balance					
d	Additions during the year					
е	Distributions during the year					
f	Ending balance					
	Did the organization include an amount on Fo		•			Yes No
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds Complete if					
Fai	rt V Endowment Funds Complete if				1	para haak (a) Faur yaara haak
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ears back (e) Four years back
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			(a)\ balal aa.		
2	Provide the estimated percentage of the curr	•		(a)) neid as:		
a	Board designated or quasi-endowment	%	%			
b	Permanent endowment					
С	Term endowment The percentages on lines 2a, 2b, and 2c shown and 2c shown are percentages.	* -				
22	Are there endowment funds not in the posses	·	ation that are hold	and administered for	tho	
Sa		ssion of the organiza	ation that are new	and administered for	uie	Yes No
	organization by: (i) Unrelated organizations?					
						1
h	If "Yes" on line 3a(ii), are the related organiza					
4	Describe in Part XIII the intended uses of the			·		
	rt VI Land, Buildings, and Equipm		William Tarias.			
	Complete if the organization answered), Part IV, line 11a.	See Form 990, Part	X, line 10.	
	Description of property	(a) Cost or o	` '	' '	Accumulated depreciation	d (d) Book value
1a	Land					
b	Buildings					
	Leasehold improvements					
d	Equipment					
	Other					
	I. Add lines 1a through 1e. <i>(Column (d) must</i> e		X. line 10c. colum	n (B))		0.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 CENTER FOR A Part VII Investments - Other Securities	AI AND DIGITA		-3350258 _{Page} ;
Complete if the organization answered "Yes" of	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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description	, ,	(b) Book value
(1)	·		. ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, column	(R))		
Part X Other Liabilities	. (<i>D))</i>		
Complete if the organization answered "Yes" of	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 OBLIGATION	Ī		5,511
<u></u>	-		-,-=-

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE OBLIGATION	5,511.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. line 25. col. (R))	5,511.

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) 2023

Par	rt XI	Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return	
		Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b		ted services and use of facilities			
С		veries of prior year grants			
d		(Describe in Part XIII.)			
е	Add li	ines 2a through 2d		2e	
3	Subtra	act line 2e from line 1		3	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	ines 4a and 4b		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	2 12.)	5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial		s per Return	
		Complete if the organization answered "Yes" on Form 990, Part I			
1		expenses and losses per audited financial statements		1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		ted services and use of facilities			
b	Prior y	year adjustments	2b		
С		losses			
d	Other	(Describe in Part XIII.)	2d		
е		ines 2a through 2d			
3		act line 2e from line 1		3	
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		tment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b		
		ines 4a and 4b			
5 Dai	lotal	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, ling Supplemental Information	ne 18.)	5	
		1 - 1 - 1	and 4. Dort IV lines 1b and 0b. Dort	t V line 4: Dort V line 0: Dort	VI
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ad 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		. v, III e 4, Fart A, III e 2, Fart	۸۱,
111169	Zu and	a 4b, and Fart An, lines 2d and 4b. Also complete this part to provid	de arry additional information.		

Schedule D (Form 990) 2023

SCHEDULE 0 (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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

CENTER FOR AT AND DIGITAL POLICY	86-3350258
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
RIGHTS, AND THE RULE OF LAW.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD REVIEWED THE FORM 990, DISCUSSED THE CONTENTS, M	ADE 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 A	PPEARS IN THE
BYLAWS; THAT THEY READ AND UNDERSTOOD THE CONFLICT OF INT	EREST 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 EIT	HER 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:	
PROGRAM SERVICE EXPENSES	58,110.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-F7	Schedule O (Form 990) 2023

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Schedule O (Form 990) 2023	Page 2
Name of the organization CENTER FOR AI AND DIGITAL POLICY	Employer identification number 86-3350258
TOTAL EXPENSES	58,110.
FELLOWSHIPS:	
PROGRAM SERVICE EXPENSES	92,705.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	92,705.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	1,166.
MANAGEMENT AND GENERAL EXPENSES	7,936.
FUNDRAISING EXPENSES	145.
TOTAL EXPENSES	9,247.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	160,062.