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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)

OMB No 1545-0047

•		the Treasury	The organization	on may have to use a copy o	f this return to	n satisfy state renoi	rtına requirements		Inspection
_		ue Service	dar year, or tax year begin		i tilis return t	, 2012, and e			, 20
				ocracy North Carol		, 2012, and e	ilanig		Employer identification no
		applicable		beracy North Carol	ına			_	
\equiv	Address	-	Doing Business As				T		56-2271150
$\overline{}$	Name ch	-		ox if mail is not delivered to street ad	aress)		Room/suite		Telephone number
=	Initial retu		1821 Green Str						(919) 286-6000
	Terminate		City, town or post office, state					٦	1,287,749
\equiv	Amended		Durham, NC 277				- -	- 6	Gross receipts \$
	Apprication	on pending	1	pal officer Brad Thomps			H(a) Is this a graffiliates?	oup return	n for Yes No
				eet, Durham, NC 27		527			5 5
))(1) or	321	H(b) Are all affill if "No," atta	ch a list.	(see instructions)
	Website.	63	democracy-nc.or				H(c) Group exe		
	rt I	rganization 🔯 Summar		sociation Other		L Year of formation 2	2001 M State	or legal o	tomicile NC
	1			on or most significant activit	196 D				
	լ՝	-				tecting demo	cracy in ou	r sta	ite and
Activities & Governance		promotine	g citizen owners	nip of our governm	ent				
īa.			<u></u>			RECEIVE	D g		
Ver	2	Check this be	ov N	discontinued its operations	or disposed	The second secon	ادعوا		
ဖွ	3	Number of ve	oting members of the gove	discontinued its operations rning body (Part VI, line 1a)	or disposed	MAR" 2 5 20	Mis her assers	3	10
•ಶ	4		g	s of the governing body (Pai			<u>(4)</u> 2)	4	12
ties	1 _			s of the governing body (Part V, calendar year 2012 (Part V,		Memphis. Te	NN =	5	12
Ę	5		r of volunteers (estimate if	•	Juje 2a)	100		6	21
Ac	6 7a		,	, , ,		• • • • • • • • • • •		7a	
	1 .		d business taxable income	Part VIII, column (C), line 12	,	· · · · · · · · · · · · · · · · · · ·		7a 7b	0
	<u> b</u>	iver unrelated	u business taxable income	110111 F01111 990-1, IIIIE 34	• • • • • •	·;···		70	0
	8	Contributions	s and graphs (Part VIII line	1h)		, ,	Prior Year	204	Current Year
ø	9		s and grants (Part VIII, line				825	, 384	1,256,608
2016 Revenue		=	vice revenue (Part VIII, line	= -		} -		22.2	
₹	10			A), lines 3, 4, and 7d)		-		,013	(7,663)
2n R	11			`	-	<u> </u>		,277	31,141
&	12			must equal Part VIII, column				,674	1,280,086
	13			. , , , , , , , , , , , , , , ,	· · · · · · ·		42	, 500	54,896
≽	14		to or for members (Part I)		Λ\ imaa E 10	′		<u></u>	
Žã	15			e b enefits (Part IX, column (4), iiries 5-10	,	592	, 355	692,936
NED MAY Expenses	16a		fundraising fees (Part IX, col sing expenses (Part IX, col			E7 007		-+	0
ШŠ	17					57,227	100	100	404 660
3	1 -		ses (Part IX, column (A), lii					188	404,662
Z	18 19			equal Part IX, column (A), lii	· ·			,043	1,152,494
	13	Revenue less	s expenses Subtract line	18 from line 12			-	, 631	127,592
Fund Blances GAN	20	Total assets ((Part V. line 16)			-	Beginning of Current		End of Year
Fund Blan Net Assets	20 21		(Part X, line 16)					,122	756,880
et A			r fund balances Subtract	ing 24 from line 30				,823	89,989
	rt II		re Block	ine 21 from line 20 · · · ·			539	,299	666,891
				n, including accompanying schedule	s and statements	s and to the hest of my k	rnowledge and helief it		
				cer) is based on all information of wh					
		h 5-2							
Sig	n		rt Hall					Date	
Her								Date	
nei	-		rt Hall, Executive punt name and title	e Director					
				1- A-		Date		<u>. T.</u>	
Pai	d	Print/Type pre		Prepare s signature	Δ (Check L	ıf PT	
	_u parer		Turchetti	XXVX	- /\ 	05-15-2013	self-employe	ea	P00750957
	Parer Only			On Pappalardo	& Turche	CC	Firm's EIN		
US	, Om	Firm's address		Salem Woods Drive			Phone no		T 6000
N	Ab a IDC	diagram this		NC 27615			91		7-6800
ivlay	ine iris	ว นเรเนรร เกเรา	return with the preparer sh	own above? (see instruction	(S) · · · ·	· · · · · · · · · ·		<i></i>	· · ⊠ Yes ∐ No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Bnefly describe the organization's mission
	Protecting democracy in our state and promoting citizen ownership of our government
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$986,896 including grants of \$54,125) (Revenue \$)
	Ensuring equal access and full participation in the electoral process
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	(Code
4d	Other program services (Describe in Schedule O)
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 986,896
EEA	Form 990 (2012)

