efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Return of Organization Exempt From Income Tax

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

DLN: 93493304011318 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

Δ F	or the	2017 ca	 	nning 01-01-2017 , and ending 12-	31-2017			
		oplicable	C Name of organization		71 2017	D Employe	er identif	ication number
☐ Ad	dress o	change	FOUNDATION FOR THE DEFENSE OF DEMOCRACIES INC	DF		13-4174	1402	
	me cha tıal ret	-	Doing business as			_		
_		n/terminated						
		l return	Number and street (or P O box if i 1800 M STREET NW NO 800S	mail is not delivered to street address) Room/s	uite	E Telephon		
⊔ Ар	plicatio	on pending		untry, and ZIP or foreign postal code		(202) 20	07-0190	
			WASHINGTON, DC 20036	unitry, and 21P of foreign postal code		G Gross red	reints ¢ 1	3 707 651
			F Name and address of princip	pal officer	H(a) Is	this a group ret	<u> </u>	
			CLIFFORD MAY 1800 M STREET NW NO 800S			bordinates?	Lain To	□Yes ☑ No
			WASHINGTON, DC 20036		Н(b) Are	e all subordinat	es	☐ Yes ☐No
I Ta	x-exen	npt status	☑ 501(c)(3) □ 501(c)() ◆	(insert no) \square 4947(a)(1) or \square 527	1	:luded? "No," attach a li	ıst (see	
J W	ebsit	e:► WW	W DEFENDDEMOCRACY ORG		1	oup exemption	•	•
					1			
K Form	n of or	ganızatıon	✓ Corporation ☐ Trust ☐ Ass	sociation Other	L Year of fo	ormation 2001	M State	of legal domicile NY
Pa	rt T	Sumi	marv					
			cribe the organization's mission	or most significant activities				
ej.	<u> </u>	O CÓNDL	JCT RESEARCH AND PROVIDE ED	DUCATION ON INTERNATIONAL TERRORIS	SM AND REL	ATED ISSUES		
anc	-							
em	-							
Activities & Governance				iscontinued its operations or disposed of ing body (Part VI, line 1a)				l 14
×5			-	of the governing body (Part VI, line 1b)			3	14
<u>6</u>				alendar year 2017 (Part V, line 2a)			5	63
Ĭ			nber of volunteers (estimate if ne	, , , , , ,			6	40
Acı			·	rt VIII, column (C), line 12			7a	0
	ь	Net unrel	ated business taxable income fro	om Form 990-T, line 34			7b	0
						Prior Year		Current Year
Q,	8	Contribut	ions and grants (Part VIII, line 1	h)		9,058,6	533	13,201,366
Rəvenue	9	Program :	service revenue (Part VIII, line 2	g)			360	640
Rọv	10	Investme	nt income (Part VIII, column (A)	, lines 3, 4, and 7d)		11,3	320	32,013
	l		enue (Part VIII, column (A), line			-30,8		-37,026
	-			ust equal Part VIII, column (A), line 12)		9,039,4		13,196,993
	l			column (A), lines 1–3)		81,0		26,000
			paid to or for members (Part IX,	penefits (Part IX, column (A), lines 5–10)		6,204,4	0	7,216,338
Expenses		•	nal fundraising fees (Part IX, col	, , , , , , , , , , , , , , , , , , , ,		21,5	_	34,667
9			aising expenses (Part IX, column (D),	, ,,			,,,,,	3 1,007
₫	l		penses (Part IX, column (A), line	·		5,398,5	555	6,111,262
	18	Total exp	enses Add lines 13-17 (must ed	qual Part IX, column (A), line 25)		11,705,4	179	13,388,267
	19	Revenue	less expenses Subtract line 18 f	rom line 12		-2,666,0	043	-191,274
<u>૪</u> જુ					Beginn	ing of Current Y	ear	End of Year
alan Set	20	Total acc	ate (Dart V. line 16)			21 5/2 3	76	21 694 601
Net Assets or Fund Balances	l		ets (Part X, line 16)			21,543,3 2,569,7		21,684,691 2,892,367
žš.	l		s or fund balances Subtract line			18,973,6	_	18,792,324
Pai		_	ature Block			20,77.0,0		20,752,52
Unde	r pena	alties of pe	erjury, I declare that I have exar	mined this return, including accompanying				
	ledge nowle		f, it is true, correct, and complet	e Declaration of preparer (other than off	icer) is base	d on all informa	ation of v	which preparer has
		Signati	re of officer			2018-10-29 Date		
Sign Here		CLIFFO	DD MAY PRECIDENT					
	-		RD MAY PRESIDENT r print name and title					
			rınt/Type preparer's name		Date		PTIN	
Paid	k	L P.	ATRICIA A O'MALLEY CPA	PATRICIA A O'MALLEY CPA		Check LJ If P self-employed	00285909	<i>)</i>
	pare	;ı ⊢	rm's name RUBINO AND COMPA			Firm's EIN ► 52-		
	On	1 5	rm's address ► 6903 ROCKLEDGE DR			Phone no (301) 5	564-3636	
			BETHESDA, MD 2081	171818				
			this return with the preparer sho	· · · · · · · · · · · · · · · · · · ·			 ✓ Y	res 🗌 No
For P	aper	work Red	luction Act Notice, see the se	parate instructions.	Cat No	11282Y		Form 990 (2017)

Cat No 11282Y

Form **990** (2017)

Form	990 (20	017)					Page 2
Par	t III	Statement	of Program Servic	e Accomplis	hments		
		Check if Sched	dule O contains a respo	nse or note to a	any line in this Part III		🗹
1	Briefly		rganization's mission		•		
TO T TO N PHIL	HE UNIT ATIONA OSOPHI	ED STATES AN L SECURITY AN CAL AND IDEOI	ID OTHER FREE, DEMO ND GLOBAL TERRORISM	CRATIC NATION	IS THE ORGANIZATIO S AND CAPABILITIES (INTERNATIONAL TERRORISM - THE N PRODUCES INDEPENDENT ANALY FDD EXAMINES THE HISTORICAL, C EATEN DEMOCRACIES AND INDIVIE	SES ON ISSUES RELATED ULTURAL,
2	Did the	e organization i	undertake any significa	nt program ser	vices during the year w	hich were not listed on	
	the pri	or Form 990 or	r 990-EZ?				🗌 Yes 🗹 No
		•	se new services on Sch				
3	Did the	e organization o	cease conducting, or m	ake significant	changes in how it cond	lucts, any program	
	service	es?					🗌 Yes 🗹 No
	If "Yes	," describe the	se changes on Schedul	e O			
4	Section	n 501(c)(3) and		ns are required	to report the amount	e largest program services, as meas of grants and allocations to others,	
4a	(Code) (Expenses \$	5,086,434	including grants of \$	26,000) (Revenue \$	640)
	See Ad	ditional Data					
4b	(Code) (Expenses \$	2,578,598	including grants of \$) (Revenue \$)
	See Ad	ditional Data					
4c	(Code) (Expenses \$	1,811,470	ıncludıng grants of \$) (Revenue \$)
	See Ad	ditional Data					
	See A	dditional Data T	Table				
4d			ces (Describe in Schedi	•			
	(Expe	nses \$	1,854,524 incl	uding grants of	\$) (Revenue \$)
4e	Total	program serv	rice expenses ▶	11,331,0	26		

or X as applicable

Checklist of Required Schedules

Page 3

No

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, lıne 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Nο

Nο

Nο

No

No

Nο

Nο

No

Nο

Form **990** (2017)

11a

11b

11c

11d

11e

11f

12a

13

14a

14h

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19

7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο 8 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

29

No

Page 4

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Part IV Checklist of Required Schedules (continued) 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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35a

