Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note: The organization may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2004

For	calen	dar year 2004, or tax yea	ır beginning				,	and er	nding		
G	Check	all that apply Ir	nitial return		Final return	/	Amend	ed retu	rn 🗀	Address change	Name change
llse	the l	RS Name of organization								A Employer identification	number
label. FOUNDATION FOR THE DEFENSE OF											
Otherwise, DEMOCRACIES, INC. 13-417440							<u> </u>				
	print	1	O box number if mail is no						Room/suite	B Telephone number	
	r type Spec		STREET, N	N,	SUITE 300					202-207-01	.90
	ructio	_{ins.} City or town, state, a								C If exemption application is p	- ==
		WASHINGTON								D 1. Foreign organization	
H_ (empt private foundation					Foreign organizations mi check here and attach co	eeting the 85% test, pmputation
<u> </u>		ction 4947(a)(1) nonexem			Other taxable private for		tion			E If private foundation sta	tus was terminated
		rket value of all assets at o	end of year J A <u>cco</u>		ng method X Cas	sh	L_	Accri	ual	under section 507(b)(1	
		Part II, col. (c), line 16)	2 206 15 11		ner (specify)	.				F If the foundation is in a	
	<u> </u>			olui	mn (d) must be on ca	sh t	oasis)			under section 507(b)(1	
P	art I	Analysis of Revenue an (The total of amounts in colu necessanly equal the amoun	mns (b), (c), and (d) may no	ot	(a) Revenue and expenses per books	s	(b)	Net inv	vestment ime	(c) Adjusted net Income	(d) Disbursements for chantable purposes (cash basis only)
<u>~</u>	1	Contributions, gifts, gran	ts, etc , received		3,538,397	7 .					
3 2002	2	·	n is not required to attach Sch. B								
S)	3	Interest on savings and tempo cash investments	orary								
3	4	Dividends and interest fro	om securities		10,871			1	0,871.	10,871.	STATEMENT 1
≥	5a	Gross rents			8 , 701	1.			8,701.	8,701.	STATEMENT 2
N	b	Net rental income or (loss)	146	•	······································						STATEMENT 3
	6a	Net gain or (loss) from sale of line 10	assets not on	17	DEACH		إسسا	ļ	*********		
B	b	Gross sales price for all assets on line 6a		1	RECEIVE	1					
3 §	7	Capital gain net income (from	Part IV, line 2)				က္ဆ		0.		
2	8	Net short-term capital gai	, , , , , , , , , , , , , , , , , , ,			nd	Q	,	······································	0.	
SCANAL Revenue	9	Income modifications Gross sales less returns	1		1 * 4 20	,,,,	-122				
X	10a	and allowances			OCOEN		****		***************************************		
U))	Less Cost of goods sold			OMDERVY &	_					
	i	Gross profit or (loss)		ŀ							
	11	Other income	. Laa	ŀ	2 557 060	\rightarrow		1	0 572	10 572	
	12	Total. Add lines 1 throug			3,557,969 590,683			1:	9,572. 0.		500 602
	13	Compensation of officers, dire		ŀ	486,936				0.	0.	590,683. 486,936.
	15	Other employee salaries a Pension plans, employee	•	ŀ	128,681				0.	0.	128,681.
es	}	Legal fees	STMT 4	ŀ	8,497				0.	0.	8,497.
enses		Accounting fees	STMT 5	f	24,113				0.	0.	24,113.
EX	"	Other professional fees	STMT 6	ŀ	98,980	_			0.	0.	98,980.
ě E	17	Interest		-	20,200						30/300.
aţi		Taxes	STMT 7		61,454	1.		· · · · · · · · · · · · · · · · · · ·	0.	0.	61,454.
and Administrative	19	Depreciation and depletio		-	51,287	7.			0.	0.	
<u>.</u>		Оссиралсу			132,793	3.	_		8,555.	8,555.	
Ρ	21	Travel, conferences, and	meetings	ľ	187,511				0.		187,511.
밀	22	Printing and publications	-		5,332				0.	0.	5,332.
Σg		Other expenses	STMT 8	ľ	1,126,229				0.	0.	1,126,229.
Operating	24	Total operating and adm	inistrative								· · · · · · · · · · · · · · · · · · ·
per		expenses. Add lines 13 t	hrough 23	ı	2,902,496	5.			8,555.	8,555.	2,842,654.
0	25	Contributions, gifts, grant	-								
	26	Total expenses and disb	ursements.	ſ		T					
	<u> </u>	Add lines 24 and 25			2,902,496	5.			8,555.	8,555.	2,842,654.
	27	Subtract line 26 from line	12		_						
	a	Excess of revenue over expen	ses and disbursements		655,473	3.					
	l	Net investment income (= '			4		1	1,017.		
	C	Adjusted net income (if no	egative, enter -0-)							11,017.	

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

Form **990-PF** (2004)

	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	67,632.	362,030.	
	2	Savings and temporary cash investments	639,018.	349,357.	349,357.
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts ▶	451.	1,351.	1,351.
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
4	10a	Investments - U.S. and state government obligations STMT 9	604,188.	1,309,002.	1,309,002.
	b	investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment: basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis ► 203, 308.			
		Less accumulated depreciation STMT 10► 100,545.	143,167.	102,763. 13,893.	102,763. 13,893.
	15	Other assets (describe SECURITY DEPOSIT)	13,893.	13,893.	13,893.
			1 460 040		
		Total assets (to be completed by all filers)	1,468,349.	2,138,396.	2,138,396.
	1	Accounts payable and accrued expenses			
		Grants payable		6 744	
Liabilities	19	Deferred revenue		6,744.	
ij	20	Loans from officers, directors, trustees, and other disqualified persons			
핃	21	Mortgages and other notes payable	12 216	21 146	
	22	Other liabilities (describe STATEMENT 11)	13,316.	21,146.	
	23	Total liabilities (add lines 17 through 22)	13,316.	27,890.	
	-	Organizations that follow SFAS 117, check here	13/3100	21,030.	
		and complete lines 24 through 26 and lines 30 and 31.			
ès	24	Unrestricted	1,455,033.	2,080,506.	
and	25	Temporarily restricted		30,000.	
Bal	26	Permanently restricted		· · · · · · · · · · · · · · · · · · ·	
Assets or Fund Balances		Organizations that do not follow SFAS 117, check here			
乓		and complete lines 27 through 31.			
S O	27	Capital stock, trust principal, or current funds	ļ		
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances	1,455,033.	2,110,506.	
_	31	Total liabilities and net assets/fund balances	1,468,349.	2,138,396.	······································
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		<u> </u>
	(mus	st agree with end-of-year figure reported on prior year's return)		1	1,455,033.
2	Ente	r amount from Part I, line 27a		2	655,473.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	2,110,506.
		eases not included in line 2 (itemize)		5	0.
<u>5</u>	ıota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30		2,110,506.