56-2271150 Page 2

Form 990 (2012) ' Democracy North Carolina

Form 990 (2012) 1 Democracy North Carolina 56-2271150 Page 3 Checklist of Required Schedules Part IV Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Χ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, \ Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Х 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 9 Χ debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 Х endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Rait V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 22 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11b Χ c Did the organization report an amount for investments - program related in Party, line 13 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 in Part X, line 169 If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Χ Did the organization maintain an office; employees, or agents outside of the United States? 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 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any Χ organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Χ

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

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

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

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

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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Part IV

Checklist of Required Schedules (continued)

Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Χ 23 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 23 employees? If "Yes," complete Schedule J Х 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 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Χ b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Χ Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II Χ 26 27 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, of a 35% contributor or employee thereof, a grant selection committee member, of a 35% contributor or employee thereof, a grant selection committee member, of a 35% contributor or employee thereof, a grant selection committee member, of a 35% contributor or employee thereof, a grant selection committee member, of a 35% contributor or employee thereof, a grant selection committee member, of a 35% contributor or employee thereof. entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Χ A family member of a current or former officer, director, trustee, or keyemployee? If yes," complete 28b Χ An entity of which a current or former officer, director, trusteg, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner, if "Yes," complete Schedule L, Part IV

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 28c 29 Χ 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-32 if "Yes," complete Schedule R, Part I 33 Х 34 Was the organization related to any tax-exempt or faxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Χ If "Yes" to line 35á, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Χ 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Χ 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

Form 990 (2012) ' 56-2271150 Democracy North Carolina Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 27 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Х Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b b 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? За X 3a 3b b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a Χ If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c C 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 Χ If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6Ь Organizations that may receive deductible contributions under section 170(c) Did the organization receive a payment in excess of \$75 made partiyas a contribution and partly for goods and services provided to the payor? 7a X 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с X d 7e Did the organization receive any funds, directly or indirectly to pay premiums on a personal benefit contract? 7f Χ Did the organization, during the year, pay premiums, directly of indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other verscles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a h If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 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 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 C

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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14a

Form 990 (2012) 1 Democracy North Carolina Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check If Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? X 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Each committee with authority to act on behalf of the governing body? 8b Χ Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Did the organization have local chapters, branches, or affiliates? Х If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form; 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х Did the organization regularly and consistently morator and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistlebiower policy? 13 13 Х 14 Did the organization have a written document retention and destruction policy? Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure

17	List the states with which a copy of this	Form 990 is required to be filed
• • •	LIST THE STATES WITH WHITH A CODY OF THIS	s contri 330 is reduited to be lited

- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy. and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the

organization Robert Hall (919) 286-6000

1821 Green Street Durham, NC 27705

Form 990 (201	2) Democracy	North Carolin	ıa			56
Part VII	Compensation of Offi	cers, Directors,	Trustees, Key	Employees,	Highest Com	pensa

990 (56-2271150	Page 7
t VII		Compensation of Officers, Directors, Trustees, Key Employees, Highest (Compensated Employees	, and
	_	ndependent Contractors		

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 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 vear
- 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 organization and any related organizations
- List all of the organization's former officers, key employees, and 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 organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)			(0		1/	(D)) (E)	(F) -
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	box, conficer	r and a	person	re than one both en contrustee) H c e e o y e o y	F O	Reportable compeniation from the organization (W-2/1099-MfSC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Adam Beyah	1								
Treasurer	1.00	Х		Х		<u> </u>	0	0	. 0
(2) Betty Chafin Rash	1.00	x					0	0	0
(3) Brad Thompson	13/2								
Secretary	1.00	X	Ш	X			0	0	0
(4) Charmain Fuller Cooper	1.00	Х					0	0	0
(5) Jennifer Lyday	λ	v		v				_	_
Vice President	1.00	Х	╁─┤	Х	_+	<u> </u>	0	0	0
(6) Julie Mooeny President	1.00	Х		Х			٥	0	0
(7) Kathy Knight	1		\Box						
(, ranging	1.00	Х	1 1		ĺ		ĺ	o	0
(8) Kevin Foy									
	1.00	X.	\sqcup		_		0	0	0
(9) Sonya Bennetone	1.00	х					0	0	0
(10)Terry Taylor Allen	1.00	Х	[]				0	0	0
(11)Wib Gulley		Х	\Box						
(12)Zeb Smathers	1.00	X				-	0	0	0
(13)Robert Hall	1		ĮΠ					ļ	
Executive Director	40.00				Х		86,926	0	13,075
(14)									
									<u> </u>