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Yes

Form 990 (2017)

Yes

Yes

Yes

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Nο

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

orm	990 (2017)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 56 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b (1b)			
		4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
	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	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		110
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	<u> </u>		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
Ĭ	1. For the sure of so, and the organization merentine cool in the first transfer of the sure of the su	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<u> </u>		
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
_	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
_		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand]		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			i

01111	JJO (2				raye (
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	' respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction	A. Governing Body and Management	•		
		The coronnel growing and training and the coronnel growing and the coro		Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year label 14			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 12			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3		ne organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did th	ne organization have members or stockholders?	6		No
7a		ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more pers of the governing body?	7a		No
b	Are ar	ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7b		No
8	Did th	ne organization contemporaneously document the meetings held or written actions undertaken during the year by			
а		overning body?	8a	Yes	
b	-	committee with authority to act on behalf of the governing body?	8b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
		ızatıon's maılıng address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
				Yes	No
		ne organization have local chapters, branches, or affiliates?	10a		No
	and b	s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	form?		11a	Yes	
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were conflic	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes	
13	Did th	ne organization have a written whistleblower policy?	13	Yes	
14	Did th	ne organization have a written document retention and destruction policy?	14	Yes	
15		ne process for determining compensation of the following persons include a review and approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	rganization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	officers or key employees of the organization	15b	Yes	
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	taxab	ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a		No
b	ın joir	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation it venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt with respect to such arrangements?	16b		
Se	ction	C. Disclosure			
17	List th	ne States with which a copy of this Form 990 is required to be filed CA , CT , FL , NJ , NY , NC , PA , TN , VA , , MA , MI , DC , MD	OH , IL	, co , d	GA,RI
18		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) ible for public inspection. Indicate how you made these available. Check all that apply			
		Own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			
19	Descr	ibe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20		, and financial statements available to the public during the tax year			
20	State ►KAT	the name, address, and telephone number of the person who possesses the organization's books and records HRYN HELMAN 1800 M STREET NW STE 800S WASHINGTON, DC 20036 (202) 207-0190			

organization and any related organizations

Part VII

(6) MARK PRUZANSKI DIRECTOR

(7) KENNETH SCHWARTZ

DIRECTOR

PRESIDENT

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

COO

CEO

(8) CLIFFORD MAY

(9) MARK DUBOWITZ

(10) LARRY HOCHBERG

(11) MARK PELSON

(12) JAMES LITINKSY

(13) BRIAN BILZIN

(14) TIMOTHY GORDON

(15) WILLIAM MCCARTHY

(16) JONATHAN SCHANZER

SENIOR VICE PRESIDENT

(17) LAWRENCE MUSCANT

VP OF DEVELOPMENT

✓

0

0

25.504

25,504

0

0

0

10,385

25,430

14.935

Form 990 (2017)

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556.573

555,785

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350,367

366,076

316,179

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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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- List all of the organization's former officers, key employees, or 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 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest
- compensated employees, and former such persons

Check this box if neither the organizatio	n nor any related o	organization compensated any	current officer, dire	ector, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of othe compensation from the organization ar related organizations

	hours per week (list any hours for related organizations below dotted line)	pers	an on on is	both recto	x, u n an r/tri	nless compensated	er	compensation from the organization (W- 2/1099- MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
(1) LENNERT LEADER	1 00	×						0	0	0

	line)	vidual trustee Inector	tituticnal Trustee	<u> </u>	employee	hest compensated Movee	ner			organizations
(1) LENNERT LEADER DIRECTOR	1 00	x						0	0	0
(2) BERNARD MARCUS DIRECTOR	1 00	x						0	0	0
(3) LEONARD ABRAMSON DIRECTOR	1 00	х						0	0	0

(3) LEONARD ABRAMSON	1 00				n	0	0
DIRECTOR		χ.			3	3	
(4) ERIC DEZENHALL	1 00	×			0	0	0
DIRECTOR		χ.			3	,	
(E) DAVID NACTALY	1 00						

Х

Х

Х

Х

х

(3 D: (4 D: (5) DAVID NAFTALY 0 0 DIRECTOR

1 00

1.00

60 00

60 00

1.00

1 00

1 00

1.00

1 00

50 00

60 00

50 00

Х

Х

Х

Х

4521 PARK ROAD ALEXANDRIA, VA 22312

compensation from the organization \blacktriangleright 10

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Page 8

2:11-771 Section A. Officers, Directors	, musices, k	Cy Liii	picy	ccs	, an	iu ilig	JIICS	Compens	accu	Lilipioyees	COIR	mueuj	
(A) Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, ι n of	t che unles ficer	and a	son	(D) Reportable compensate from the organization	ation compensation ne from relate in (W- organization			Estim amount of comper from	ated of other isation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MI	SC)	(W- 2/1099 MISC)	-	organizai relai organiz	ted
(18) REUEL MARC GERECHT	50 00				\vdash	ث					\dashv		
SENIOR FELLOW						×		21	.1,893		0		23,400
(19) THOMAS JOSCELVII	50 00				\vdash								
SENIOR FELLOW						×		16	51,242		0		19,585
(20) JOHN HANNAH	50 00					,,							40.055
SENIOR COUNSELOR	···					×		29	0,876		이		10,366
(21) YAYA FANUSIE	50 00					×		1.4	0.000		0		21 202
CSIF, DIRECTOR OF ANALYSIS						_ ^		14	9,800		ď		21,283
(22) ANTHONY RUGGIERO	50 00					×		16	64,151		o		22,509
SENIOR FELLOW						_^_		10	,4,131				
					₩								
					L								
1b Sub-Total	VII, Section A				,								
d Total (add lines 1b and 1c)						>		3,122,942					198,901
Total number of individuals (including but of reportable compensation from the organization)		those li	sted a	abov	/e) v	vho re	ceive	ed more than	\$100	,000			
												Yes	No
3 Did the organization list any former offic line 1a? <i>If "Yes," complete Schedule J for</i>						e, or h	-	est compensa	ted er	nployee on	3		No
For any individual listed on line 1a, is the organization and related organizations grandividual										ne	4	Yes	
5 Did any person listed on line 1a receive o services rendered to the organization? If '									ndıvı	lual for	5	103	No
Section B. Independent Contractors					—						_		140
Complete this table for your five highest of from the organization Report compensation.	compensated in										npen	sation	
	(A)	, .	<u></u>	٠9						(B)		(0	;)
Name and b	ousiness address							SEE SCH		ion of services		Comper	775,000
								SEE SCH	IEDULE	. 0			773,000
1800 M STREET NW SUITE 800S WASHINGTON, DC 20036													
SHORASHIM								PROGRA	M SUP	PORT AND TRAVE	L		468,229
1440 N DAYTON STREET SUITE 301 CHICAGO, IL 60642													
PAUL WEISS RIFKIND WHARTON & GARRISON								LEGAL &	RESE	ARCH SERVICES			403,518
1285 AVENUE OF THE AMERICAS													
NEW YORK, NY 10019 FINANCIAL INTEGRITY NETWORK								RESEARC	CH & P	ROGRAM SUPPOF	RT.		366,667
											-		,
11716 PINE TREE DRIVE FAIRFAX, VA 22033													
SAMANTHA RAVICH								RESEAR	CH & P	ROGRAM SUPPOF	₹T		225,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Part	VII	Statement of	Revenue								_
		Check if Schedul	e O contains	a respo	onse or note to an	(his Part VII A) revenue	Rel e: fu	(B) ated or xempt nction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigi	ns	1a				16	venue		312-314
at st		• Membership dues									
Contributions, Gifts, Grants and Other Similar Amounts		•		1b							
9. ₹		: Fundraising events		1c							
ifs i	d	Related organizatio	ns	1 d							
تَ ∄َ	е	Government grants (co	ontributions)	1e							
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, and similar amounts n									
igi er		above	ot included	1f	13,201,366						
들	g	Noncash contribution									
<u> </u>		'		220,							
ರ ₹	h	Total.Add lines 1a-1	.f	• •	· · •	13	3,201,366				
<u>+</u>					Busines	s Code					
Service Revenue	2a	MISCELLANEOUS				900099		640	6	40	
\$	Ь										
s S	c										
erv	d										
n S	e			_							
Jrar	f	All other program se	rvice revenue								
Program		Fotal.Add lines 2a-2f			_	640					
_						_		1	1		
		nvestment income (ii imilar amounts) .				<u> </u>	31,79	6			31,796
		ncome from investme			ond proceeds	▶					
		Royalties				▶ ├──					
			(ı) Rea		(II) Personal						
	6a	Gross rents				┑					
				.07,531		_					
	ь	Less rental expenses	1	.44,557							
	c	Rental income or		-37,026		\dashv					
		(loss)		·							
	d	Net rental income o	r (loss)	•			-37,02	.6			-37,026
			(ı) Securi	ties	(II) Other						
		Gross amount from sales of assets other than inventory	2	221,970	144,34	48					
	b	Less cost or other basis and sales expenses	2	20,429	145,67	72					
	c	Gain or (loss)		1,541	-1,32	24					
	d	Net gain or (loss) .			>	7	21	7			217
		Gross income from fo									
ne		(not including \$ contributions reporte		of							
듄		See Part IV, line 18		. a							
Re	ь	Less direct expense	s	ь							
l le	c	Net income or (loss)	from fundrais	ing ev	ents						
Other Revenue		Gross income from g		ies							
0		See Part IV, line 19		- 1							
	h	1		a		-					
		Less direct expense: Net income or (loss)		b	105						
		Gross sales of invent		activiti	les >	1					
		returns and allowand	ces	a							
	b	Less cost of goods s	sold	b							
	С	Net income or (loss)		invent							
		Miscellaneous	Revenue		Business Code	_					
	11a	a									
	b										
	С							+			+
	C										
											1
		All other revenue .									
	е	Total. Add lines 11a	-11d		•						
	12	Total revenue. See	Instructions				12 100 00		640		0 5000
					-		13,196,99	اد	640		o -5,013 Form 990 (2017)

