## CHAR500 Online

For new annual filings, and amendments

10176

Zip:

## **Annual Filing for Charitable Organizations**

New York State Office of the Attorney General Charities Bureau - Registration Section 28 Liberty Street New York, NY 10005 <u>charitiesnys.com</u> Open to Public Inspection

Filing Type:	New Fili	ng OAm	endment	Filing Year: 202	23	_	
General Info	ormation						
Current Organiz	zation Name:	Democra	acy Works, Inc. Updated Name:		ne:	N/A	
NY Registration	Number:	42-84-09		Registration C	Category:	DUAL	
Organization Ty	/pe:	Corporation	n	EIN:		272460359	
Current Fiscal Y	ear End:	12/31		Updated Fisca	al Year End:	09/30	
Organization En	nail:	finance@de	emocracy.works	Organization's	s Phone:	718 923-1400	
Tax Exempt Sta	tus:	501(c)(3)		Website:		www.democracy.works	
Organization Address							
Ma	ailing Address	S	Principal	Address		NY State Address	
20 JAY STREET, SUITE 410 Brooklyn NY 11201 United States		20 JAY STREET, SUITE 410 NA Brooklyn NY 11201 United States		NA 			
Primary Contact Information							
First Name: S	First Name: Sonya Last Name: Glazer Title: CFO						
Phone: <u>7</u>							
Organization Type  Type of IRS document filed with IRS: IRS990 Organization Type: Public							
Third Party	Preparer I	nformatio	n				
First Name: JESSICA La			Last Name: D	IGIAMO DIAZ	Title: _	Partner	
Firm Name: LUTZ AND CARR, CPAS LLP Phone: 212-697-2299 Email: jdiaz@lutzandcarr.com							
Third Party Address							
Street: 551 F	IFTH AVEN	UE, SUITE 4	00				
City: NEW YORK State: NY							

Country: United States

Registration Category
1. Does the organization conduct activity in New York State other than soliciting? This may include, but is <b>not limited</b>
<ul><li>to, maintaining an office, having employees or staff, or running a program.</li><li></li></ul>
2. Does the organization have assets in New York State?
3. Is the organization incorporated or formed in New York State?
O Yes ● No
4. Has the organization received more than \$25,000 in total contributions from New York State residents,
foundations, corporations or government agencies or other entities in the period covered by this filing?
● Yes O No
5. Does the organization plan to receive more than \$25,000 annually in total contributions from New York State resident
foundations, corporations, government agencies or other entities?
6. Does the organization use a professional fundraiser or fundraising counsel?
O Yes ● No
Based on your responses to the above questions, this organization's registration category remains as DUAL
Contribution Information
1. Did the organization solicit or receive contributions during the fiscal year in New York State?
● Yes O No
3. Choose the total contributions in New York State this fiscal year: \$10,000,000-\$50,000,000
Annual Evametians
Annual Exemptions
1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. und
\$25,000 during the fiscal year?  OYes  No N/A
<ol> <li>Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?</li> </ol>
OYes ONo N/A
3. Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the
fiscal year?
OYes
Based on your responses to annual exemption questions, this organization is required to file under <u>DUAL</u> during this

Name of Firm: N/A

Contract Start: N/A

Amount Paid: N/A

Mailing Address: N/A

Type: N/A

Financial Information			
Type of IRS document filed with IRS	IRS990	Organization's total reven	ue: 14,930,333
Organization's total contributions:	11,382,711	Organization's total assets	:: <u>N/A</u>
Organization's net assets:	14,385,714	Organization's total reven	ue N/A
Organization's total liabilities:	N/A	<ul><li>and contributions:</li><li>Organization's total asset.</li></ul>	s/ N/A
Organization's total income:	N/A	worth:	
For this filing year, does your organi	zation plan to comple	ete any of the following with the N	New York State Charities Burea
□Closing □ Withdrawing	□ Dissolving	<b>☑</b> None	
Did your organization use a professi  Oyes  ONO	onal fundraiser or fur	ndraising counsel for fundraising	activity in New York State?
General Informa	tion	Description of Services	Description of Compensation
Name of Firm: N/A		N/A	N/A
Type: N/A Reg	Number: <u>N/A</u>	_	
Contract Start: N/A Contr	ract End: <u>N/A</u>	_	
Amount Paid: N/A	Phone : N/A	_	
Mailing Address: N/A			
Name of Firm: N/A		N/A	N/A
Type: N/A Registr	ation ID: <u>N/A</u>		
Contract Start: N/A Contr	act End: <u>N/A</u>		
Amount Paid: N/A	Phone : N/A		
Mailing Address: N/A			

N/A

Registration ID: N/A

Contract End: N/A

Phone : N/A

N/A

Did the organization receive government grants during this fiscal year?

O Yes ● No

Government Grant Agency	Grant Amount
N/A	N/A

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Attached	organization'	's required	documents:
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- ☑ IRS document
- ☑ Certified Public Accountant's Audit Report
- ☐ Certified Public Accountant's Review Report
- ☐ Complete Certificate of Amendment or other document amending the name
- □ Other documents

## **Signatures**

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

Role	First Name	Last Name	Email
Authorized officer	Luis	Lozada	luis@democracy.works
Chief Financial Officer	Sonya	Glazer	sonya@democracy.works

Signature of Authorized officer wis M. Logada

Signature of Chief Financial Officer Sowya Gayur

Signature of Chief Financial Officer Sowya Gayur

Signature of Chief Financial Officer Sowya Gayur

Sowya Gayur

7/16/2025