Page 8

	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos eck m ss per	son (s	han one s both an ustee)	1	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	n from amount of other compensations	
		related organizations below dotted line)	I t d nr i d ur e v t e t d e o u r a o I r	nr su ts it	f c e	K e y e m p l o y e e	H c e m g p e n e n e n e n e n e e e e e e e e e	F o r m e	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	rom the panization d related anizations
(15)												
(16)				_								
(17)				-								
(18)		 							 			
(19)					<u> </u>							
(20)					<u> </u>							
(21)					 -							
(22)			-	_								_
(23)			ļ .									
			<u> </u>	_	_							
(24)												
(25)												
1b c d	Sub-total	tion A -						A A	86,926	0		13,075
2	Total number of individuals (including but not limite reportable compensation from the organization	d to those liste						nore		0		13,075
												Yes No
3	Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedule								pensated		3	X
4	For any individual listed on line 1a, is the sum of re											
	organization and related organizations greater tha individual										4	X
5	Did any person listed on line 1a receive or accrue	-		-								7,
Secti	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete Sch	edule .	J for	suc	h pe	erson			<u> </u>	5	X_
1	Complete this table for your five highest compensation from the organization Report comp											
	year											
	(A) . Name and business addres	, ;s							(B) Description of			C) ensation
_												
2	Total number of independent contractors (including received more than \$100,000 of compensation from				liste	d ab	ove) w	ho				

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII (B) Revenue excluded from tax under sections 512, 513, or 514 Unrelated business Total revenue Related or exempt function revenue Membership dues 1b b 1c c Related organizations 1e Government grants (contributions) . . f All other contributions, gifts, grants, and similar amounts not included above 1f 1,256,608 g Noncash contributions included in lines 1a-1f \$ 1,256,608 **Business Code** Program Service Revenue 2a М f All other program service revenue · · · · · · g Total. Add lines 2a-2f · · · · · · · · · · · · ▶ 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds (ı) Real 6a Gross rents 18,784 b Less rental expenses · · · · c Rental income or (loss) . . . 18,784 d Net rental income or (loss) 18.784 18,784 (i) Securities (iii) Other 7a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses 7,663 c Gain or (loss) (7,663) (7,663) Other Revenue 8a Gross income from fundraising events (not including of contributions reported on line 1c) See Part IV. line 18 a b Less direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV. line 19 a b Less direct expenses b c Net income or (loss) from gaming activities · · · · · · · ▶ 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a Research and Honoraria 900099 12,355 12,355 900099 b Miscellaneous e Total. Add lines 11a-11d · · · · · · · · · · · · · · · · · ▶ 12,357 12 Total revenue. See instructions 1,280,086 23,478 0

56-2271150

Part IX Statement of Functional Expenses

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 to any question in this Part IX (C) (B) (D) Do not include amounts reported on lines 6b, 7b, Program service Fundraising Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 . 54,896 54,896 Grants and other assistance to individuals in the United States See Part IV. line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 86,926 72,149 8,693 6,084 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 479,651 398,Ĭ10 47,965 33,576 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 14,351 17,290 1,729 1,210 60,150 49;924 6,015 4,211 10 48,919 40,603 4,892 3,424 Fees for services (non-employees) Legal b Lobbying d Professional fundraising services See Part IV, line 17 . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 81,794 75,644 6,150 12 1,443 1,443 13 14 15 16 18,433 15,300 1,843 1,290 17 34,341 30,907 3,434 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 21,733 14,561 7,172 20 2,939 294 206 2,439 21 22 Depreciation, depletion, and amortization 11,232 9,323 1,123 786 23 5,854 3,903 9,757 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) 513 462 Licenses and Permits 51 Postage, Printing, Supplies 173,577 162,844 5,596 5,137 26,920 22,925 2,692 C Utilities 1,303 Dues, Bank Fees, Misc 8,250 5,942 2,308 All other expenses 13,730 9,219 4,511 25 Total functional expenses. Add lines 1 through 24e 108,371 57,227 1,152,494 986,896 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)