Part IX Statement of Functional Expenses

Form 990 (2017) Page 10 Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) ◪ Check if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, (A) (D) Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. Fundraisingexpenses general expenses expenses 26,000 1 Grants and other assistance to domestic organizations and 26,000 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, line 15 and 16 4 Benefits paid to or for members 477,051 5 Compensation of current officers, directors, trustees, and 2,246,738 1,516,398 253,289 key employees . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 4,041,444 148,467 3,572,641 320,336 7 Other salaries and wages 1,705 107,122 81,978 23,439 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . 458,207 458,207 **9** Other employee benefits . 33,933 34,522 10 Payroll taxes . . 362,827 294.372 11 Fees for services (non-employees) a Management . 519,368 490,655 28,422 291 **b** Legal 36,413 38,973 2,560 c Accounting d Lobbyina . 34.667 34,667 e Professional fundraising services See Part IV, line 17 150 150 **f** Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column 2,945,371 2,804,819 123,378 17,174 (A) amount, list line 11g expenses on Schedule O) 3,732 3.732 **12** Advertising and promotion . 462,763 223,705 205,276 33,782 13 Office expenses . 218,495 42,616 153,391 22,488 14 Information technology **15** Royalties 627,087 176 628.885 1.622 16 Occupancy . 610,720 419,808 31,453 159,459 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 318,749 300,418 8,893 9,438 19 Conferences, conventions, and meetings 20 Interest . . 21 Payments to affiliates . 22 Depreciation, depletion, and amortization 266,094 266,094 23 Insurance . 97,962 33,904 64,058 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 0 128,243 1,072,125 -1,200,368 a OVERHEAD ALLOCATION 0 443,673 -486,364 42,691 **b** FRINGE BENEFITS ALLOC c

13,388,267

11,331,026

947,087

1,110,154

Form 990 (2017)

d

All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720) 1

2

30

31

32

33

34

Net

Page **11**

4,958,611

439,547

0 8,199,992

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

	Beginning of year		End of ye
Cash-non-interest-bearing	3,386,483	1	
Savings and temporary cash investments	4,437,823	2	
Pledges and grants receivable net	10 751 517	3	

3 Pledges and grants receivable, net . 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5

II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . .

Assets Notes and loans receivable, net . . Inventories for sale or use . 8 343.396 9 333,724 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other 2,848,041 10a basis Complete Part VI of Schedule D

589.681 2.203.305 2,258,360 b Less accumulated depreciation 10b 10c 5.188,843 90.459 11 Investments—publicly traded securities . 11 12 12 Investments—other securities See Part IV, line 11 . . . 13 13 Investments—program-related See Part IV, line 11 . 14 14 Intangible assets 330.393 305.614 15 15 Other assets See Part IV, line 11

21,543,376 21.684.691 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 16 17 Accounts payable and accrued expenses 251.554 17 556,740 18 18 Grants payable . . .

19 19 Deferred revenue . . . Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21

22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Liabilities persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, 2.318.218 25 2.335.627 25

and other liabilities not included on lines 17-24) Complete Part X of Schedule D

26 Total liabilities. Add lines 17 through 25 . 2,569,772 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

2,892,367 complete lines 27 through 29, and lines 33 and 34. 27 7.264.993 27 8.401.089 Unrestricted net assets

Fund Balances 28 11.708.611 28 10.391.235 Temporarily restricted net assets 29 29 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34. Assets or

30

31

32

33

34

18,792,324

21.684.691

Form **990** (2017)

18,973,604

21.543.376

Capital stock or trust principal, or current funds

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Page **12**

18,792,324

Yes

Yes

Yes

2a

2b

2c

3a

3b

~

No

Nο

No

Form 990 (2017)

Form 990 (2017)

Part XII

Schedule O

4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,973,604
5	Net unrealized gains (losses) on investments	5	9,994
6	Donated services and use of facilities	6	
7	Investment expenses	7	

_	Net unrealized gains (1033e3) on investments	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	,	5,55
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	(exp	olain	ın S	Sche	edul	e 0)										9	

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c 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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

EIN: 13-4174402

Name: FOUNDATION FOR THE DEFENSE OF DEMOCRACIES INC.