DEMOCRACIES, INC.

· (a) List and descr	ribe the kir	sses for Tax on Ir	, real estate,	Income	(b) Ho	w acquired Purchase	(c)	Date acquired	(d) Date sold
<u></u>	rehouse, o	or common stock, 200 shs	s MLC Co)		D -	Donation	(m	no , day, yr)	(mo , day, yr)
1a '	<u> </u>				-		-		
b NO	NE						-		
d					<u> </u>		 		
<u>e</u>									
(e) Gross sales price	(f) [Depreciation allowed (or allowable)	1.07	st or other basis expense of sale		·-		(h) Gain or (loss plus (f) minus	- /
a					_				
<u>b</u>									
<u>C</u>						 			
d e	-					-			
Complete only for assets showin	ig gain in d	column (h) and owned by	the foundation	on 12/31/69			(I) Gai	ns (Col (h) gair	n minus
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any		(coľ (k),	but not less tha sses (from col	nn -0-) or
a							•		
b	<u> </u>		\ 						
C									
d									
<u>e</u>			l.,			}			
2 Capital gain net income or (net ca	ipital loss)	{ If gain, also enter of If (loss), enter of	r in Part I, line	7 }		2			
. •				, ,					
 Net short-term capital gain or (los If gain, also enter in Part I, line 8, 			iu (0))	{			
If (loss), enter -0- in Part I, line 8					ال	3			
Part V Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	Inve	stment li	ncom	<u>e</u>	
(For optional use by domestic private	foundation	ons subject to the section 4	4940(a) tax on	net investment ir	ncome)				
If section 4940(d)(2) applies, leave th	his part bla	ank							
Was the organization liable for the se	ction 494) tay on the distributable a	mount of any	vaar in the hace n	arınd2				Yes X No
If "Yes," the organization does not qu					Jenou -				103 (25) 100
1 Enter the appropriate amount in e					es				
(a) Base period years		(b)			(c)			Distri	(d) bution ratio
Calendar year (or tax year beginnii	ng In)	Adjusted qualifying dis		Net value of no			í	(col (b) di	vided by col (c))
2003	[.		1,544.			162,61			1.6871900
2002		2,32	4,237.			726,89	73.		3.1974954
2001		04	9,726.	 -		499,14	1.		1.3016883
2000 1999									
1999									
2 Total of line 1, column (d)							ļ	2	6.1863737
3 Average distribution ratio for the	5-year bas	e period - divide the total (on line 2 by 5,	or by the number	r of year	S			
the foundation has been in exister	•	•	,	•	•			3	2.0621246
4 Enter the net value of noncharitab	ile-use ass	sets for 2004 from Part X,	line 5				_	4	1,640,630.
									2 202 102
5 Multiply line 4 by line 3							-	5	3,383,183.
E Enter 19/ of not investment incom	na /10/ of	Dort Line (17h)							110.
6 Enter 1% of net investment incon	ne (1% 01	Part I, line 270)						6	110.
7 Add lines 5 and 6								7	3,383,293.
with a min a							F		, , , , , , , , ,
8 Enter qualifying distributions from Part XII, line 4 2,853,									
8 Enter qualifying distributions fron	n Part XII,	line 4					L	8	<u>2,853,536.</u>
8 Enter qualifying distributions from If line 8 is equal to or greater than See the Part VI instructions			1b, and comp	olete that part usin	ng a 1%	tax rate		8	2,853,536.

Form	990-PF (2004) DEMOCRACIES, INC.		4174			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e)	or 4948	- see i	nstru	ctio	1S)
_ 1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling letter (attach copy of ruling letter if necessary-see instructions)					20.
b	b Domestic organizations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1%					
	of Part I, line 27b					
C	All other domestic organizations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) $\mathcal I$					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	<u> </u>			0.
3	Add lines 1 and 2	3	<u> </u>		2	20.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	 _			0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	ļ		2	20.
	Credits/Payments					
	2004 estimated tax payments and 2003 overpayment credited to 2004					
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld 6d					Λ
_	Total credits and payments Add lines 6a through 6d	7	 			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	-			20.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	► <u>9</u> ► 10	 			20.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2005 estimated tax Refundi					
	rt VII-A Statements Regarding Activities	- II				
	During the tax year, did the organization attempt to influence any national, state, or local legislation or did it participate or	ntanzana in			Yes	No
14	any political campaign?	intervente in		1a		
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definit	10n/2		1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		r			
	distributed by the organization in connection with the activities	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
c	Did the organization file Form 1120-POL for this year?			10		Х
d						
_	(1) On the organization ►\$ O . (2) On organization managers ►\$	0.				
е		zation				
	managers > \$0.					
2	Has the organization engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.		ļ			
3	Has the organization made any changes, not previously reported to the IRS, in its governing instrument, articles of incorp-	oration, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u>X</u>
4a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	<u>4b</u>		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.			-		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or		ļ			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with t	he state law	ļ	_	.,	
_	remain in the governing instrument?		ſ	6	X	
7	Did the organization have at least \$5,000 in assets at any time during the year?			7	Х	
٥.	If "Yes," complete Part II, col. (c), and Part XV.		ŀ			
ва	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	DISTRICT OF COLUMBIA AND NEW YORK	.\				
U	If the answer is "Yes" to line 7, has the organization furnished a copy of Form 990-PF to the Attorney General (or designate	1)	ļ	8b	х	
٥	of each state as required by General Instruction G? If "No," attach explanation	\ for calandar		On		*********
9	Is the organization claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) year 2004 or the taxable year beginning in 2004 (see instructions for Part XIV)? If "Yes," complete Part XIV	, ivi valetiudi	Ì	g	х	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	STMI	12	10	X	
10		, vill		11	X	
11	Web site address ► WWW.DEFENDDEMOCRACY.ORG		l			
12		ne no ▶20	2-20	7-0	190	
	Located at ▶ 1146 19TH STREET, NW, SUITE 300, WASHINGTON, DC		4 ▶20			
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here					
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 13		N	/A	
4235				000	DE:	2004