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 1 1 26,037 412,957 Cash - non-interest-bearing 2 2 338,591 80,941 3 3 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L 7 7 Notes and loans receivable, net 8 8 9 9 8,061 7,529 10a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D 339,380 Less accumulated depreciation 10b 10c 84,874 269,286 254,506 11 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 15 15 147 947 16 Total assets, Add lines 1 through 15 (must equal line 34) 642,122 16 756,880 17 17 25,419 34,117 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 77,404 55,872 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 26 102,823 89,989 Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets of Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 539,299 664,891 28 28 2,000 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 33 539,299 666,891 34 642,122 756,880

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					<u>. 🔲</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,2	80,0	086
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,1	52,4	194
3	Revenue less expenses Subtract line 2 from line 1	3		1	27,5	592
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	39,2	299
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Pnor period adjustments	8	•			
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		6	66,8	391
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					· 🗆
					Yes	No
1	Accounting method used to prepare the Form 990					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· • • [_	2a	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were complied or					
	reviewed on separate basis, consolidated basis, or both		İ	l		
	Separate basis Consolidated basis Both consolidated and separate basis		ł			
b	Were the organization's financial statements audited by an independent accountant?		· · L	2b]		Χ
	if "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both			l		
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			ı		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	<i>.</i>	[_	2c	Χ	
	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 Audit Act and OMB Circular A-133?		\cdots	3a		X
b	If "Yes," did the organization undergo the required audit of audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u>l</u>	3b		

56-2271150

Page **12**

Form 990 (2012)

Democracy North Carolina

Form 990 (2012)

EEA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Employer identification number

2012

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

Nam	of the	organization							Employer	identificatio	n number		
Deп	ocr	acy North Card	olina							271150			
Pa	rt I	Reason for P	Public Charity	Status (All organiz	ations m	ust com	plete this	s part) :	See instr	ructions.			
The	orga	nization is not a private	e foundation becau	se it is (For lines 1 throi	ugh 11, che	ck only one	e box)						
1		A church, convention	n of churches, or as	ssociation of churches of	lescnbed ir	section 1	170(b)(1)(A	.)(i).					
2		A school described in	n section 170(b)(1)(A)(ii). (Attach Schedu	le E)								
3	П			vice organization descri		tion 170(b)(1)(A)(iii).						
4	ñ			ted in conjunction with a					A)(iii). Ente	r the			
•	_	hospital's name, city,							~ ,				
5	П			of a college or university	v owned or	operated b	v a govern	mental un	ıt describe	d in		· · · · · ·	
,	ш	_			y owned or	operated i	y a govern	4	it dood ibo	.			
		section 170(b)(1)(A)			ribod in oe	otion 470	(b)(4)(6)(₁)	\	À				
-	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
7	ΙΔI												
	described in section 170(b)(1)(A)(vi). (Complete Part II)												
8	Н	-		170(b)(1)(A)(vi). (Com			1/2		``\				
9	Ш			(1) more than 33 1/3% o									
				mpt functions - subject to									
				and unrelated business t				tax) from	ousinesses	3			
				30, 1975 See section									
10				d exclusively to test for		1 1987	/SES-1	~ /					
11				exclusively for the bene									
				orted organizations desg						section			
		509(a)(3). Check the	box that describes	s the type of supporting		(4		11e throu	gh 11h				
		a 🗌 Typel	b 🗌 Type		III-Function			d 🗌	• • •	Non-funtio	nally inte	egrated	
0		By checking this box,	, I certify that the or	ganization is not control	ed directly	or indirectl	y by one or	more disc	qualified pe	ersons			
		other than foundation	n managers and oth	er than one or more pub	oliciy suppo	rtediorgan	izations de	scribed in	section 50	9(a)(1)			
		or section 509(a)(2)			100								
f		If the organization red	ceived a written det	termination՝ քրօր the IRS	that it is a	Туре I, Тур	e II, or Typ	e III suppo	orting				
		organization, check to											🗆
9		•		ation accepted any gift o	r contribution	n from an	v of the						
٥		following persons?	, .	The state of the s	<i>></i> }		•						
			rectly or indirectly o	controls, either alone or	 toaether wi	th persons	described	ın (ıı) and				Yes	No
				e supported organization							11g(ı)		
		(ii) A family member	• •	1.81	 						11g(iı)	1	
		•	•	described in (1) or (11) at	hove? .						11g(m	1	
h				the supported organizati							[119(
	(1) N:	ame of supported	(ii) EIN	'(fin) Type of organization	(iv) is the o	manization	(v) Did yo	u notify	(vi) !	s the	(vii) Amo	unt of mo	netanı
	(1)	organization) "", = " " ' ' '	(described on lines 1-9	in cot (i) his	-	the organi		organizati			support	i ictai y
		,	, ,	abové or IRC section	governing o	ocument?	col (i) o		(i) organiz	ed in the S ?			
		l	` `	(see instructions))	Yes	No	Yes	No	Yes	No	1		
	_		` · · · · · · · · · · · · · · · · · · ·		165	110	165	140	103	110	 		
(A)		-	` (ļ							
/B \					 			-	 	 			
(B)							ļ				1		
					 	-	 				}		
(C)													
			-		 	 	 			ļ			
(D)							l						
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(E)													
							<u> </u>						
Total	.1		l .	ł	1	1	1	ı	1	1	1		

