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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)

OMB No 1545 0047

► 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.

Open to Public Inspection

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<u>A</u>	For t	he 2014 calen	dar year, or tax year begir	nning		, 201	4, a	nd ending					
В	Check	ıf applıcable	l C						ŀ	D Employ	er identif	ication numb	er
	Па	ddress change	Democracy North	Carolina	1					56-	22711	.50	
	$\boldsymbol{\vdash}$	ame change	1821 Green Stree		-				İ	E Telepho			
	\vdash	•	Durham, NC 27705							010	206	6000	
	Η'n	itial return							ł	919	286-	6000	
	Fu	nal return/terminated											
	L A	mended return								G Gross r			62,673.
	A	pplication pending	F Name and address of principa	al officer RO	bert Hal			H	t(a) Is this a	group retui	n for subo	ordinates?	Yes X No
	_		Same As C Above						(b) Are all	subordinate: attach a list	included	·	Yes No
ī	Tay.	exempt status	X 501(c)(3) 501(c) () ∢ (ır	sert no.)	4947(a)(1)	or	527	IF INO, a	attach a list	(see instr	uctions)	
<u>;</u>						11017(4)(17	<u>. </u>	——	· · · · · · · · · · · · · · · · · · ·				
_			w.democracy-nc.o		1			L		exemption n			
K		n of organization	X Corporation Trust	Association	Other >		L Yea	ar of formation	n 2001	L M	State of le	gal domicile	NC
Pa	art I	Summar	γ										
	1	Briefly descri	ibe the organization's miss	ion or most s	significant ac	ctivities	To	promot	e pub	lic di	scuss	sion ab	out
•	1		ality of democrac										- -
ဋ			tion and civic p										
ဋ			money on public										rtance
₹	2		ox ► If the organization										
.පු	3		oting members of the gove								3		12
•ઇ	4		ndependent voting member				ne 1	b)			4		12
es	5		r of individuals employed ii					•			5		33
Activíties & Governance	6		r of volunteers (estimate if	-	,	•	•		,		6		
ਝੁ	7a		ed business revenue from		umn (C), lin-	e 12					7a		0.
4			d business taxable income								7b		0.
	-	THE UNIVERSE	2 Dasiness taxable income		30 1, 1110 0	<u> </u>			D	rior Year		Curror	nt Year
	8	Contributions	and grants (Part VIII line	16)							11 5		
9										,106,4	115.	1,0	27,589.
Revenue	9	•	•										1 061
ě	10								3,709.				1,861.
E	11									16,5			18,259.
	12		e – add lines 8 through 11				, line	12)	<u> 1</u>	<u>,126,6</u>			47,709.
	13	Grants and s	similar amounts paid (Part	IX, column (4), (Ines 1-3))			73,650.			4	50,785.
	14	Benefits paid	d to or for members (Partd	X, column (A	(ine 4)								
	15	Salaries, oth	er compensation, employe	e benefits (P	altHX), colur	nn (A), lin	es 5	5-10)	770,484.			1.0	03,356.
9	163		fundraising fees Part IX,			• •		•	71071011				
Expenses	IVa		١, (J) \				ļ <u>.</u>				
₹	. b		sing expenses (Part IX), co				<u>77</u>	<u>,347.</u>					
ш	17	Other expens	ses (Part IX, column (A), I	ines 1 (a) 170	19f-24e)					300,7	789.	3	57,401.
	18	Total expens	ses Add lines 13-17 (must	equal Part 1)	(, column (A	(), line 25))		1	,144,9			11,542.
	19		s expenses Subtract line							-18,2			36,167.
8									Pogunnun	g of Curre			f Year
- 1	20	Total accets	(Part X, line 16)						beginnin				
100) .		es (Part X, line 26)							718,1			14,844.
Z	21		-							69,	29.		30,030.
- 4	22	Net assets o	r fund balances Subtract I	ine 21 from I	ine 20					<u>648, 6</u>	547.	6	<u>84,814.</u>
Pa	art II	Signatu	re Block										
Und	ler pena	Ities of perjury, I d	leclare that I have examined this ret arer (other than officer) is based on	turn, including acc	companying sche	edules and sta	ateme	ents, and to th	ne best of m	y knowledge	and belie	f, it is true, co	orrect, and
com	iplete C	Declaration of prep	arer (other than officer) is based on	all information o	f which preparer	has any kno	wledg	е		1 -	-1		
			/m/s	ATA	10				T 1.	5/15	115		
Si	gn	. Signati	ure of officer	- 10C		_			Daf	fe /	11 -		
He	ere	N Pob	ort Hall						Evecu	/ itive	l Diroo		
			pert Hall prount name and title						EXECU	icive	DILEC		
_				Dropping 5	natura			Data	1		T. T.	OTIN	
		Printrype	preparer's name	Preparer's sign			[Date	ļ	Check	」"	PTIN	
	aid		ne W. Dunn		W. Duni	n	\perp	5/15/	15	self-employ	red [<u>2003490</u>	127
	epar	er Firm's nam	e ►C.W. Dunn &	Associat	es, CPA	s, PLLC							
	Use Only Firm's address 326 West Street							Firm's EIN	46-	519446	8		
	Pittsboro, NC 27312								Phone no	(919			
Ma	v the	IRS discuss t	his return with the prepare		P7 (SPE INS	tructions)					()1)	X Yes	No
1410	.,	0:30033 1	rotorn mar are prepare	. 55**** abb	ادارات کا کا							141 153	1 1 110