c If the answer is "Yes" to question 5a(4), does the organization claim exemption from the tax because it maintained

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on

6b

X

N/A

Yes No

Yes X No

expenditure responsibility for the grant?

If you answered "Yes" to 6b, also file Form 8870.

a personal benefit contract?

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their	compensation.			
. (a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13		590,683.	8,566.	0.
				
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account, other allowances
ELEANA GORDON 1146 19TH ST. NW, STE 300, WASHINGTON	SENIOR VICE-1	RESIDENT 102,885.	2,058.	0.
DAVID SILVERSTEIN	VICE-PRESIDEN	T, CAMPUS	E	
1146 19TH ST. NW, STE 300, WASHINGTON ANDREW APOSTOLOU	40+ VICE-PRESIDEN	79,039.		0.
1146 19TH ST. NW, STE 300, WASHINGTON WILLIAM MCCARTHY	40+ VICE-PRESIDEN	93,462.	1,523.	0.
1146 19TH ST. NW, STE 300, WASHINGTON		62,116.	327.	0.
Total number of other employees paid over \$50,000			>	0
3 Five highest-paid independent contractors for professional services	s. If none, enter "NONE.		Т.	
(a) Name and address of each person paid more than \$50,000 NONE		(b) Type of serv	ice (c	c) Compensation
				
Total number of others receiving over \$50,000 for professional services			D	0
Part IX-A Summary of Direct Charitable Activities				
List the foundation's four largest direct charitable activities during the tax year. Inclunumber of organizations and other beneficiaries served, conferences convened, resi	ide relevant statistical inform earch papers produced, etc	ation such as the	Ex	penses
1 TO CONDUCT RESEARCH AND PROVIDE EDUC. TERRORISM	ATION ON INTE	ERNATIONAL		
TERRORISM			2,8	342,654.
2				
3				
1				
<u> </u>				
			1	

DEMOCRACIES, INC.

P	art IX-B Summary of Program-Related Investments		
De	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1_	N/A		
_			_
			
2 _			-
-			-
AI	other program-related investments. See instructions		
3			
_			
To	tal. Add lines 1 through 3		0.
P	Minimum Investment Return (All domestic foundations must complete this part Foreign foundations	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	956,595. 709,019.
b	Average of monthly cash balances	1b	709,019.
C	Fair market value of all other assets	10	
d		1d	1,665,614.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		•
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,665,614.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	24,984.
5	Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,640,630.
<u>6</u>	Minimum investment return Enter 5% of line 5	6	82,032.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here X and do not complete this part.)	io certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2004 from Part VI, line 5		
b	Income tax for 2004 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
<u>7</u>	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,842,654.
b	Program-related investments - total from Part IX-B	1b	2,842,654.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	10,882.
3	Amounts set aside for specific charitable projects that satisfy the		-
а	Suitability test (prior IRS approval required)	3a	·
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,853,536.
5	Organizations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,853,536.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	foundati	on qualifies for the section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2003	(c) 2003	(d) 2004
1 Distributable amount		F100 100 2000	2000	2004
for 2004 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2003				
a Enter amount for 2003 only			0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2004				
a From 1999				
b From 2000				
c From 2001				
d From 2002				
e From 2003				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2004 from				
Part XII, line 4 ▶ \$ N/A				
a Applied to 2003, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	-			
(Election required - see instructions)	0.			
d Applied to 2004 distributable amount				0.
e Remaining amount distributed out of corpus	0.			· · · · · · · · · · · · · · · · · · ·
Excess distributions carryover applied to 2004 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below.				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable			***************************************	***************************************
amount - see instructions		0.		
e Undistributed income for 2003 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2004 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2005				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by		1		
section 170(b)(1)(E) or 4942(g)(3)	0.			
8 Excess distributions carryover from 1999				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2005.				
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9				······································
a Excess from 2000				
b Excess from 2001			ļ	
c Excess from 2002				
d Excess from 2003	•			
e Excess from 2004				······································