90 or 990 EZ) 2012 Democracy North Carolina 56-2271150
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Sec	tion A. Public Support					······································					
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") · · · · ·	835,666	754,467	789,739	825,384	1,256,608	4,461,864				
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 · · · · ·	835,666	754,467	789,739	8 25 , 384	1,256,608	4,461,864				
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			i							
	shown on line 11, column (f)						2,311,232				
6	Public support. Subtract line 5 from line 4		_				2,150,632				
Sec	tion B. Total Support				1.5						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·	835,666	754,467	789,739	825,384	1,256,608	4,461,864				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	,									
	sources · · · · · · · · · · · · · · · · · · ·	11,746	17,394	12,599	2,013		43,752				
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)	28,876	23,931	24,624	23,277	31,141	131,849				
11	Total support. Add lines 7 through 10						4,637,465				
12	Gross receipts from related activities, etc. (s	ee instructions)				12					
13	First five years. If the Form 990 is for the corganization, check this box and stop here	<u> </u>	<u> </u>				▶□				
	tion C. Computation of Public Su										
14	Public support percentage for 2012 (line 6, c		-				16.38 %				
15	Public support percentage from 2011 Sched						48.01 %				
16a	33 1/3% support test - 2012. If the organiz	` /					⊾ 57				
	box and stop here. The organization qualif					• • • • • • • • • • • • • • • • • • •	· · · · ▶				
b	33 1/3% support test - 2011. If the organize check this box and stop here. The organize	` `				;, 	▶ □				
47-		•		=			• • • □				
17a	10%-facts-and-circumstances test - 2012	-									
	10% or more, and if the organization meets										
	Part IV how the organization meets the "fact organization		_	•			▶ □				
L	•										
b	10%-facts-and-circumstances test - 2011. 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 mee				-	.,					
		is the Tacts-and-cir					▶ □				
18	Private foundation. If the organization did										
	instructions		•				▶ □				

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)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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 bus under sec 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						
7a	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		,				
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	ction B. Total Support			, =			
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Totai
9	Amounts from line 6 · · · · · · · · ·						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				.,.		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · ·						
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)						
_	First five years. If the Form 990 is for the orgoganization, check this box and stop here		<u> </u>				<u>•</u>
	ction C. Computation of Public Su	·					
15	Public support percentage for 2012 (line 8, col	, ,	•))	• • • • • • • •	· 15	%
16	Public support percentage from 2011 Schedul				• • • • • • •	· 16	%
	ction D. Computation of Investmer					T 4= 1	_
17 40	Investment income percentage for 2012 (line						
18	Investment income percentage from 2011 Sc						%
	33 1/3% support tests - 2012. If the organization is not more than 33 1/3%, check this box a	and stop here. Ti	he organization qu	alifies as a publicly	supported organ	ization · · · · ·	▶ 🖂
b	33 1/3% support tests - 2011. If the organization 18 is not more than 33 1/3%, check this back this back the state of the	oox and stop her	e. The organization	n qualifies as a pub	licly supported o	rganization · · ·	
20	Private foundation. If the organization did no	ot check a box on	line 14, 19a, or 19	b, check this box a	ind see instructio	ns	<u></u> ▶ 🔲

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

Inspection ► See separate instructions.