Form 990 (2017)

Form 990, Part III, Line 4a:

INSTITUTIONS

RESEARCH, COMMUNICATIONS, AND EDUCATION ON ISSUES RELATED TO INTERNATIONAL TERRORISM AND THE DEFENSE OF DEMOCRATIC SOCIETIES AND

Form 990, Part III, Line 4b: IRAN PROJECT - POLICY RESEARCH, ANALYSIS, AND EDUCATION ADDRESSING IRAN'S SUPPORT FOR TERRORISM AND PURSUIT OF NUCLEAR WEAPONS

Form 990, Part III, Line 4c: OTHER RESEARCH PROJECTS - TO PROVIDE RESEARCH ON TERRORISM AND RELATED ISSUES ON A TIMELY BASIS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code (Expenses \$ 1.418.019 including grants of \$ (Revenue \$ SANCTIONS AND ILLICIT FINANCE - FDD LAUNCHED A CENTER THAT FOCUSES ON SANCTIONS AND ILLICIT FINANCE TO EXAMINE HOW DEMOCRACIES CAN USE SANCTIONS AS ECONOMIC COERCION, DETER ILLICIT FINANCE, AND DEFEND THEMSELVES AGAINST ECONOMIC WARFARF (Code (Expenses \$ 436.505 including grants of \$ (Revenue \$ CYBER THREATS-A PROJECT TO PROMOTE A GREATER UNDERSTANDING WITHIN THE US GOVERNMENT, PRIVATE SECTOR, AND ALLIED COUNTRIES OF THE THREATS AND OPPORTUNITIES THAT HOSTILE CYBER ATTACKS AGAINST A NATION INTENDED TO WEAKEN AN ECONOMY

AND THUS REDUCE ITS POLITICAL AND MILITARY POWER

efil	e GR	APHIC prii	nt - DO NO	T PROCESS	As Filed Data -			DLN: 93	3493304011318
SCI	HFD	ULE A		Public (Charity Statu	e and Duk	olic Supp	ort	OMB No 1545-0047
	m 99		Cor		rganization is a sect				2017
990I	EZ)		-		4947(a)(1) nonexe	mpt charitable	trust.		201 /
		the Treasury	▶ Inf	ormation abou	► Attach to Form ut Schedule A (Form www.irs.g			ections is at	Open to Public Inspection
Nam	e of th	ne organiza I FOR THE DEFI			_			Employer identific	ation number
	CRACIE	S INC						13-4174402	
	rt I				us (All organization			See instructions.	
	organiz —		•		entus (For lines 1 thro	•			
1	Ш	A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(ı).	
2		A school de	scribed in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		·	·	•	vice organization desc			-	
4			esearch orga and state _	inization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	(iv). (Compl	ete Part II)	t of a college or unive				oed in section 170
6		A federal, s	tate, or loca	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).	
7	✓	-		rmally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	nit or from the genera	al public described in
8		A communi	ty trust desc	ribed in sectior	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		from activit	ies related to income and	o its exempt fur unrelated busin	(1) more than 331/39 octions—subject to cer ess taxable income (leading properties and the complete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su	
11					d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	l organizations d	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See <mark>section 509(a</mark>	
а		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting on t of the sup	organization sup porting organiza	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally		supporting organizatio				ted with, its
d		Type III n functionally	on-function	nally integrate The organizatio	ions) You must com d. A supporting organi n generally must satis	ization operated fy a distribution i	in connection wi requirement and	th its supported orgar	
e		Check this	box if the or	ganization recei	t IV, Sections A and ved a written determine	nation from the II		pe I, Type II, Type II	I functionally
f	Enter			non-runctionally d organizations	integrated supporting	organization			
g				-	ipported organization(5)			
		Name of supported organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	, ' 	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
				l					
Tota					_				_
		work Reduc	tion Act No	tice, see the I	structions for	Cat No 11285	5F \$	Schedule A (Form 9	90 or 990-EZ) 2017

Page 2

(b)(1)(A)(ix)										
(Complete only if you ch	necked the box	on line 5, 7, 8, c	r 9 of Part I or	if the organization	on failed to qual	ıfy under Part				
III. If the organization f	ails to qualify ui	nder the tests lis	ted below, plea	se complete Par	t III.)					
Section A. Public Support										
Calandarusans										

-	III. If the organization fa ection A. Public Support	als to qualify und	der the tests list	ed below, pleas	e complete Part	III.)		
3	Calendar year	(-) 2012	(I-) 2014	(-) 201F	(4) 2016	(-) 2	017	/f) T-+-!
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20	J1/	(f) Total
L	Gifts, grants, contributions, and membership fees received (Do not	7,482,797	10,301,139	8,752,495	9,058,633	13	,201,366	48,796,430
	include any "unusual grant ")	7,402,737	10,501,155	0,732,433	3,030,033	13	,201,300	40,750,450
2	Tax revenues levied for the							
	organization'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	7 492 707	10 201 120	9.753.405	0.050.633		201 266	49 706 420
	Total. Add lines 1 through 3 The portion of total contributions by	7,482,797	10,301,139	8,752,495	9,058,633	13	,201,366	48,796,430
•	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							7,492,952
	line 1 that exceeds 2% of the amount shown on line 11, column (f)							
	amount shown on line 11, column (1)							
5	Public support. Subtract line 5							41,303,478
_	from line 4 ection B. Total Support							
	Calendar year				4.0004.4			465-
	(or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e)20)1/	(f) Total
7	Amounts from line 4	7,482,797	10,301,139	8,752,495	9,058,633	13	,201,366	48,796,430
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and	90,913	67,985	50,991	60,051		139,327	409,267
	income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
LO	business is regularly carried on Other income Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI)							
1	Total support. Add lines 7 through 10							49,205,697
. 2	Gross receipts from related activities,	etc (see instructioi	ns)			12		64,143
	First five years. If the Form 990 is fo			d. fourth, or fifth	tax vear as a sect			
	check this box and stop here						_	· · · · · · · · · · · · · · · · · · ·
S	ection C. Computation of Public							
	Public support percentage for 2017 (lin	• •	_	olumn (f))		14		83 940 %
	Public support percentage for 2016 Sc					15		79 120 %
L6a	33 1/3% support test-2017. If the	organization did n	ot check the box o	n line 13, and line	e 14 is 33 1/3% or	more, ch	eck this b	
L	and stop here. The organization quali 33 1/3% support test—2016. If th				nd line 15 is 33 1/	/3% or m	ore check	▶ ✓
D				·	114 IIIIE 13 13 33 1/	5 /0 OI III	J. C, CHECK	► □
7>	box and stop here. The organization 10%-facts-and-circumstances test				e 13, 16a, or 16b.	and line	14	F 🗆
. <i>,</i> a	is 10% or more, and if the organizatio							
	in Part VI how the organization meets							_
	organization							ightharpoons
b	10%-facts-and-circumstances tes						d line	
	15 is 10% or more, and if the organize Explain in Part VI how the organization						ily	

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(a) 2016	(e) 2017	(I) Iotai
1	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						
4	under section 513 Tax revenues levied for the						
-	organization'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						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

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	1	İ	
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)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	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			
l	determination	3b		

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	3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
I	f "Yes," explain in Part VI what controls the organization put in place to ensure such use				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b in Part I, answer (b) and (c) below				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				

				3.	
С	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				
		3с			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a			
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		$\overline{}$		
	supervised by or in connection with its supported organizations	4b			
С	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		$\overline{}$		
		4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and				

			, ,			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you inchecked 12a or 12b in Part I, answer (b) and (c) below					
	cnecked 12a or 12b in Part I, answer (b) and (c) below	4a				
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					
С	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	old the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported rganizations 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)					

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing			
	organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ)			