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

TEEA0113L 05/28/14

Form 990 (2014)

	n 990 (2014) Democracy North Carolina	56-227115	0 · Page 2
Par	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission.		
	See Schedule O	- 	
		 -	·
	Did the organization undertake any significant program services during the year which were not listed on the prior		
2	Form 990 or 990-EZ?		Yes X No
	If 'Yes,' describe these new services on Schedule O		ics A no
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices?	Yes X No
•	If 'Yes,' describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program service. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations.	es, as measure to others, the t	d by expenses otal expenses,
	and revenue, if any, for each program service reported		
	(Code) (Expenses \$ 1,599,134. including grants of \$ 450,785.) (Re	venue \$	
70	Ensuring equal access and full participation in the electoral proc		
	misuring equal access and ruri participation in the discount pro-		
	·		
4 b	(Code (Code (Expenses \$ including grants of \$) (Re	venue \$ <u>. </u>)
-		- -	
-			-
			-
			- -
			- -
40	c (Code.) (Expenses \$ including grants of \$) (Re	venue \$	<u> </u>
			 '
		-	
		- -	
		 -	
		_ 	
		 -	 -
4 0	d Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)
BAA	e Total program service expenses ► 1,599,134. TEEA0102L 05/28/14		Form 990 (2014)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	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 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	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 debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	х	
b	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
С	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
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 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
е	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	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	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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 foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F. Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	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	18		Х
19	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	19		х
20 a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
b	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
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 employees? <i>If 'Yes</i> ,' <i>complete Schedule J</i>	23		х
24 a	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 through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
t	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	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26	_	X
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, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		X
28	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	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X	
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, 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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	-	X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŀ	olf 'Yes' to line 35a, 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	35b		_
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		Х
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, Part VI	37		х
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (2014)

Form 990 (2014) Democracy North Carolina 56-2271150 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 1 b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Ō c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-2 a ments, filed for the calendar year ending with or within the year covered by this return 33 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3 a **b** If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 3 b 4a 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 account)? 4 a Х **b** If 'Yes,' enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as charitable contributions? 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X services provided to the payor? 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7 c Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 q h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 7 h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b 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.

a is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b 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 13Ь c Enter the amount of reserves on hand 13 c X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14 b