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

_ •	Section 501(c)(4), (5), or (6) organizations	Complete Part III			
Nam	e of organization			Employer	identification number
_De	emocracy North Carolina			56-227	
Pa	rt I-A Complete if the organ	ization is exempt unde	r section 501(c) or	is a section 527 orga	nization.
1	Provide a description of the organization's				
2	Political expenditures			▶ \$	
3	Volunteer hours			·············	
			101	15/	
Pa		ization is exempt unde		•	
1	Enter the amount of any excise tax incurre				
2	Enter the amount of any excise tax incurre				
3	If the organization incurred a section 4955		,		
4a	Was a correction made?			• • • • • • • • • • • • • • • • • • • •	· 🗌 Yes 📋 No
b	If "Yes," describe in Part IV				
		ization is exempt under		cept section out(c)(3	o).
1	Enter the amount directly expended by the	e filing organization for section 5	27 exempt function		
_	activities		,	· · · · · · · · · • • • <u> </u>	
2	Enter the amount of the filing organization	•		. .	
_	527 exempt function activities			· · · · · · · · · · · · · · · · · · ·	
3	Total exempt function expenditures Add li			.	
	Did the filing organization file Form 1120				· 🏻 Yes 🔻 No
4	Enter the names, addresses and employe	-PUL for this year	ell a action 527 political o	manusations to which the fline	· ∐ tes ∐ No
5	organization made payments. For each or				
	the amount of political contributions received	- 131	-	-	
	as a separate segregated fund or a politic				,
		7.5	T T		T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
	,	11		funds If none, enter -0-	promptly and directly
	()				delivered to a separate political organization If
					none, enter -0-
					
(1)					[
(2)				1	
(3)					
(4)				<u> </u>	
·					
(5)					
·					
(6)		r		1	l

_	dule C (Form 990 or 990-EZ) 2012 Democracy No art II-A Complete if the organization	orth Carolina on is exempt up	der section 50	1(c)(3) and filed	56-2271 Form 5768 (ele	
<u> </u>	section 501(h)).	on to exempt a		.(0)(0) and mod	(5.5	
_	Check ▶ ☐ if the filing organization belongs to	o an affiliated group (and list in Part IV eac	ch affiliated group mei	mber's	
•	name, address, EIN, expenses, a	• • •		-		
3	Check ▶ ☐ If the filing organization checked			•		
		bbying Expenditure		<u> </u>	(a) Filing	(b) Affiliated
	(The term "expenditures"				organization's totals	group totals
1a	Total lobbying expenditures to influence public of				22,969	
ь		=			87,176	
c	Total lobbying expenditures (add lines 1a and 1b	• •	•		110,145	
d		-, 			1,052,349	
е	Total exempt purpose expenditures (add lines 1)	c and 1d)			1,162,494	
f	Lobbying nontaxable amount Enter the amount	•			1,102,434	
	columns	nom me temening to			191,249	
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	t is :	131,243	
	Not over \$500,000	 -	ount on line 1e			
	Over \$500,000 but not over \$1,000,000		15% of the excess o	ver \$500 000.		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess o			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess ov			
	Over \$17,000,000	\$1,000,000	<u> </u>			
g					47,812	
h		•				
i	Subtract line 1f from line 1c if zero or less, ente					
i	If there is an amount other than zero on either lin		e organization file Fo	rm 4720	<u> </u>	
•			1 - j); ,		☐ Yes ☐ No
			(m)	107		
		4-Year Averaging	riod Under Section	501(h)		
	(Some organizations that columns belo	t made a section 501 ow. See the instruct	i(h) election doinot ions for lines 2aithr	have to complete allough 2f on page 4.)	l of the five	
	Lobb	ying Expenditures	During 4-Year Avera	aing Period		
_		I				
	Calendar year (or fiscal year	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
	beginning in)					
_		(3) (3)				
2a	Lobbying nontaxable amount	150,579	165,566	149,057	191,249	656,451
h	Lobbying ceiling amount					
_	(150% of line 2a, column (e))					984,677
	~					
С	Total lobbying expenditures	64,852	45,961	80,551	110,145	301,509
		1/1				
d 	Grassroots nontaxable amount	37,645	41,392	37,264	47,812	164,113
e	Grassroots ceiling amount					
	(150% of line 2d, column (e))					246,170
f	Creamonts Johnung avanditi mee					
ı	Grassroots lobbying expenditures	22 250	15 390	24 287	22 969	94 996