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

C	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"			
	complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as			i

```
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.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

(B) Current Year

(optional)

Current Year

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5

7

8

1 2

3

4 5

6

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

Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year Section B - Minimum Asset Amount 1 1a

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors 2

(explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6

6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 8

3

7

Schedule A (Form 990 or 990-EZ) 2017

Section C - Distributable Amount

Minimum Asset Amount (add line 7 to line 6) Adjusted net income for prior year (from Section A, line 8, Column A)

Enter 85% of line 1

2

Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3

temporary reduction (see instructions)

instructions)

4 5 Income tax imposed in prior year

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

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	<u> </u>
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

8	Distributions to attentive supported organizations to wh details in Part VI) See instructions	sive (provide				
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
	Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6 Amount for 2017 Amount for 2017					
	- · · · ·					

details in Part VI) See instructions				
(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
	(i)	(i) (ii) Underdistributions		

9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			_
d From 2015			

e From 2016. f Total of lines 3a through e

d Excess from 2016. . . . e Excess from 2017.

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		

lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		
8 Breakdown of line 7		
a Excess from 2013		
b Excess from 2014		
c Excess from 2015		

Schedule A (Form 990 or 990-EZ) (2017)

Additional Data

Software ID: Software Version:

EIN: 13-4174402

FOUNDATION FOR THE DEFENSE OF Name:

Page 8

DEMOCRACIES INC

Schedule A (Form 990 or 990-EZ) 2017 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V

Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493304011318

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

Inspection

f the	Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9: t have filed Form 5768 (election under s t have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax s), then	ection 501(h)) Co ider section 501(h	omplete Part II-A Do no)) Complete Part II-B	ot complete Part II-B Do not complete Part II-A
Nar FOU	me of the organization NDATION FOR THE DEFENSE OF MOCRACIES INC	eations complete rare in		Employer i	dentification number
Par	t I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is		
1		nization's direct and indirect political cam		_ _	
2	Political campaign activity expend	litures (see instructions)		>	\$
3	Volunteer hours for political camp	paign activities (see instructions)			<u> </u>
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise to	ax incurred by the organization under se	ection 4955	•	\$
2	Enter the amount of any excise to	ax incurred by organization managers ur	nder section 4955	•	\$
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	hıs year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
	If "Yes," describe in Part IV t I-C Complete if the orga	nization is exempt under sectio	n 501(c) eve	ent section 501(c)	/3)
1	<u> </u>	-			
2		led by the filing organization for section anization's funds contributed to other or	•		\$ \$
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and or	n Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			Yes No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fu olitical organization, su	which the filing nds Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds If none, ento -0-	s contributions received
L					
2					
3					
1					
5					
5					
or P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule	C (Form 990 or 990-EZ) 2017

570,331

21,726

142,583

670,597

35,668

167,649

735,274

136,276

183,819

819,413

225,478

204,853

Schedule C (Form 990 or 990-EZ) 2017

2,795,615

4,193,423

419,148

698,904

1,048,356

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Schedule C (Form 990 or 990-EZ) 2017

Return Reference

activity

(b)

Amount

(a)

No

Yes

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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.

DLN: 93493304011318 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury

Assets included in Form 990, Part X

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

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** FOUNDATION FOR THE DEFENSE OF DEMOCRACIES INC 13-4174402 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2017

Par	t III	Organizations Maintaining Co	ollections o	of Art, Hist	torical T	reası	ires, or	Other	Similar A	ssets (cor	ntınued)	
3		the organization's acquisition, accessi (check all that apply)	on, and other	records, ch	eck any of	the fo	llowing t	hat are a	significant	use of its co	ollection	
а		Public exhibition		d Loan or exchange programs								
b		Scholarly research			е 🗌	Othe	r					
С		Preservation for future generations										
4	Provide Part	de a description of the organization's c	ollections and	explain how	they furtl	her the	e organız	ation's ex	kempt purpo	ose in		
5		g the year, did the organization solicit s to be sold to raise funds rather than							nılar	☐ Yes		lo
Pa	rt IV	Escrow and Custodial Arrang Complete if the organization and X, line 21.		" on Form	990, Part	IV, lı	ne 9, or	reporte	ed an amo	unt on For	m 990,	Part
1a		e organization an agent, trustee, custo ded on Form 990, Part X?	dian or other	intermediary	for contri	bution	s or othe	er assets	not	☐ Yes		lo
ь	If "Y∈	es," explain the arrangement in Part XI	II and comple	ete the follov	ving table		Γ		-	Amount		_
c		ining balance			···· 9		İ	1c				_
d	_	ions during the year					İ	1d				_
е		butions during the year					ŀ	1e				_
f		ng balance					ŀ	1f				_
2a		ne organization include an amount on l	Form 990 Par	t X line 21	for escrow	v or cu	L Istodial a	ccount lia	ability?			_
b		es," explain the arrangement in Part XI							,	Yes		lo
Pa	art V	Endowment Funds. Complete										
		·	(a)Currer		(b) Prior yea				(d)Three ye		Four yea	ırs back
1 a	Beginn	ing of year balance										
b	Contrib	outions										
C	Net inv	estment earnings, gains, and losses										
d	Grants	or scholarships										
e		expenditures for facilities ograms										
f	Admını	strative expenses										
g	End of	year balance										
2	Provid	de the estimated percentage of the cui	rent year end	l balance (lır	ie 1g, colu	mn (a)) held as	s				_
а	Board	d designated or quasi-endowment 🕨										
Ь	Perm	anent endowment ►										
c	Temp	orarily restricted endowment >										
	The p	percentages on lines 2a, 2b, and 2c sho	ould equal 100	0%								
3а		nere endowment funds not in the possi	ession of the	organization	that are h	eld an	d admini	stered fo	r the		Yes	No
	(i) ur	nrelated organizations								3a(i)	
b		elated organizations	 ons listed as r	equired on S	 Schedule R	. ?	·. ·.			3a(i . 3b		
4	Descr	ribe in Part XIII the intended uses of th	e organizatio	n's endowm	ent funds							-
Pa	rt VI	Land, Buildings, and Equipme	ent.									
		Complete if the organization ans			•							
	Descri	ption of property (a) Cost or of (investr		(b) Cost or o	ther basis (other)	(c) Accı	umulated o	lepreciation	(b)	Book valu	ie
1a	Land											
b	Buildin	gs										
c	Leaseh	old improvements			2,2	22,834			366,618			1,856,216
d	Equipn	nent			29	93,306			144,081			149,225
е	Other				3:	31,901			78,982			252,919
Tat	-I Add	lines 12 through 10 (Column (d) must	anual Farma O	00 0	alumn (B)	I	10(a))					2 252 262