Part XIV Private Operating I	Foundations (see ins	structions and Part VII	A, question 9)		
1 a If the foundation has received a ruling	or determination letter that	it is a private operating			
foundation, and the ruling is effective f	or 2004, enter the date of t	he ruling		0/02	
b Check box to indicate whether the orga	anization is a private operat	ing foundation described	ın section X 4	942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
investment return from Part X for					
each year listed	11,017.	6,184.	4,627.	7,216. 6,134.	29,044.
b 85% of line 2a	9,364.	5,256.	3,933.	6,134.	24,687.
c Qualifying distributions from Part XII,					
line 4 for each year listed	2,853,536.	1,961,544.	2,324,284.	649,726.	7,789,090.
d Amounts included in line 2c not					
used directly for active conduct of			Ì		
exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c	2,853,536.	1,961,544.	2,324,284.	649,726.	7,789,090.
3 Complete 3a, b, or c for the					
alternative test relied upon a "Assets" alternative test - enter					
(1) Value of all assets	2,138,396.	1,468,349.	1,097,547.	519,895.	5,224,187.
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)	2,138,396.	1,468,349.	1,097,547.	519,895.	5,224,187.
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					0.
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					0.
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from					
an exempt organization					0.
(4) Gross investment income					0.
Part XV Supplementary Info	ormation (Comple	te this part only i	if the organization	had \$5,000 or n	nore in assets
at any time during					
1 Information Regarding Foundati		· · · · · · · · · · · · · · · · · · ·			<u>-</u>
a List any managers of the foundation w	_	than 2% of the total conti	ributions received by the fo	undation before the clos	se of any tax
year (but only if they have contributed					,
SEE STATEMENT 14					
b List any managers of the foundation w	to own 10% or more of th	e stock of a corporation (or an equally large portion	of the ownership of a pa	ertnership or
other entity) of which the foundation h			or an equally large person	or the owner only or a pr	intinoiomp of
NONE					
2 Information Regarding Contribu	tion Grant Gift Loan	Scholarshin etc. Pr	ourame.		
Check here ► X if the organization				ot accept unsolicited req	uests for funds. If
the organization makes gifts, grants, e					
a The name, address, and telephone nur	mber of the person to whor	m applications should be	addressed		
a the hame, addition, and tolophone had	or the person to white				
b The form in which applications should	he submitted and informat	tion and materials they sh	ould include		
applications should	DO SUDMINICO AND HITOITIA	aon and materials they sil	oute molecus		
c Any submission deadlines					
a rang dabamasion doddiiilos					
d Any restrictions or limitations on awar	de euch se hy gangraphic	al argae charitable fielde	kinds of institutions or oth	er factors	

13-4174402 Page 10

	O			т	
3_	Grants and Contributions Paid During the	Year or Approved for Future F	Payment		
	Recipient Name and address (forms on business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	·	
а	Paid during the year				
	NONE				
	NONE				
	Total			▶ 3a	0
b	Approved for future payment		ŀ		
	NONE				
	Total			▶ 3h	
	1072			№ 2h	Λ

Part XVI-A Analysis of Income-Producing Activities

ter gross amounts unless otherwise indicated		business income		ed by section 512, 513, or 514	(e)
Program service revenue	Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b		<u> </u>			······································
	I I				
1					
e	1 1				
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments					- <u> </u>
Dividends and interest from securities			14	10,871.	
Net rental income or (loss) from real estate					
a Debt-financed property		- · · · · · · · · · · · · · · · · · · ·			
b Not debt-financed property			30	146.	
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					
a	_				
b			-		4
:					
c					
c d e				11.017	
c d E Subtotal Add columns (b), (d), and (e)		0	•	11,017.	11 01
c d E Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0	•		11,01
c d E Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations)			13	11,01
c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie	s to the Accor	mplishment of l	Exempt	Purposes	11,01
c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie	s to the Accor	mplishment of I	Exempt -A contribu	Purposes	11,01
c d d Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in	s to the Accor	mplishment of I	Exempt -A contribu	Purposes	11,01
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in	s to the Accor	mplishment of I	Exempt -A contribu	Purposes	11,01
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in	s to the Accor	mplishment of I	Exempt -A contribu	Purposes	11,01
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in	s to the Accor	mplishment of I	Exempt -A contribu	Purposes	11,01
c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in	s to the Accor	mplishment of I	Exempt -A contribu	Purposes	11,01
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in	s to the Accor	mplishment of I	Exempt -A contribu	Purposes	11,01
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in	s to the Accor	mplishment of I	Exempt -A contribu	Purposes	11,01
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations BETAL XVI-B Relationship of Activitie Replain below how each activity for which in	s to the Accor	mplishment of I	Exempt -A contribu	Purposes	11,01
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) E worksheet in line 13 instructions to verify calculations BETAL XVI-B Relationship of Activitie Replain below how each activity for which in	s to the Accor	mplishment of I	Exempt -A contribu	Purposes	11,01
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in	s to the Accor	mplishment of I	Exempt -A contribu	Purposes	11,01
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in	s to the Accor	mplishment of I	Exempt -A contribu	Purposes	11,01
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in	s to the Accor	mplishment of I	Exempt -A contribu	Purposes	11,01
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in	s to the Accor	mplishment of I	Exempt -A contribu	Purposes	11,01
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in	s to the Accor	mplishment of I	Exempt -A contribu	Purposes	11,01
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in	s to the Accor	mplishment of I	Exempt -A contribu	Purposes	11,01
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in	s to the Accor	mplishment of I	Exempt -A contribu	Purposes	11,01
c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which in	s to the Accor	mplishment of I	Exempt -A contribu	Purposes	11,01

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

		 Exempt Organ 	<u>izati</u> ons				
1		ne organization directly or indi	rectly engage	in any of the following with any other organization described in section 501(c) of		Yes	No
	the C	ode (other than section 501(c)(3) organizat	ions) or in section 527, relating to political organizations?			
а	Trans	sters from the reporting organi	ization to a no	ncharitable exempt organization of			
	(1) (Cash			1a(1)		X
	(2) (Other assets			1a(2)		X
b		transactions					
	(1) 8	Sales of assets to a noncharita	ble exempt or	ganization	1b(1)		_ X
	(2) P	Purchases of assets from a no	ncharitable ex	empt organization	1b(2)		_X_
	(3) Rental of facilities, equipment, or other assets 1b(3) X						
	(4) Reimbursement arrangements						
	(5) Loans or loan guarantees X						
							X
C		ng of facilities, equipment, ma	-		10		X
d				te the following schedule. Column (b) should always show the fair market value of the goods, of			
				the organization received less than fair market value in any transaction or sharing arrangement,	, show i	ก	
1		nn (d) the value of the goods,					
a)	Line no	(b) Amount involved	(c) wame	e of noncharitable exempt organization (d) Description of transfers, transactions, and sha	ring arr	angem	ents
				N/A			
	·						
							