Par	t VI	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b bel a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Schodulo O. See instructions	ow, jes i	and n	for
		Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A	A. Governing Body and Management			
				Yes	No
1 a	If ther	the number of voting members of the governing body at the end of the tax year re are material differences in voting rights among members governing body, or if the governing body delegated broad rity to an executive committee or similar committee, explain in Schedule O			-
t		the number of voting members included in line 1a, above, who are independent 1b 12			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		X
3	of off	e organization delegate control over management duties customarily performed by or under the direct supervision icers, directors, or trustees, or key employees to a management company or other person?	3		х
4		ne organization make any significant changes to its governing documents			l <u>. </u>
		the prior Form 990 was filed?	4		X
5		ne organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		ne organization have members or stockholders?	6		Х
	memb	e organization have members, stockholders, or other persons who had the power to elect or appoint one or more pers of the governing body?	7 a		Х
t	Are a stock	ny governance decisions of the organization reserved to (or subject to approval by) members, holders, or persons other than the governing body?	7 b		х
8		e organization contemporaneously document the meetings held or written actions undertaken during the year by illowing.			
	-	overning body?	8a	X	
		committee with authority to act on behalf of the governing body?	8ь	Х	
9	organ	ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the dization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Sec	tion I	B. Policies (This Section B requests information about policies not required by the Internal Re	venu	<i>le Ci</i> Yes	
10.	Did #h	ne organization have local chapters, branches, or affiliates?	10a	res	X
	o If 'Yes,	' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their ons are consistent with the organization's exempt purposes?	10 b		
11 a		e organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
		ribe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O			1
		ne organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
1		officers, directors, or trustees, and key employees required to disclose annually interests that could give rise inflicts?	12b	Х	
(e organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in dule O how this was done See Schedule O	12c	Х	
13	Did th	ne organization have a written whistleblower policy?	13	X	
		ne organization have a written document retention and destruction policy?	14	X	<u> </u>
	perso	ne process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
ı		r officers or key employees of the organization See Schedule 0	15b	X	ļ
		s' to line 15a or 15b, describe the process in Schedule O (see instructions)			
	taxab	ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ole entity during the year?	16a		Х
١	partic	s,' did the organization follow a written policy or procedure requiring the organization to evaluate its cipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the nization's exempt status with respect to such arrangements?	16b		
Sec		C. Disclosure		L	
		ne states with which a copy of this Form 990 is required to be filed None			
	Section	on 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s iblic inspection. Indicate how you made these available. Check all that apply.	only)	avaıl	able
		Own website X Upon request X Other (explain in Schedule 0) S		Sch.	. О
19	the pu	be in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available during the tax year See Schedule O the page and telephone number of the page who pages the organization's backs and records.	ie to		
20		the name, address, and telephone number of the person who possesses the organization's books and records Purham NC 27705-4114 919-286-6000			

Form 990 (2014)	Democracy	North	Carolina
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56-2271150

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Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

- 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 year.
- 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 rela	ted organiz	ation	con	nper	ısate	ed any	y cu	rrent officer, direct	or, or trustee.	
		(C)								
Name and Title	(B) Average hours per	tha	n one s both dir	box, an or ector	unles officer truste		on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza tions below dotted line)	institutional trustee individual trustee or director		Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Sonya Bennetone	2									
Board Member	0] X.						0.	0.	0.
(2) Jennifer Lyday	2_									
Vice President	0	X		X				0.	0.	0.
(3) Zeb Smathers	2									
Secretary	0] X						0.	0.	0.
(4) Julie Mooney	2									
President	7 0	X		Х				0.	0.	0.
(5) Kathy Knight	2									
Vice President	70	1 x		X				0.	0.	0.
(6) Kim McGuire	2									<u> </u>
Board Member	7-0-] X						0.	0.	0.
(7) Wib Gulley	2									
Board Member	7 0	X			ļ ·			0.	0.	0.
(8) Robert Hall	40									
Executive Direc	7-0-	X			İ			94,878.	0.	0.
(9) Adam Beyah	2									
Treasurer	7-0-	X		Х				o.	0.	0.
(10) Diane Robertson	2									
Board Member	0	1 x						0.	0.	0.
(11) Terry Taylor-Allen	2		Γ							
Board member	0	1 x						0.	0.	0.
(12) Jenn Frye	40								-	
Associate Direc	7-0-	1 x						64,638.	0.	0.
(13) Louisa Warren	2									
Board Member	0	X						0.	0.	0.
(14) Kevin Foy	2									
Board Member	70	X	l					0.	0.	0.

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Part VII Section A. Onicers, Directors, 11t		Ney	LIII			C3,	anc	i nighest con	iperisateu Linp	l
(A) Name and title	Average hours per week	box	, unte	heck ss pe	ition more erson directe	than is both or/trus	n an lee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	relatéd organizations (W 2/1099 MISC)	compensation from the organization and related organizations
(15)										
(16)										
(17)		-								
(18)										
<u>(19)</u>										
(20)		 								
(21)										
(22)		-								
(23)					-					
(24)									·	-
(25)										
1 b Sub-total c Total from continuation sheets to Part VII, Secti	on A		L l				A A	159,516. 0.	0.	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited from the organization ▶ 0	to those I	ısted	abov	/e) v	who	recer	ved	159,516. more than \$100,00	0. 0 of reportable comp	pensation 0.
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru	istee,	key	em	plo	yee,	or h	nghest compensa	ted employee	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	f reportab	le co	mpe 00?	nsa If 'Y	ition ∕es′	and com _i	oth o <i>let</i>	er compensation e Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s,' comple	nsatio	n fre chea	om a Iule	any <i>J fo</i>	unre r suc	late h p	d organization or erson	ındıvıdual	5 X
Section B. Independent Contractors	I	005=	doc.		atr-	oto	th-	t roomind man 4	han \$100 000 -5	
 Complete this table for your five highest compensation from the organization. Report compensation. 	isation for	the c	alen	dar y	year	endi	ng v	with or within the or	ganization's tax year	r
Name and business add	ress							Description (B)	of services	(C) Compensation
2 Total number of independent contractors (including l		ited t	o the	se I	ısted	d abo	ve)	who received more	than	
\$100,000 of compensation from the organization	<u> </u>	TEEAC	1081	03/0	09/15					Form 990 (2014)
			, , JOL	JJ/(د، ،رر					(2014)

