

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2013

Open to Public
Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) **01/01/2013** and Ending (mm/dd/yyyy) **12/31/2013**

Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: DEMOCRACY WORKS, INC.	Employer Identification Number (EIN): 27-2460359
	Mailing Address: 150 COURT STREET - 2ND FLOOR	NY Registration Number: 42-84-09
	City / State / ZIP: BROOKLYN, NY 11201	Telephone: 718 923-1400
	Website: WWW.TURBOVOTE.ORG	Email:

Check your organization's registration category: ☐ 7A only ☐ EPTL only ☒ DUAL (7A & EPTL) ☐ EXEMPT Find your registration category in the Charities Registry at www.CharitiesNYS.com

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

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.

President or Authorized Officer:

Signature

Executive Director 11/12/14

Title

Date

Chief Financial Officer or Treasurer:

Signature

CFO + Treasurer 11/12/14

Title

Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under the category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

☐ 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

☐ 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

☐ Yes

☒ No

4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

☐ Yes

☒ No

4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>250.</u>	Total fee: \$ <u>275.</u>	Make a single-check or money order payable to: "Department of Law"
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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2013Open to Public
Inspection**A** For the 2013 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**DEMOCRACY WORKS, INC.**Doing Business As **TURBOVOTE**

Number and street (or P.O. box if mail is not delivered to street address)

150 COURT STREET - 2ND FLOOR

City or town, state or province, country, and ZIP or foreign postal code

BROOKLYN, NY 11201**F** Name and address of principal officer: **SETH FLAXMAN**
SAME AS C ABOVE**D** Employer identification number**27-2460359****E** Telephone number**(718) 923-1400****G** Gross receipts \$**1,928,545.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included?☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.TURBOVOTE.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2010** **M** State of legal domicile: **MA****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TURBOVOTE IS A SERVICE PROVIDED BY DEMOCRACY WORKS, INC. THEY ARE DEVOTED TO IMPROVING CIVIC		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	15
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,228,127.	Current Year 1,492,312.
	9 Program service revenue (Part VIII, line 2g)	292,237.	436,233.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,520,375.	1,928,545.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	407,429.	683,305.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 25,839.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	575,446.	550,518.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	982,875.	1,233,823.
19 Revenue less expenses. Subtract line 18 from line 12	537,500.	694,722.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 600,046.	End of Year 1,408,891.
	21 Total liabilities (Part X, line 26)	61,134.	175,257.
	22 Net assets or fund balances. Subtract line 21 from line 20	538,912.	1,233,634.

Part II Signature Block

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

Date

11/12/14**SETH FLAXMAN, PRESIDENT**
Type or print name and title**Paid**

Print/Type preparer's name

FREDERICK MARTENS

Preparer's signature

Date

11/11/14Check if self-employed ☐

PTIN

P00298107**Preparer**

Firm's name ▶

LUTZ AND CARR, CPAS LLP

Firm's EIN ▶

13-1655065**Use Only**

Firm's address ▶

300 EAST 42ND STREETPhone no. **212-697-2299****NEW YORK, NY 10017**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No