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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
DIGITAL FORENSICS RESEARCH WORKSHOP
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
33 THORNWOOD DRIVE 500
 City or town, state or country, and ZIP + 4
ITHACA, NY 14850-1250

D Employer identification number
20-2984720

E Telephone number
607-257-1975

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **WWW.DFRWS.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **59,601.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

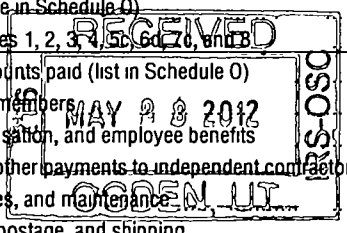
Check if the organization used Schedule O to respond to any question in this Part I

| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 7,250. |
|------------|--|--|------------|
| | 2 | Program service revenue including government fees and contracts | 2 52,200. |
| | 3 | Membership dues and assessments | 3 |
| | 4 | Investment income | 4 151. |
| | 5a | Gross amount from sale of assets other than inventory | 5a |
| | 5b | Less: cost or other basis and sales expenses | 5b |
| | 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c |
| | 6 | Gaming and fundraising events | 6 |
| | 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a |
| 6b | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | |
| 6c | Less: direct expenses from gaming and fundraising events | 6c | |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | |
| 7b | Less: cost of goods sold | 7b | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| 8 | Other revenue (describe in Schedule O) | 8 | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5b, 6d, 7c, and 8 | 9 59,601. | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | 10 |
| | 11 | Benefits paid to or for members, directors, officers, and key employees | 11 |
| | 12 | Salaries, other compensation, and employee benefits | 12 |
| | 13 | Professional fees and other payments to independent contractors | 13 315. |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 |
| | 15 | Printing, publications, postage, and shipping | 15 1,866. |
| | 16 | Other expenses (describe in Schedule O) | 16 42,299. |
| 17 | Total expenses. Add lines 10 through 16 | 17 44,480. | |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 15,121. |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 78,620. |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 0. |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 93,741. |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

SCANNED JUN 22 2012



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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

Table with columns Yes, No and rows 33-40e. Includes questions about significant activity, changes to documents, unrelated business income, and tax shelter transactions.

41 List the states with which a copy of this return is filed. NY
42a The organization's books are in care of RICHARD SMITH Telephone no. 607-257-1975
Located at 33 THORNWOOD DRIVE SUITE 500, ITHACA, NY ZIP + 4 14850

Table with columns Yes, No and rows 42b-43. Includes questions about foreign financial accounts and charitable trusts.

Table with columns Yes, No and rows 44a-45b. Includes questions about donor advised funds, hospital facilities, and controlled entities.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
 If "Yes," complete Schedule C, Part I 46 Yes No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II Yes No
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
 49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
 b If "Yes," was the related organization a section 527 organization? Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
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| | | | | |

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *[Signature]* Date: 5-14-2012
 Type or print name and title: DARYL P. [Signature] Treasurer

Paid Preparer Use Only
 Print/Type preparer's name: DEBBIE CONLEY JORDAN
 Preparer's signature: *[Signature]* Date: 5/7/12
 Check if self-employed PTIN: P00011119
 Firm's name: CDLM & COMPANY CPA'S, LLC Firm's EIN: 16-1171627
 Firm's address: 401 E. STATE ST., SUITE 500 ITHACA, NY 14850 Phone no.: 607-272-4444

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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 | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 4,500. | 4,221. | 8,500. | 7,250. | 7,250. | 31,721. |
| 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 | 36,640. | 50,425. | 42,836. | 42,785. | 52,200. | 224,886. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 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 | 41,140. | 54,646. | 51,336. | 50,035. | 59,450. | 256,607. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| 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 | | | | | | 0. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 Public support (Subtract line 7c from line 6) | | | | | | 256,607. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 41,140. | 54,646. | 51,336. | 50,035. | 59,450. | 256,607. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 551. | 533. | 1,428. | 245. | 151. | 2,908. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 551. | 533. | 1,428. | 245. | 151. | 2,908. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12) | 41,691. | 55,179. | 52,764. | 50,280. | 59,601. | 259,515. |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|--|----|---------|
| 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | 15 | 98.88 % |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | 98.73 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|--------|
| 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) | 17 | 1.12 % |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | 1.27 % |

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

DIGITAL FORENSICS RESEARCH WORKSHOP

Employer identification number

20-2984720

RESEARCH.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011
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Name of the organization **DIGITAL FORENSICS RESEARCH WORKSHOP** Employer identification number **20-2984720**

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

| DESCRIPTION OF PROPERTY: | AMOUNT: |
|--------------------------|---------|
| CERTIFICATE OF DEPOSIT | 151. |

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

| DESCRIPTION OF OTHER EXPENSES: | AMOUNT: |
|--------------------------------------|----------------|
| FILING FEES | 50. |
| ANNUAL MEETING HOTEL EXPENSES | 26,774. |
| SUPPLIES | 4,530. |
| BANK FEES | 2,120. |
| MEETING EXPENSES | 3,523. |
| KEYNOTE TRAVEL | 2,028. |
| INSURANCE | 706. |
| FORENSICS CHALLENGE | 437. |
| PROMOTIONAL | 2,131. |
| TOTAL TO FORM 990-EZ, LINE 16 | 42,299. |

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE AN ANNUAL MEETING THAT ALLOWS ACADEMIC, BUSINESS AND GOVERNMENT RESEARCHERS TO GATHER TOGETHER TO SHARE THE LATEST INFORMATION REGARDING DIGITAL FORENSIC RESEARCH.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

TO PROVIDE AN ANNUAL MEETING THAT ALLOWS ACADEMIC, BUSINESS AND GOVERNMENT RESEARCHERS TO GATHER TOGETHER TO SHARE THE LATEST INFORMATION REGARDING DIGITAL FORENSIC