

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

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:



Executive Director 11/12/14

Signature

Title

Date

Chief Financial Officer or Treasurer:



Co+Treasurer 11/12/14

Signature

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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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"
---	---------------------------------	------------------------------------	------------------------------	--

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2013

Open to Public Inspection

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.

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

Room/suite

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

BROOKLYN, NY 11201

D Employer identification number

27-2460359

E Telephone number

(718) 923-1400

G Gross receipts \$ 1,928,545.

H(a) Is this a group return

For subordinates? Yes NoH(b) Are all subordinates included? Yes No

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

H(c) Group exemption number ►

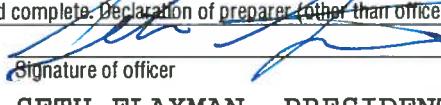
I Tax-exempt status: 501(c)(3) 501(c)(4) () (insert no.) 4947(a)(1) or 527J Website: ► WWW.TURBOVOTE.ORGK Form of organization: Corporation Trust Association Other ► L Year of formation: 2010 M State of legal domicile: MA

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.
Revenue	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,228,127.	1,492,312.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	292,237.	436,233.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
		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.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	537,500.	694,722.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	600,046.	1,408,891.
	22 Net assets or fund balances. Subtract line 21 from line 20	61,134.	175,257.
		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 ► SETH FLAXMAN, PRESIDENT Type or print name and title	Date 11/12/14
Paid Preparer	Print/Type preparer's name FREDERICK MARTENS	Preparer's signature 
Use Only	Firm's name ► LUTZ AND CARR, CPAS LLP	Date 11/11/14
	Firm's address ► 300 EAST 42ND STREET NEW YORK, NY 10017	Check if self-employed <input type="checkbox"/> PTIN P00298107
		Firm's EIN ► 13-1655065
		Phone no. 212-697-2299

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No