Part VII Investments—Other Securities. Complete if the organiz	ation answe	Pa red "Yes" on Form 990. Part IV. line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)	(c) Method of valuation
(including name of security)	Book value	Cost or end-of-year market value
(1) Financial derivatives	value	
(2) Closely-held equity interests		
A)		
В)		
C)		
D)		
E)		
F)		
G)		
н)		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV, line	e 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)		
Fort IX Other Assets. Complete if the organization answered 'Yes' on Fo	orm 990, Part	IV, line 11d See Form 990, Part X, line 15
(a) Description	•	(b) Book value
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		
Other Liabilities. Complete if the organization answered 'See Form 990, Part X, line 25.	'Yes' on Forn	n 990, Part IV, line 11e or 11f.
(a) Description of liability	(b) Boo	k value
1) Federal income taxes		2 127 254
DEFERRED RENT DEFERRED COMPENSATION		2,127,254 188,843
DEFERRED SUB-LEASE RENT		9,765
SECURITY DEPOSIT 5)		9,765
6)		
7)		
(8)		
(8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnotes.		2,335,627

Part XI

2

2

b

c

d

3

4

b

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2017

Page 4

154,551

150

13,196,843

13,196,993

13,532,674

144,557

150

13,388,117

13.388.267

Schedule D (Form 990) 2017

3 Subtract line 2e from line 1

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d . .

Return Reference

b	Donated services and use of facilities
С	Recoveries of prior year grants
d	Other (Describe in Part XIII)
e	Add lines 2a through 2d
_	

2b 2c 2d

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

b

4

Add lines **4a** and **4b** C 5

Part XII 1

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Add lines **4a** and **4b**

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4a 4b

2a

2a 2b

2c

2d

4a

4b

Explanation

150

144,557

150

2e

3

4c

5

9.994

144.557

4c

2e

3

5

Page 5	Schedule D (Form 990) 2017				
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 13-4174402

Name: FOUNDATION FOR THE DEFENSE OF DEMOCRACIES INC

Supplemental Information

Return Reference	Explanation
	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, AS SUCH, IS EXEMPT FROM INCOME TAXES ON ALL BUT UNRELATED BUSINESS INCO ME, IF ANY AS OF DECEMBER 31, 2017, THE FOUNDATION IS NOT UNDER AUDIT FOR ANY JURISDICTIO N FOR ANY TAX PERIODS, AND BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2014

Supplemental Information					
Return Reference	Explanation				
SCHEDULE D, PART XIII SUPPLEMENTAL INFORMATION	PART XI, LINE 2D - OTHER ADJUSTMENTS RENTAL EXPENSES PART XII, LINE 2D - OTHER ADJUSTMENTS RENTAL EXPENSES				

efile GRAPHIC print - DO NOT PROCESS				-		DLN:	93493304011318	
SCHEDULE F (Form 990)	Statement of Activities Outside the United States					ates	OMB No 1545-0047	
(1 51111 555)	► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.						2017	
	► Attach to Form 990.							
Department of the Treasury Internal Revenue Service	7 2	45041 50	umo ((o m 220) (Open to Public Inspection	
Name of the organization	ENCE OF					Employer iden	tification number	
FOUNDATION FOR THE DEFENSE OF DEMOCRACIES INC						13-4174402		
Part I General Inf Form 990, P			s Outside the U	Jnited States. Comple	ete if the o	organization ai	nswered "Yes" to	
other assistance, th to award the grants	e grantees' e or assistance	eligibility for t e?	he grants or assis	substantiate the amount stance, and the selection	criteria u	sed	☐ Yes ☐ No	
2 For grantmakers. outside the United S		Part V the org	anızatıon's proce	dures for monitoring the	use of its	grants and oth	ner assistance	
3 Activites per Region	(The following	g Part I, line 3	table can be dupli	cated if additional space is	needed)			
(a) Region		(b) Number of offices in the region	employees, agents, and independent	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program s	ty listed in (d) is a service, describe lific type of e(s) in region	(f) Total expenditures for and investments in region	
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
3a Sub-total b Total from continuatio Part I			0 5				1,151,374 0	
c Totals (add lines 3a a		the Instructio	0 5		No 50082	W Schedul	1,151,374 e F (Form 990) 2017	

(- /				
(2)				
(3)				

(4)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2017

(4) (5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14) (15) (16) (17) (18) Page **3**

Schedule F (Form 990) 2017

Part IIII Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.											
Part III can be duplicated if additional space is needed.											
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)				
(1)											
(2)											
(3)											

Sche	dule F (Form 990) 2017		Page 4
Pai	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	□Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	✓ No
	Schedul	e F (Form 9	990) 2017

Schedule Fi	(Form 990) 2017	Page !				
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting met amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provany additional information (see instructions).					
	ReturnReference	Explanation				

Schedule F (Form 990) 2017

Additional Data

MIDDLE FAST

Software ID: Software Version:

EIN: 13-4174402

FOUNDATION FOR THE DEFENSE OF Name: DEMOCRACIES INC

Form 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region					

region

0

EUROPE 0

1 PROGRAM SERVICES

services, grants to

3 PROGRAM SERVICES

recipients located in the

region)

COMMUNICATIONS, TRAVEL TO REGION FOR

RESEARCH, EDUC,

MEETINGS AND CONFERENCES

IEDUCATIONAL .

PROGRAMMING, TRAVEL AND RESEARCH

134,082

922,318

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) NORTH AMERICA PROGRAM SERVICES. RESEARCH, EDUC, 81.930 COMMUNICATIONS COMMUNICATIONS, TRAVEL TO REGION FOR MEETINGS AND CONFERENCES SOUTH AMERICA 0 PROGRAM SERVICES RESEARCH, TRAVEL TO 1.033 THE REGION FOR MEETINGS AND ICONFERENCES |

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region services, grants to service(s) in region region recipients located in the region) 206 CENTRAL AMERICA 0 IPROGRAM SERVICES RESEARCH, TRAVEL TO THE REGION FOR MEETINGS AND CONFERENCES ASIA 0 PROGRAM SERVICES. RESEARCH, TRAVEL TO 11.805 COMMUNICATIONS THE REGION FOR MEETINGS AND CONFERENCES

SCHEDULE G

Supplemental Information Regarding

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No 1545-0047

DLN: 93493304011318

Department of the Treasury

(Form 990 or 990-EZ)

► Attach to Form 990 or Form 990-EZ.

organization entered more than \$15,000 on Form 990-EZ, line 6a

	·	rmation about Schedu	le G (Form 9	90 or 990	-EZ) and its instructions is a	t www irs					
FOU	e of the organization NDATION FOR THE DEFENSE OI	F					' '	ntification number			
DEM	OCRACIES INC						13-4174402				
Pa	Form 990-EZ filers a		_		answered "Yes" on Fo	rm 990,	Part IV, line 1	7.			
1	Indicate whether the organiza	tion raised funds th	rough any	of the fo	llowing activities Check	all that a	pply				
а	Mail solicitations			е	Solicitation of non-	governm	ent grants				
b	☑ Internet and email solicita	itions		f Solicitation of government grants							
c	✓ Phone solicitations			g	Special fundraising	events					
d	✓ In-person solicitations										
2 a	Did the organization have a workey employees listed in Fo	vritten or oral agreer rm 990, Part VII) or	ment with entity in c	any indiv	ridual (including officers, n with professional fundra	directors aising se		es 🗆 No			
b	If "Yes," list the ten highest p to be compensated at least \$!	aid individuals or en 5,000 by the organiz	itities (fund zation	draisers)	pursuant to agreements	under wl					
(i) N	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outlons?	(iv) Gross receipts from activity	(or r fundra	mount paid to retained by) alser listed in col (i)	(vi) Amount paid to (or retained by) organization			
		DEVEL OBMENT	Yes	No							
	DERSHOWITZ GROUP 1800 M STREET NW STE 800S	DEVELOPMENT STRATEGY, MATERIALS		No	0		34,667	-34,667			
	WASHINGTON, DC 20036										
2											
3											
4											