Schedule C (Form 990 or 990-EZ) 2012

EEA

Schedule C (Form 990 or 990-EZ) 2012 Democracy North Carolina 56-2271150

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity. During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 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 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 by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? It III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), c 501(c)(6) and if either (a) BOTH Part III-A interest 1 angle, are answered "No," OR (b)	- 		moun	t
legislation, 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 1: 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 the filing organization incurred a section 4912 tax, did if file Form 4720 for this year? Total Formula (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization make only in-house lobbying expenditures from the prior year? Total Bonder of the organization is exempt funder section 501(c)(4), section 501(c)(5), organization agree to carry over lobbying and political expenditures from the prior year?	- 	ection		
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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 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? It III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), organization make only in-house lobbying expenditures of \$2000 or less? Did the organization agree to carry over lobbying and political expenditures from the purpose? Total III-B Complete if the organization is exempt@inder section[501(c)(4), section 501(c)(5), organization[501(- 	ection		
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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 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 filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Total Add lines 1c through 1i Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), organization is exempt under section 4912. Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? It III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or the prior year?	- 	ction		
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501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt index section 501(c)(4), section 501(c)(5), complete in the prior year?	- 	ction		
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? The initial Complete if the organization is exemption agree to carry over lobbying and political expenditures from the prior year? The initial complete if the organization is exemption agree to carry over lobbying and political expenditures from the prior year?				
Did the organization make only in-house lobbying expenditures of \$2000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? The initial complete if the organization is exemption of the prior year? The initial complete if the organization is exemption of the prior year?				
Did the organization make only in-house lobbying expenditures of \$2000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? The initial complete if the organization is exemption of the prior year? The initial complete if the organization is exemption of the prior year?			Yes	~
Did the organization agree to carry over lobbying and political expenditures from the pror year?		1		
rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), c		2		
	<u> </u>	3		
answered "Yes." Dues, assessments and similar amounts from members	1			
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was partial.				
Current year	2a			
Carryover from last year	2b			
Total	2c			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
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 carryoyer to the reasonable estimate of nondeductible lobbying				
and political expenditure next year?	4			
Taxable amount of lobbying and political expenditures (see instructions)	5			
rt IV Supplemental Information				

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Inspection

2012

Open to Public

Employer identification number Name of the organization 56-2271150 Democracy North Carolina Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (during year) Aggregate grants from (dunng 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) 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 Tax Year Total number of conservation easements 2b Total acreage restricted by conservation easements 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 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, 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. Complete if the organization answered "Yes" to 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 b 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) Revenues included in Form 990, Part VIII, line 1 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

	ule D (Form 990) 2012 Democracy North C	arolina		56-227	1150	Page 2
Pa	rt III Organizations Maintaining Coll				sets (conti	inued)
3	Using the organization's acquisition, accession, and	other records, check any o	of the following that are a	a significant use of its		
	collection items (check all that apply)					
а	Public exhibition	d Loan or excha	ange programs			
b	Scholarly research	e 🔲 Other				
С	Preservation for future generations					
4	Provide a description of the organization's collections	and explain how they furt	her the organization's ex	xempt purpose in Part		
	XIII					
5	During the year, did the organization solicit or receive	donations of art, historica	If treasures, or other sim	nlar		
	assets to be sold to raise funds rather than to be mai	ntained as part of the orga	nization's collection?	<u> </u>	· · Tes	. □ No
Pa	t IV Escrow and Custodial Arranger	ments. Complete if	the organization a	nswered "Yes" to For	m 990, Pa	rt IV,
	line 9, or reported an amount on F					
1a	Is the organization an agent, trustee, custodian or oth	ner intermediary for contrib	outions or other assets n	ot		
					· · 🗌 Yes	. □ No
ь	If "Yes," explain the arrangement in Part XIII and com	plete the following table		(2)	_	
				Am	nount '	
С	Beginning balance					
d	Additions during the year			Man Sh		
е						
f	Ending balance			32 1f		
2a	Did the organization include an amount on Form 990,	Part X, line 21?			· · Tyes	No No
b	If "Yes," explain the arrangement in Part XIII Check h		been provided in Part X	الاختراب والمناطقة	.	🗖
Pa						
	· (a) Current year (b) Pr	or year (c) Two years	(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance	, , , , , , , , , , , , , , , , , , , ,			1 .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	Contributions					
c	Net investment earnings, gains, and	A				
•	losses					
d	Grants or scholarships	7				
e	Other expenditures for facilities and	18			+	
·	programs · · · · · · · · · · · · · · · · · · ·					
f	Administrative expenses	B.				
g	End of year balance					
2	Provide the estimated percentage of the current year	Allero des	ımn (a)) held as			
- a	Board designated or quasi-endowment	crid building (inite 1g, cold	inii (a)) neia as			
b	Permanent endowment	,				
c	Temporarily restricted endowment	- 0/2 miles				
·	The percentages in lines 2a, 2b, and 2c should equal	100%				
3a	Are there endowment funds not in the possession of	, , ,	eld and administered for	r the		-
-	organization by	(7	ora arra administrator o	. 4.0	Ye	s No
	(i) unrelated organizations	<u> </u>			. 3a(i)	3 110
	(ii) related organizations				· 3a(ii)	
b	If "Yes" to 3a(II), are the related organizations listed as	s required on Schedule R			. 3b	
A	Describe in Part XIII the intended uses of the organizations	•	. ,,,,,,,,,		. 50 1	
Pai	t VI Land, Buildings, and Equipmen		ort X line 10			
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book va	
	Description of property	(investment)	(other)	depreciation	(u) book va	iiue
1a	Land					
b	Buildings	-	205 000	41 710		43 005
	Leasehold improvements		285,000	41,713	2	43,287
c d		<u> </u>	1,069	1,069		11 016
_	Equipment		53,311	42,092		11,219
e Total	Other	orm 000 Dad V advers	(B) line 40(a) \	<u> </u>	<u>-</u>	
ota	. Add lines 1a through 1e (Column (d) must equal F	onn 990, Paπ X, column (D), line IU(C)) · ·	· · · · · · · · · · •	2!	<u>54,506</u>