21	le the	organization directly or indire	ctly affiliated i	with, or related to, one or more tax-exempt organizations described			
20		ction 501(c) of the Code (other			٦ ٧٠٠	ГУ	No
h		s," complete the following sche		301(c)(3)) of its section 321.	_ Yes	_A	1 1/10
	-11 100	(a) Name of organization	Judic	(b) Type of organization (c) Description of relationship			
				N/A			
		, , , , , , , , , , , , , , , , , , , ,					
	Under p	enalties of penjury, I declare that I ha	ave examined th	is return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is tru	ie, correc	et,	
	and com	npiete Declaration of preparer (othe	r than taxpayer o	or fiduciary) is based on all information of which preparer has any knowledge			
	N _			11/13/05 \ (00/Treasurer/Sec	crete	201	
וַבַּ	Sig	gnature of officer or trustee		O Date Title		<i>V</i>	
		Preparer's		Date / Check if Preparer's	SSN or	PTIN	
3	Paid Preparer's Use Only	signature	/	11/15/05 self- employed ►			
	Paid spare	Firm's name (or yours RUBI	NO & M	CGEEHIN, CHARTERED EIN ►			
	- Fa			EDGE DRIVE, SUITE 700 '			
				MD 20817 Phone no 301-5	64-	3636	5
				Forn	n 990 -	PF (2	2004)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2004

Name of organization
FOUNDATION FOR THE DEFENSE OF
DEMOCRACIES, INC.

Creanization type (check one):

| Description | Descriptio

•	•••	
Filers of:		Section:
Form 990 o	r 990-EZ	501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-P	F	X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
for both the General Ru X Fo	General Rule and	covered by the General Rule or a Special Rule . (Note : <i>Only a section 501(c)(7), (8), or (10) organization can check boxes if a Special Rule</i> -see <i>instructions.</i>) Ing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one sete Parts I and II)
Special Rul	les-	
se	ctions 509(a)(1)/1	(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% ie 1 of these forms (Complete Parts I and II.)
ag	gregate contribut	(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, ions or bequests of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational evention of cruelty to children or animals. (Complete Parts I, II, and III.)
soi \$1 ch	me contributions ,000 (If this box i aritable, etc., pur	(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than s checked, enter here the total contributions that were received during the year for an exclusively religious, pose. Do not complete any of the Parts unless the General Rule applies to this organization because it received lous, charitable, etc., contributions of \$5,000 or more during the year.)
Coution: O	raceizations that	are not covered by the Congrel Bule and/or the Special Bules do not file Schodule B /Form 000, 000, E7, or 000, BE, but

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization FOUNDATION FOR THE DEFENSE OF DEMOCRACIES, INC.

Employer identification number

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CHARLES BRONFMAN 110 EAST 59TH STREET, 26TH FLOOR NEW YORK, NY 10022	\$ 100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	DALCK FEITH REVOCABLE TRUST PO BOX 307 WASHINGTON CROSSING, PA 18977-0307	\$\$0,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	GARY ERLBAUM 44 W. LANCASTER AVE., SUITE 110 ARDMORE, PA 19003-1350	\$ <u>25,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	JAMES & PATRICIA CAYNE 510 PARK AVENUE NEW YORK, NY 10022	\$\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	JOSEPH & FELICIA WEBER 3406 OLD PLANTATION ROAD ATLANTA, GA 30327	\$ 100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	LEONARD ABRAMSON QUAIL HILL FARM, 1086 PENLLYN PIKE BLUE BELL, PA 19422	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization FOUNDATION FOR THE DEFENSE OF DEMOCRACIES, INC.

Employer identification number

Part I	Contributors (See Specific Instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	SCHUSTERMAN FOUNDATION 4011 SOUTH YORKTOWN PLACE	\$ 12,825.	Person X Payroll Noncash
	TULSA, OK 74105-3412		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	STEINHARDT PARTNERS		Person X
	650 MADISON AVENUE, 17TH FLOOR	\$\$	Payroll Noncash
	NEW YORK, NY 10022		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	MR. & MRS. STEPHEN DISTLER		Person X
	WARBUG PINCUS LLC, 466 LEXINGTON AVE.	\$5,000.	Payroll Noncash
	NEW YORK, NY 10017-3147		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	NEWTON BECKER		Person X
	2743 AQUA VERDE CIRCLE	\$126,848.	Payroll Noncash
	LOS ANGELES, CA 90077-1502		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11	AMERIQUEST CAPITAL CORP.		Person X
	1100 TOWN & COUNTRY ROAD, SUITE 1100	\$1,552,000.	Payroll Noncash
	ORANGE, CA 92868		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	SANFORD & NAAVA GROSSMAN		Person X
	75 CONYERS FARM DRIVE	\$125,000.	Payroll Noncash
	GREENWICH, CT 06831		(Complete Part II if there is a noncash contribution.)

Employer identification number

Parti	Contributors (See Specific Instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	LEONORE ANNENBERG FOUNDATION 312 LIANFAIR RD, PO BOX 260 WYNEWOOD, PA 19096-0260	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14	APCO 1615 L ST. NW; SUITE 900 WASHINGTON, DC 20036	\$ 12,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15	BROIDY CAPITAL MANAGEMENT 1801 CENTURY PARK E. SUITE 2150 LOS ANGELES, CA 90067	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16	RICHARD & PATRICIA CARLSON 5033 TILDEN ST. WASHINGTON, DC 20016	\$ 60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
17	AUBREY AND JOYCE CHERNICK 2200 OLD RANCH RD. LOS ANGELES, CA 90049	\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18	TRAMMELL CROW 4500 PRESTON RD. DALLAS, TX 75205	\$5,000.	Person X Payroll

Employer identification number

FOUNDATION	FOR	THE	DEFENSE	OF
DEMOCRACIES	III	NC.		