5											
6											
7											
8											
9											
10											
				•			34,667	-34,667			
3 L	List all states in which the organ	nization is registered			cit contributions or has be	een notifi	·				

CA, CT, CO, FL, GA, IL, NJ, NY, NC, OH, PA, TN, VA, MD, DC, MA, MI, RI

	dule G (Form 990 or 990-EZ) 2017				Page 2
Pa	rt II Fundraising Events. Comple than \$15,000 of fundraising e gross receipts greater than \$5	vent contributions and			
	<u></u>	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
a \		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue					
~	1 Gross receipts				
	2 Less Contributions				
	4 Cash prizes				
S	5 Noncash prizes				
nse	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
т Д	8 Entertainment				
Dire	9 Other direct expenses				
	10 Direct expense summary Add lines 4 t	hrough 9 ın column (d)		>	
	11 Net income summary Subtract line 10	from line 3, column (d)		>	
Pai	Gaming. Complete if the organization on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part 1	IV, line 19, or reported	i more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Expenses	2 Cash prizes				
ă ă	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes <u>%</u> ☐ No	☐ Yes% ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary Subtract	t line 7 from line 1, colum	nn (d)	•	
9 a b	Enter the state(s) in which the organization licensed to conduct gater or the state of the state	aming activities in each o			☐ Yes ☐ No
-					
10a b	Were any of the organization's gaming lic		d or terminated during th	e tax year?	☐ Yes ☐ No

Sche	dule G (Form 990 or 990-EZ) 2017				F	Page 3
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entit	ΣY	□Yes	□No	
13	Indicate the percentage of gaming acti	vity conducted in				
а	The organization's facility		13	а		%
b	An outside facility		13	ь		%
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books	and record	s		
	Name ►					
	Address •					
15a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes	□No	
Ь		evenue received by the organization ► \$ a the third party ► \$	and the			
c	If "Yes," enter name and address of the	e third party				
	Name •					
	Address ►					
16	Gaming manager information					
	Name ►					
	Gaming manager compensation ▶ \$	······································				
	Description of services provided ►					
	☐ Director/officer	☐ Employee ☐ Independent contractor				
17	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	e law to make charitable distributions from the gaming proceeds to)	□Yes	Пио	
b	Enter the amount of distributions requing the organization's own exempt activities.	red under state law distributed to other exempt organizations or spities during the tax year > \$	pent	63		
Pai		on. Provide the explanations required by Part I, line 2b, col 5c, 16, and 17b, as applicable. Also provide any additional				s).
	Return Reference	Explanation				

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DL	N: 93493304011318	
Schedule I (Form 990) Department of the Treasury Internal Revenue Service	Co	Governments amplete if the organization	and Individuals tion answered "Yes," o Attach to Form	r Assistance to Organizations, Individuals in the United States nswered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. rm 990) and its instructions is at www.irs.gov/form990.			OMB No 1545-0047 2017 Open to Public Inspection		
Name of the organization FOUNDATION FOR THE DEFENSE	OF					'	•	cation number	
DEMOCRACIES INC						13-	4174402		
Part I General Inform	ation on Grants	and Assistance							
Does the organization main the selection criteria used toDescribe in Part IV the org	to award the grants	or assistance?			for the grants or assistance	e, and		☑ Yes ☐ No	
		estic Organizations an can be duplicated if addi		nts. Complete If the o	rganızatıon answered "Yes"	on Form 990), Part IV, line	e 21, for any recipient	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		cription of assistance	(h) Purpose of grant or assistance	
(1) ARIZONA STATE UNIVERSITY FOUNDATION ASU FULTON CENTER PO BOX 2260 TEMPE, AZ 85280	86-6051042	501(C)(3)	26,000					RESEARCH ON LAWFARE	
2 Enter total number of secti	on 501(c)(3) and go	vernment organizations	listed in the line 1 table .				. •	1	
3 Enter total number of othe	r organizations listed	d in the line 1 table					. ▶	1	
For Paperwork Reduction Act Notice	e, see the Instruction	ns for Form 990.		Cat No 50055	5P		Sch	hedule I (Form 990) 2017	

Schedule I (Form 990) 2017

GRANTEES REQUESTED TO PROVIDE REGULAR UPDATES ON ACTIVITIES FUNDED

Explanation

Return Reference

PART I, LINE 2

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9330	4011	318
Sch	edule J	C	ompensat	ion Information	OM	IB No	1545-0	0047
(For	n 990)	For certain Offic		rustees, Key Employees, and Hig	hest	•		
		► Complete if the or		ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	20	17	7
Denar	tment of the Treasury	▶ Information a		i to Form 990. (Form 990) and its instructions			to Pul	
Intern	al Revenue Service			gov/form990.		Insp	ectio	n
	me of the organiza INDATION FOR THE I				Employer identificat	ion nu	ımber	
	10CRACIES INC				13-4174402			
Pa	rt I Questi	ons Regarding Compensa	ition					
1a				the following to or for a person liste y relevant information regarding the			Yes	No
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use			
	☐ Travel for	companions		Payments for business use of perso	nal residence			
	Tax idemi	nification and gross-up paymen	ts 🔲	Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chauf	feur, chef)			
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding paym iplete Part III to explain	nent or reimbursement	1 b		
2				or allowing expenses incurred by all	. 12	2		
	directors, truste	es, officers, including the CEO/	executive Directo	r, regarding the items checked in line	e la?			
3				ed to establish the compensation of the not check any boxes for methods	ne			
				CEO/Executive Director, but explain i	n Part III			
	✓ Compensa	ation committee	✓	Written employment contract				
		ent compensation consultant	<u>.</u>	Compensation survey or study				
		of other organizations	<u>~</u>	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
_	_		strol navrmont?			40		No
a b		ance payment or change-of-cor r receive payment from, a supp		ified retirement plan?		4a 4b		No No
c	•	r receive payment from, a sapp r receive payment from, an equ	•	· ·		4c		No
				plicable amounts for each item in Part	: III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9				
5	For persons liste	ed on Form 990, Part VII, Section	on A, line 1a, did	the organization pay or accrue any				
	compensation c	ontingent on the revenues of						
а	The organization	٦٦				5a		No
b	Any related orga	anızatıon? 5a or 5b, describe in Part III				5b		No
6	-	·	an Allino 1a didi	the organization pay or accrue any				
Ū		ontingent on the net earnings o		the organization pay or accrue any				
а	The organization					6 a		No
b	Any related orga					6b		No
_	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye		the organization provide any nonfixed rt III	a	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		No
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follo	ow the rebuttable	presumption procedure described in	Regulations section	9		
For I	Danerwork Pedi	iction Act Notice, see the In-	structions for Fo	orm 990 Cat No 5	50053T Schedule J	(Form	990)	2017

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (C) Retirement (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (E) Total of (F) and other benefits columns compensation Compensation in

	compensation		Bellettes	(B)(ı)-(D)	solumn (B)		
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(I)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table							
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		1	Schedule J (Fo	orm 990) 2017

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation PART I. LINE 7 BONUS TARGETS ARE SET ANNUALLY BY MANAGEMENT AND THE COMPENSATION COMMITTEE BONUSES ARE PAID TO STAFF BASED ON PERFORMANCE AND ACCOMPLISHMENTS REGULAR EMPLOYEE BONUSES ARE APPROVED BY MANAGEMENT BONUSES TO THE PRESIDENT, CEO, AND OFFICERS ARE SET AND