Total (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

(6) (7) (8) (9) (10)(11)

Sched	kle D (Form 990) 2012 Democracy North Carolina	56-2271150	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	1 1	
b	Donated services and use of facilities	7 1	
c	Recovenes of prior year grants	1 1	
d	Other (Describe in Part XIII)	1 1	
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	3	
4	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 · · · · · · · · · 4a	1 1	
a		-	
b	Other (Describe in Part XIII)	┥╻┃	
C		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	_	
b	Pnor year adjustments	」	
C	Other losses · · · · · · · · · · · · · · · · · ·		
đ	Other (Describe in Part XIII)]	
0	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990. Part VIII. line 7b	1 1	
ь	Other (Describe in Part XIII)	7	
C	Add lines 42 and 4b	7 4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I, line 18)	5	
	t XIII Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III lines 1a and 4, Part IV, lines 1b and	2h	
	v, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Associomplete this part to provide any additi		
		Ullai	
Intom	nation		
			
			
	· · · · · · · · · · · · · · · · · · ·		
	· ·		
			
EFA		Schadule D. //	Form 990) 2012

Open to Public 2012 Inspection ∑ Yes Employer identification number 56-2271150 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Democracy North Carolina

Part | General Information on Grants and Assistance the selection criteria used to award the grants or assistance? Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE 1 (Form 990)

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Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if applicated is needed	cipient that receive	ed IIIOI e u lair 45,00	O. Fait II call De o	משונים וו מביינים			
1 (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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)NC Voters for Clean Elections	SC		900				o de la
PO Box 10402 27705 (2)	56-2129334	P 0	000, 65				Aggot admers
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ind government organiza	ations listed in the line 1	table			A	
3 Enter total number of other organizations listed in the line 1 table	s listed in the line 1 table					▲ : : : : : :	

EEA

Page 2 (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Schedule (Form 990) (2012) Democracy North Carollina
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) The Organization maintains records that determine eliqibility and criteria selection. (d) Amount of non-cash assistance (c) Amount of cash grant 1tne 2) Part III can be duplicated if additional space is needed. (b) Number of recipients (Part I, 1. Monitoring procedures (a) Type of grant or assistance Part IV

3

8

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9

Schedule I (Form 990) (2012)

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

56-2271150

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or 990-EZ.

Democracy North Carolina 01. Form 990 governing body review (Part VI, line 11) The Board Treasurer is provided a copy of the 990 prior to its final filing 02. Conflict of interest policy compliance (Part VI, line 12c) On an annual basis the Board of Directors reviews the conflict of interest policy, and of the policy each Board member signs a statement acknowledging their acceptance 03. CEO, executive director, top management COMP VI, line 15a) The Board of Directors conducts an annual review of all compensation packages 04. Other officer or key employee compensation (Part VI, line 15b) 1 compensation packages. The Board of Directors conducts an annual available to public (Part VI, line 19) 05. Governing documents, etc of its form 990 upon request The Organization provides a copy

990

Tax Exempt Diagnostic Summary

2012

Name

Democracy North Carolina

Employer Identification # 56-2271150

Demographics

Mailing Address:

1821 Green Street Durham, NC 27705-4114

Resident State: NC

Diagnostics

Preparer: Joseph Turchetti

Invoice:

Date: (0,5-15-2013

Phone: (919)286-6000

Return Information

		~ .	· 1
Item on Return	2012		2011 Federal
	Federal		(If a vailable)
Total Revenue	1,280,086	<-7	850,674
Total Expenses	1,152,494		827,043
Net Excess (Deficit)	127,592		23,631
Net Assets or Fund			
Balances	666.891	[5] [5] ×	539,299

State/City Information

State/City

Taxable Revenue <u>Total</u> Expenses Change Fund

<u>UBIT</u>

Total Tax Refund/ (Balance Due)