Part I	Contributors (See Specific Instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	TONY GELBART 5200 TOWN CENTER CIRCLE; SUITE 525 BOCA RATON, FL 33486-1022	\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20	MARK GOLDMAN 409 WASHINGTON STREET #391 HOBOKEN, NJ 07030	\$ 25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 FRED AND CHERYL HALPERN 42 ROCKLEDGE DRIVE LIVINGSTON, NJ 07039	\$ 25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22	MURRAY HALPERN 6 THANES DRIVE LIVINGSTON, NJ 07039	\$5,000.	Person X Payroll Noncash (Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
23	INTERCEPT PHARMACEUTICALS 421 HUDSON ST.; SUITE 212 NEW YORK, NY 10014	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24	HYPERION PARTNERS 50 CHARLES LINDBERGH BLVD; SUITE 500 UNIONDALE, NY 11553-3650	\$250,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	JAY ROSAN PO BOX 525 GWYNEDD VALLEY, PA 19437-0525	\$ 95,697.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
26	SABAN ENTERTAINMENT 10100 SANTA MONICA BLVD; SUITE 2600 LOS ANGELES, CA 90067	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
27	SARAH SCAIFE FOUNDATION 613 PITCAIRN PLACE PITTSBURGH, PA 15232	\$ 125,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
28	THE RUSSELL BERRIE FOUNDATION 510 PRISCILLA LANE ENGLEWOOD, NJ 07631-1925	\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
29	INSTITUTE FOR JEWISH & COMMUNITY RESEARCH 3198 FULTON STREET SAN FRANCISCO, CA 94118	- \$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
30	LEGACY HERITAGE FUND LIMITED 650 FIRST AVENUE; 7TH FLOOR NEW YORK, NY 10016	\$ 10,000.	Person X Payroli

FORM 990-PF DIVIDENDS	AND	INTER	EST	FROM	SECUI	RITIES	STATEMENT	1
SOURCE		GROSS	AMO	UNT		ITAL GAINS IVIDENDS	COLUMN (A	A)
DIVIDEND INCOME	-		10,	871.		0.	10,	371.
TOTAL TO FM 990-PF, PART I, LN	4		10,	871.		0.	10,8	371.
FORM 990-PF	RENT	ral in	COME	-			STATEMENT	2
KIND AND LOCATION OF PROPERTY						ACTIVITY NUMBER	GROSS RENTAL INC	СОМЕ
SUBLEASE INCOME						1	8,	701.
TOTAL TO FORM 990-PF, PART I,	LINE	5 A					8,	701.
FORM 990-PF	RENTA	AL EXP	ENSE	S			STATEMENT	3
DESCRIPTION			CTIV NUMB		i	TNUOMA	TOTAL	
DIRECT RENTAL EXPENSE - SUI	втота	 AL -		1		8,555.	8,!	555.
TOTAL RENTAL EXPENSES							8,5	555.
NET RENTAL INCOME TO FORM 990-	PF, I	PART I	, LI	NE 5E	3			146.
FORM 990-PF		LEGAL	FEE	s			STATEMENT	4
		A)	אוניייי	(B)	EST-	(C) ADJUSTED	(D) CHARITA	ABLE
	EXPEI PER I	BOOKS		TINC		NET INCOM		
	PER I					NET INCOM	E PURPOS	

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	24,113.	0.	0.	24,113.	
TO FORM 990-PF, PG 1, LN 16B	24,113.	0.	0.	24,113.	
FORM 990-PF (OTHER PROFES	SIONAL FEES	Si	FATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
CONSULTING FEES	98,980.	0.	0.	98,980.	
TO FORM 990-PF, PG 1, LN 16C	98,980.	0.	0.	98,980.	
FORM 990-PF	TAX	ES	SI	PATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OTHER TAXES PAYROLL TAXES	122. 61,332.	0.	0.	122. 61,332.	
TO FORM 990-PF, PG 1, LN 18	61,454.	0.	0.	61,454.	
FORM 990-PF	OTHER E	XPENSES	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
CAMPUS EDUCATION AND GRASSROOT OFFICE EXPENSES PERSONNEL GENERAL AND ADMINISTRATIVE	186,756. 100,280. 64,491. 16,019.	0. 0. 0. 0.	0. 0. 0.	186,756. 100,280. 64,491. 16,019.	

FOUNDATION FOR THE DEFENSE OF	DEMOCRACIE		•	-	13-4174402
COMMUNICATIONS GRASSTOPS & GOVN'T RELATIONS RESEARCH DEVELOPMENT IRAQ PROJECT FILM EXPENSES	63,009. 27,734. 55,774. 80,728. 240,212. 291,226.		0. 0. 0. 0. 0.	0. 0. 0. 0.	63,009. 27,734. 55,774. 80,728. 240,212. 291,226.
TO FORM 990-PF, PG 1, LN 23 1,	126,229.		0.	0. ====================================	1,126,229.
FORM 990-PF U.S. AND STAT	E/CITY GOV	ERNMENT	OBLIGATIONS	STA	TEMENT 9
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAI	R MARKET VALUE
U.S TREASURY BILLS	X		1,309,002.		1,309,002.
TOTAL U.S. GOVERNMENT OBLIGATION	ıs	_	1,309,002.		1,309,002.
TOTAL STATE AND MUNICIPAL GOVERN	MENT OBLIG	- ATIONS			
TOTAL TO FORM 990-PF, PART II, I	INE 10A	=	1,309,002.		1,309,002.
FORM 990-PF DEPRECIATION OF AS	SSETS NOT H	ELD FOR	INVESTMENT	STA	TEMENT 10
DESCRIPTION	COST (ACCUMULATED DEPRECIATION	ВО	OK VALUE
FURNITURE, FIXTURES, COMPUTER EQUIP. & SOFTWARE	20	3,308.	100,545.		102,763.
TOTAL TO FM 990-PF, PART II, LN	14 20	3,308.	100,545.		102,763.
FORM 990-PF C	THER LIABI	LITIES		STA	TEMENT 11
DESCRIPTION					AMOUNT
PAYROLL TAXES PAYABLE FELLOWSHIP DEPOSITS					12,926. 8,220.
TOTAL TO FORM 990-PF, PART II, I	INE 22, CO	LUMN B			21,146.