Schedule J (Form 990) 2017

APPROVED BY THE COMPENSATION COMMITTEE

Additional Data

(A) Name and Title

1CLIFFORD MAY

1MARK DUBOWITZ

2WILLIAM MCCARTHY

3JONATHAN SCHANZER

4LAWRENCE MUSCANT

5REUEL MARC GERECHT

SENIOR FELLOW

SENIOR FELLOW

7JOHN HANNAH

8YAYA FANUSIE

SENIOR FELLOW

CSIF, DIRECTOR OF ANALYSIS

9ANTHONY RUGGIERO

6THOMAS JOSCELYN

SENIOR COUNSELOR

VP OF DEVELOPMENT

SENIOR VICE PRESIDENT

PRESIDENT

CEO

COO

Software ID: **Software Version:**

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

150,000

150,000

60,000

75,000

60,000

40,000

30,000

22,500

15,000

10,000

(B) Breakdown of W-2 and/or 1099-MISC compensation

(ii)

Bonus & incentive

compensation

EIN: 13-4174402

Name: FOUNDATION FOR THE DEFENSE OF DEMOCRACIES INC

18,000

18,000

18,000

18,000

(iii)

Other reportable

compensation

(C) Retirement and

other deferred

compensation

8,100

8,100

8,100

8,100

8,100

6,555

5,097

8,100

4,575

5,232

(D) Nontaxable

benefits

17,404

17,404

2,285

17,330

6,835

16,845

14,488

2,266

16,708

17,277

(E) Total of columns

(B)(i)-(D)

582,077

581,289

360,752

391,506

331,114

235,293

180,827

301,242

171,083

186,660

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

(i) Base Compensation

388,573

387,785

272,367

273,076

256,179

171,893

131,242

268,376

134,800

154,151

(1)

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efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	349330	4011	318
	EDULE M			loncash Contri	hutions	C	MB No 1	545-0	047
(For	m 990)		1	ioncasn conti	Dutions		20	17	,
		▶Complete if the	organizati	ons answered "Yes" on F	orm 990, Part IV, lines 2	9 or 30.	20	1/	
		► Attach to Form							
•	tment of the Treasury al Revenue Service	▶Information abo	ut Schedu	le M (Form 990) and its i	nstructions is at <u>www.ir</u> s	s.gov/form990	Open to Inspe		
	e of the organizat DATION FOR THE DE					Employer identifi	cation n	umbei	•
	CRACIES INC	I LIVSE OF				13-4174402			
Pa	rt I Types	of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of noncash cont			:s
1	Art—Works of art	t							
2	Art—Historical tr	easures .							
3	Art—Fractional in	nterests							
4	Books and public	ations							
5	Clothing and hou								
6	goods Cars and other v	· · · · ·							
7									
8	Boats and planes Intellectual prope								
9	Securities—Public	•	X	5	220 82	2 FAIR MARKET VAL	LIF		
	Securities—Close	•			220,021	PIAIR MARKET VAL	<u> </u>		
	Securities—Partr	nership, LLC,							
12	Securities—Misce								
13	Qualified conserve contribution—Hi structures	storic							
14	Qualified conserve contribution—Of	/ation							
15	Real estate—Res	idential .							
16	Real estate—Cor	nmercial							
17	Real estate—Oth	er							
18	Collectibles .								
19	Food inventory								
20	Drugs and medic	al supplies .							
21	Taxidermy .					1			
	Historical artifact					1			
	Scientific specim					1			
	Archeological art Other ► (+			
	Other • (
	Other • (
	Other ▶ (
	Number of Forms	s 8283 received by t		ition during the tax year for		29			
	for which the org	janization completed	Form 8283	3, Part IV, Donee Acknowled	gement				
20-	D	d. d. bl						Yes	No
30a	must hold for at	least three years fro	om the date	contribution any property of the initial contribution,	and which is not required to	be used for exemp	t 30a		l _{No}
b	If "Yes," describ	e the arrangement I	n Part II				304		140
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the review	w of any nonstandard contri	butions?	31		No
32a				or related organizations to s		sh	32a	Yes	<u></u>
b	If "Yes," describ	e ın Part II							
33	_	·	amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
	describe in Part	n Act Notice, see the	. T	on for Form 000	Cat No 512271	Schedule		000)	2017

Schedule M (Form 990) (2017)	
I, column (b), t	Information. rmation required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part he number of contributions, the number of items received, or a combination of both. Also complete additional information.
Return Reference	Explanation
PART I, LINE 32B	FDD USES A BROKERAGE FIRM TO RECEIVE ALL SECURITIES CONTRIBUTIONS THE BROKERAGE FIRM LIQUIDATES THE CONTRIBUTED SECURITIES AS SOON AS CONFIRMATION OF THE GIFT IS MADE AND THEN ISSUES A CHECK TO FDD IN THE AMOUNT OF THE PROCEEDS
	Schedule M (Form 990) (2017)

efile GRAPHIC print - DO NOT PROCESS			: 93493304011318			
SCHEDULE O (Form 990 or 990- EZ)		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 990-EZ.			OMB No 1545-0047	
					2017	
Department of the T		► Information about		990 or 990-EZ) and its instru	ıctions is at	Open to Public Inspection
Internal Revenue Service Variety of the organization FOUNDATION FOR THE DEFENSE OF DEMOCRACIES INC 990 Schedule O, Supplemental Information		ification number				
Return Reference	, sup	premental Information		Explanation		
FORM 990, PART VI, SECTION B, LINE 11B	1	•		RD REVIEWED THE 990 BEFOI BOARD MEMBERS FOR REV		

Return Explanation
Reference

FORM 990,	FDD ASKS THOSE COVERED BY THE CONFLICT OF INTEREST POLICY TO COMPLETE A DISCLOSURE FORM AN
PART VI,	NUALLY IN THE CASE THAT THEY DO HAVE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THEY AR
SECTION B,	E ASKED TO PROMPTLY DISCLOSE ALL PERTINENT FACTS TO THE PRESIDENT, THE CEO OR THE CHAIRMAN
LINE 12C	OF THE BOARD

Explanation Return Reference

FDD'S COMPENSATION COMMITTEE REVIEWS, SETS, AND APPROVES SALARY AND BONUSES FOR THE PRESID

THE COMPENSATION

990 Schedule O, Supplemental Information

FORM 990.

PART VI,	ENT AND CEO QUATT & ASSOCIATES CONDUCTED A COMPENSATION STUDY TO ASSIST THE COMPENSATION
SECTION B,	COMMITTEE IN SETTING COMPENSATION FOR THE PRESIDENT AND CEO MINUTES ARE TAKEN OF THE MEET
LINE 15	ING AND DECISIONS ARE CONFIRMED VIA EMAIL COMPENSATION FOR KEY EMPLOYEES AND OFFICERS IS
	RECOMMENDED BY THE PRESIDENT AND CEO, AND REVIEWED AND APPROVED BY THE COMPENSATION COMMIT
	TEE QUATT & ASSOCIATES CONDUCTED A COMPENSATION STUDY FOR FDD TO ASSIST THE PRESIDENT, CE
	O, AND THE COMPENSATION COMMITTEE IN SETTING AND APPROVING COMPENSATION FOR THE OFFICERS A
	ND KEY EMPLOYEES SALARY AND BONUS RECOMMENDATIONS FOR OFFICERS AND KEY EMPLOYEES ARE DOCU
	MENTED IN WRITING BY THE PRESIDENT AND CEO, WHICH ARE THEN PROVIDED TO THE COMPENSATION CO
	MMITTEE THE COMPENSATION COMMITTEE'S REVIEW AND APPROVAL OF THE RECOMMENDATIONS IS INCLUD

ED IN THE COMPENSATION COMMITTEE MINUTES AND CONFIRMED BY EMAIL

Return Explanation
Reference

LINE 19

FORM 990, THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FORM 990 ARE AVAILABLE UPON REQUEST PART VI, SECTION C,

Return Explanation
Reference

COLUMN B

FORM 990, DESCRIPTION OF SERVICES OF DERSHOWITZ GROUP PROGRAM MANAGEMENT, RESEARCH, OUTREACH, EVENTS PART VII, SECTION B,

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	RESEARCH PROGRAM SERVICE EXPENSES 1,960,839 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISI NG EXPENSES 0 TOTAL EXPENSES 1,960,839 ADMINISTRATIVE SERVICES PROGRAM SERVICE EXPENSES 740,284 MANAGEMENT AND GENERAL EXPENSES 66,277 FUNDRAISING EXPENSES 17,174 TOTAL EXPEN SES 823,735 SECURITY PROGRAM SERVICE EXPENSES 3,458 MANAGEMENT AND GENERAL EXPENSES 57, 101 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 60,559 MEDIA ADVISORY AND CONSULTING PROGRAM SERVICE EXPENSES 100,238 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTA L EXPENSES 100,238

Return Explanation

rtererenee	
FORM 990,	SELECT MEMBERS OF THE BOARD OF DIRECTORS SERVE AS THE AUDIT COMMITTEE WITH AUTHORITY TO OV
PART XII,	RSSEE THE AUDIT PROCESS AND THE SELECTION OF THE AUDITORS THE PROCESS HAS NOT CHANGED FRO
LINE 2C	M THE PRIOR YEAR

Return Explanation

Reference	
FORM 990,	FIVE MEMBERS OF THE BOARD COMPRISE THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE EXERCI
PART VI,	SES AND DISCHARGES THE POWERS AND RESPONSIBILITIES OF THE BOARD OF DIRECTORS BETWEEN MEETI
LINE 1A	NGS OF THE BOARD