1		Check if Schedule O	contains a resp	onse or note to an	y line in this Part VI	IL		
			•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	d d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions)	ļ -					
ontributi	g	All other contributions, gifts, g similar amounts not included Noncash contributions included		1,827,589. 14,964.				
<u>ਫ਼ ਨੂੰ</u>	h	Total. Add lines 1a-1f		Business Code	1,827,589.			
Program Service Revenue			ce revenue	>				
	3 4 5	Investment income (incother similar amounts) Income from investment Royalties	it of tax-exemp	t bond proceeds	2,187.			2,187.
	b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real 12,896					
		Net rental income or (lo Gross amount from sales of assets other than inventory		(ii) Other	12,896.			12,896.
		Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	14,964 -326		226	226	·	
Other Revenue	8 a	Gross income from fund (not including \$ of contributions reporte See Part IV, line 18 Less direct expenses Net income or (loss) fro	d on line 1c)	a b	-326.	-326.		
_	Ŀ	Gross income from gan See Part IV, line 19 Less: direct expenses		a b				
	10a	: Net income or (loss) from Gross sales of inventor and allowances be Less cost of goods solowers income or (loss) from the control of the cost of goods.	y, less returns	a b				
	11 a	Miscellaneous Reven Research & Hon		Business Code	5,363.	5,363.		
	6	All other revenue. Total. Add lines 11a-11 Total revenue. See insi		.	5,363. 1,847,709.	5,037.	0.	15,083.
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	tion 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. All oti		omplete column (A)	
	Check if Schedule O contains a r				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	450,785.	450,785.		
2	Grants and other assistance to domestic individuals See Part IV, line 22			,	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	159,516.	94,909.	56,027.	8,580.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	636,694.	565,945.	23,594.	47,155.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	333,3333	333,3131		
9	Other employee benefits	140,604.	116,702.	14,060.	9,842.
10	Payroll taxes	66,542.	55,230.	6,654.	4,658.
11	Fees for services (non-employees)				
	Management				
	Legal				
	: Accounting I Lobbying	5,475.		5,475.	
	Professional fundraising services See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·		
	Investment management fees				
	Other (If line 11g amt exceeds 10% of line 25, column	10.016	10.016		
12	(A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	18,816. 11,755.	18,816.		
13	Office expenses	16,397.	11,755. 13,609.	1,640.	1,148.
14	Information technology	10,397.	13,009.	1,040.	1,140.
15	Royalties				
16	Occupancy	16,642.	13,813.	1,664.	1,165.
17	Travel	43,919.	39,527.	4,392.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest	702.	583.	70.	49.
21	Payments to affiliates Depreciation, depletion, and amortization.	12.024	10 736	1 202	
	Insurance	12,934. 7,829.	10,736. 4,697.	1,293. 3,132.	905.
	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).	7,629.	4,037.	3,132.	
ā	Printing and Publications	104,831.	104,831.		
	Postage and Shipping	45,819.	41,237.	2,291.	2,291.
	Meeting and Events	29,369.	19,677.	9,692.	
	Telephone	16,227.	13,468.	1,623.	1,136.
	All other expenses	26,686.	22,814.	3,454.	418.
25	Total functional expenses Add lines 1 through 24e	1,811,542.	1,599,134.	135,061.	77,347.
26	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)				
BAA			/00/14		Form 990 (2014)