12

FORM 990→PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT PART VII-A, LINE 10 NAME OF CONTRIBUTOR ADDRESS 17192 SHADDOCK LANE, BOCA RATON, FL 33487 JEROME GOODMAN 375 PARK AVENUE, NEW YORK, NY 10152 SAMUEL BRONFMAN FOUNDATION, INC QUAIL HILL FARM, 1086 FENLLYN PIKE, BLUE ABRAMSON FAMILY FOUNDATION BELL, PA 19422 4011 SOUTH YOURTOWN PLACE, TULSA, OK SCHUSTERMAN FOUNDATION 74105-3412 650 MADISON AVENUE, 17TH FLOOR, NEW YORK, JUDY & MICHAEL STEINHARDT FOUNDATION NY 10022 BARRACK FOUNDATION 3300 TWO COMMERCE SQUARE 2001 MARKET STREET, PHILADELPHIA, PA 19103-7044 MARCUS FOUNDATION 2455 PACES FERRY ROAD; BUILDING C, ATLANTA, GA 30339 JOSEPH & FELICIA WEBER 30327 ANDREA AND CHARLES BRONFMAN FUND AT 110 EAST 59TH STREET, 26 FLOOR, NEW YORK, BRANDEIS UNIVERSITY NY 10022 DAVID CUTLER BELL, PA 19422 DALCK FEITH REVOCABLE TRUST 18977-0307 SANFORD J GROSSMAN CHARITABLE TRUST 75 CONYERS FARM DRIVE, GREENWICH, CT 06831

LEWIS RANIERI

NEWTON & ROCHELLE BECKER FAMILY FOUNDATION AMERIQUEST CAPITAL CORPORATION

ANNENBERG FOUNDATION

SWEETFEET FOUNDATION, INC.

3406 OLD PLANTATION ROAD, ATLANTA, GA 5 SENTRY PARKWAY WEST, SUITE 100, BLUE PO BOX 307 , WASHINGTON CROSSING, PA 50 CHARLES LINDBERGH BLVD; SUITE 500, UNIONDALE, NY 11553 2743 AQUA VERDE CIRCLE, LOS ANGELES, CA 90077 1100 TOWN AND COUNTRY ROAD., ORANGE, CA 92868 312 LIANFAIR ROAD, PO BOX 260, WYNEWOOD, PA 19096 33 WITHERSPOON STREET 3ED FLOOR, PRINCETON, NJ 08542

13

STATEMENT

FORM 990→PF

	TKOSIEI			GERS		
NAME AND ADDRESS			TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
LEONARD ABRAMSON 1146 19TH STREET, NW, WASHINGTON, DC 20036	SUITE	300	DIRECTOR 1	0.	0.	0.
LEWIS S. RANIERI 1146 19TH STREET, NW, WASHINGTON, DC 20036	SUITE	300	DIRECTOR 1	0.	0.	0.
EDGAR BRONFMAN 1146 19TH STREET, NW, WASHINGTON, DC 20036	SUITE	300	DIRECTOR 1	0.	0.	0.
BERNARD MARCUS 1146 19TH STREET, NW, WASHINGTON, DC 20036	SUITE	300	DIRECTOR 1	0.	0.	0.
ROLAND ARNALL 1146 19TH STREET, NW, WASHINGTON, DC 20036	SUITE	300	DIRECTOR 1	0.	0.	0.
MICHAEL STEINHARDT 1146 19TH STREET, NW, WASHINGTON, DC 20036	SUITE	300	DIRECTOR 1	0.	0.	0.
SANFORD GROSSMAN 1146 19TH STREET, NW, WASHINGTON, DC 20036	SUITE	300	DIRECTOR 1	0.	0.	0.
NAAVA GROSSMAN 1146 19TH STREET, NW, WASHINGTON, DC 20036		300	DIRECTOR 1	0.	0.	0.
LEONARD BARRACK, ESQ. 1146 19TH STREET, NW, WASHINGTON, DC 20036	SUITE	300	DIRECTOR 0	0.	0.	0.
DAVID CUTLER 1146 19TH STREET, NW, WASHINGTON, DC 20036	SUITE	300	DIRECTOR 0	0.	0.	0.
PETER MAY 1146 19TH STREET, NW, WASHINGTON, DC 20036	SUITE	300	DIRECTOR 0	0.	0.	0.

PART VIII - LIST OF OFFICERS, DIRECTORS

TRUSTEES AND FOUNDATION MANAGERS

FOUNDATION FOR THE	DEFENSI	E OF DE	MOCRACIE	•	13-43	174402
RONALD RUBIN 1146 19TH STREET, NW, WASHINGTON, DC 20036	SUITE	300	DIRECTOR 0	0.	0.	0.
LYNN SCHUSTERMAN 1146 19TH STREET, NW, WASHINGTON, DC 20036	SUITE	300	DIRECTOR 1	0.	0.	0.
JEFFREY R. SOLOMON 1146 19TH STREET, NW, WASHINGTON, DC 20036	SUITE	300	DIRECTOR 1	0.	0.	0.
JOSEPH WEBER 1146 19TH STREET, NW, WASHINGTON, DC 20036	SUITE	300	DIRECTOR 1	0.	0.	0.
ANGELICA BERRIE 1146 19TH STREET, NW, WASHINGTON, DC 20036	SUITE	300	DIRECTOR 1	0.	0.	0.
TONY GELBART 1146 19TH STREET, NW, WASHINGTON, DC 20036	SUITE	300	DIRECTOR 1	0.	0.	0.
DALCK FEITH 1146 19TH STREET, NW, WASHINGTON, DC 20036	SUITE	300	DIRECTOR 1	0.	0.	0.
NINA ROSENWALD 1146 19TH STREET, NW, WASHINGTON, DC 20036	SUITE	300	DIRECTOR 0	0.	0.	0.
JACK KEMP 1146 19TH STREET, NW, WASHINGTON, DC 20036	SUITE	300	CHAIRMAN 1	0.	0.	0.
AMB. JEANE KIRKPATRIC 1146 19TH STREET, NW, WASHINGTON, DC 20036		300	BOARD MEMBER 1	0.	0.	0.
STEVE FORBES 1146 19TH STREET, NW, WASHINGTON, DC 20036	SUITE	300	BOARD MEMBER 1	0.	0.	0.
CLIFFORD D. MAY 1146 19TH STREET, NW, WASHINGTON, DC 20036	SUITE	300	PRESIDENT 40+	305,202.	3,400.	0.
AMB. RICHARD W. CARLS 1146 19TH STREET, NW, WASHINGTON, DC 20036		300	OFFICER 40+	129,808.	2,596.	0.

FOUNDATION FOR THE DEFE	ENSE OF DEM	MOCRACIE	•	13-4174	402
MARK DUBOWITZ 1146 19TH STREET, NW, SUI WASHINGTON, DC 20036	ITE 300	TREASURER - 40+	SECRETARY 152,316.	2,508.	0.
JOSEPH YOHLIN 1146 19TH STREET, NW, SUI WASHINGTON, DC 20036	ITE 300	TREASURER -	SECRETARY 280.	0.	0.
NIR BOMS 1146 19TH STREET, NW, SUI WASHINGTON, DC 20036	ITE 300	DIRECTOR 40	3,077.	62.	0.
TOTALS INCLUDED ON 990-PF	F, PAGE 6,	PART VIII	590,683.	8,566.	0.
FORM 990-PF		KV - LINE 1A JNDATION MANA		STATEMENT	14

NAME OF MANAGER

LEONARD ABRAMSON
LEWIS S. RANIERI
BERNARD MARCUS
ROLAND ARNALL
SANFORD GROSSMAN
LEONARD BARRACK, ESQ.
DAVID CUTLER
LYNN SCHUSTERMAN
JOSEPH WEBER

Form **8868**

Internal Revenue Service

(Rev. December 2004) Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

 \triangleright X If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Automatic 3-Month Extension of Time - Only submit original (no copies needed) Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041. Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3 month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile. **Employer identification number** Name of Exempt Organization Type or FOUNDATION FOR THE DEFENSE OF print 13-4174402 DEMOCRACIES, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for 1146 19TH STREET, NW, SUITE 300 filing your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions WASHINGTON, DC 20036 Check type of return to be filed (file a separate application for each return): Form 4720 Form 990 Form 990-T (corporation) Form 5227 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 Form 990-T (trust other than above) Form 990-EZ X Form 990-PF Form 8870 Form 1041-A The books are in the care of ► MANAGEMENT Telephone No. ► 202-207-0190 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box _. If this is for the whole group, check this If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If it is for part of the group, check this box ▶ _____ and attach a list with the names and EINs of all members the extension will cover. I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until AUGUST 15, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2004 or , and ending If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. Form 8868 (Rev 12-2004) For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA

	CO / Day 10 0004)		•	Daga 2	
	68 (Rev. 12-2004)	ahaak thia ha	· · · · · · · · · · · · · · · · · · ·	Page 2 ► X	
•	are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and nly complete Part II if you have already been granted an automatic 3-month extension on a p				
	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	loviously filed	1 0111 0000.		
Part I	······································	Original a	nd One Copy.		
Type or	Name of Exempt Organization FOUNDATION FOR THE DEFENSE OF	•	Employer identif	ication number	
print.	DEMOCRACIES, INC.		13-4174	402	
File by the extended due date for	Number, street, and room or suite no. If a P.O. box, see instructions. 1146 19TH STREET, NW, SUITE 300	,	For IRS use only		
filing the return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	• ,	· · · · · · · · · · · · · · · · · · ·	•	
Check t	ype of return to be filed (File a separate application for each return):				
☐ Fo	rm 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form	n 1041·A [n 4720 [Form 5227 Form 6069	Form 8870	
STOP: C	o not complete Part II if you were not already granted an automatic 3-month extension	on a previous	sly filed Form 886	В.	
	ooks are in the care of MANAGEMENT				
-	hone No. ► 202-207-0190 FAX No. ►				
	organization does not have an office or place of business in the United States, check this bo			P	
box >	is for a Group Return , enter the organization's four digit Group Exemption Number (GEN) and attach a list with the names a		s is for the whole (
	equest an additional 3-month extension of time until NOVEMBER 15, 2005	id Elins of all f	nembers the exter	ISION IS TOF.	
5 For calendar year 2004, or other tax year beginning and ending					
	this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period				
	•				
	DDITIONAL TIME IS REQUIRED TO GATHER THE NECES		FORMATION		
E	KTERNAL THIRD PARTIES TO ALLOW FOR A COMPLETE	AND ACC	URATE FIL:	ING.	
	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less nrefundable credits. See instructions	any .	\$	0.	
tax	his application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and est payments made. Include any prior year overpayment allowed as a credit and any amount payonessly with Form 8868		\$	0.	
c Ba	lance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, upon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruction	deposit with f	-TD \$	0.	
	Signature and Verification				
Under pen it is true, c	alties of perjury, I dealare that I have examined this form, including accompanying schedules and statem orrect, and complete, and that I am authorized to prepare this form	ents, and to the		1	
Signature	Title > C.P.A.		Date > 8 00	1/05	
	Notice to Applicant - To Be Completed by th	e IRS	7-7-	7	
We	have approved this application. Please attach this form to the organization's return.		•		
L We	have not approved this application. However, we have granted a 10-day grace period from	he later of the	date shown belov	v or the due	
	e of the organization's return (including any prior extensions). This grace period is considered		extension of time t	or elections	
	erwise required to be made on a timely return. Please attach this form to the organization's re				
	have not approved this application. After considering the reasons stated in item 7, we cann		•		
TIIE.	We are not granting a 10-day grace period. Cannot consider this application because it was filed after the extended due date of the ret	TENSION AF	PROVED WAS	oguanted.	
Oth		ulli loi willoire	anna di mas i	equested.	
		AUG 3 0	2005		
	By		ະນຸບຽ 		
Director Supplies Date					
	Mailing Address - Enter the address if you want the copy of this application for an addition than the one entered above.	lar 3 fill of the ex	tension returned to	an address	
	Name DIBINO : MCCEEUIN CUADMEDED				
Туре	RUBINO & MCGEEHIN, CHARTERED Number and street (include suite, room, or apt. no.) or a P.O. box number				
or print	6905 ROCKLEDGE DRIVE, SUITE 700				
423832 01-10-05	City or town, province or state, and country (including postal or ZIP code) BETHESDA, MD 20817				