Form 990 (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 1 362,757. 368,087 2 82,576. 2 Savings and temporary cash investments 81,755 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 8,665 Prepaid expenses and deferred charges 7,572 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 356,117 10b 10 c b Less accumulated depreciation 97,019 259,015 259,098. 11 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets Other assets See Part IV, line 11 1,747 15 1,748 15 Total assets. Add lines 1 through 15 (must equal line 34) 718,176 16 714,844. 16 17 Accounts payable and accrued expenses 28,420 17 29,026 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 40,709 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 400 1,004. Total liabilities. Add lines 17 through 25 69,529 26 30,030. Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 648,647 27 674,814. Temporarily restricted net assets 28 10,000. 29 Permanently restricted net assets Find Organizations that do not follow SFAS 117 (ASC 958), check here П and complete lines 30 through 34. 5 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances 648,647 33 684,814. 33 Total liabilities and net assets/fund balances 34 34 718,176. 714,844.

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Pai	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,8	47,	709.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,8	11,	542.		
3	Revenue less expenses Subtract line 2 from line 1	3		36,	167.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		48,	647.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.		
10	10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))						
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				П		
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		- ' z	,			
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	iewed on a					
ı	Were the organization's financial statements audited by an independent accountant?		2 b	Х	ļ		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis	parate					
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udıt,	2 c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
3 8	3 a 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?						
	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3 b				
BAA			Forn	1 990	(2014)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2014

Name o	ame of the organization Employer identification number											
Dem	ocracy North Carolina	l				56-227115	0					
Part	I Reason for Public Cha	rity Status (All or	ganizations must o	comple	te this	part.) See instruct	tions.					
The o	organization is not a private found											
1	A church, convention of church	es, or association of ch	nurches described in sect	tion 170(b)(1)(A)(i).						
2	A school described in section	170(b)(1)(A)(ii). (Att	ach Schedule E)									
3	A hospital or a cooperative h	ospital service organi	zation described in sec	tion 170)(Ь)(1)(А	(Xiii).						
4	A medical research organization	tion operated in conju	unction with a hospital of	describe	d in sec	tion 170(b)(1)(A)(iii) E	nter the hospital's					
	name, city, and state.		•				•					
5	An organization operated for the 170(bX1)(A)(iv). (Complete F	e benefit of a college of	or university owned or ope	erated by	a gover	nmental unit described i	n section					
6	A federal, state, or local gove		ntal unit described in s	ection 1	70(b)(1)	(A)(v).						
7	An organization that normally r in section 170(b)(1)(A)(vi).	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)										
8	A community trust described	ın section 170(b)(1)(A)(vi). (Complete Part I	1)								
9	from activities related to its exe investment income and unrel June 30, 1975 See section 5	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)										
10	An organization organized ar	•	•	-								
11	or more publicly supported o	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g										
а												
Ь	Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by the supported organization	having control or ion(s). You					
c	Type III functionally integrated. organization(s) (see instruction	. A supporting organizat ons) You must comp	ion operated in connection plete Part IV, Sections	n with, ai A, D, an e	nd function d E.	onally integrated with, its	supported					
d	Type III non-functionally integrated. The constructions) You must com	rganization generally	must satisfy a distribu	tion real	with its s uiremen	supported organization(s) t and an attentiveness	that is not requirement (see					
е		ation received a writte	en determination from t	the IRS	that is a	Type I, Type II, Type	III functionally					
f	Enter the number of supported	organizations										
g	Provide the following information	n about the supported	d organization(s)									
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(Iv) i organizat in your g docur	ion listed ((v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
				Yes	No							
<u>(A)</u>												
(B)												
(C)												
(D)												
<u>(E)</u>	E)											
Total												

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the

	organization fails to qualify t	under the tests list	ed below, please	complete Part II	1)				
Sec	Section A. Public Support								
pegi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	4	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	789,739.	825,384.	1,256,608.	1,106,415.	1,827,5	89.	5,805,735.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,				0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge							_0.	
4	Total. Add lines 1 through 3	789,739.	825,384.	1,256,608.	1,106,415.	1,827,5	89.	5,805,735.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).			·				2,855,181.	
	, ,,			,		L		2,033,101.	
	Public support. Subtract line 5 from line 4							2,950,554.	
	tion B. Total Support	- Т			т —				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201		(f) Total	
7	Amounts from line 4	789,739.	825,384.	1,256,608.	1,106,415.	1,827,5	89.	5,805,735.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,599.	2,013.		3,580.	2,187.		20,379.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	24,624.	23,277.	31,141.	16,555.	18,2	259.	113,856.	
11	Total support. Add lines 7 through 10							5,939,970.	
12	Gross receipts from related activ	rities, etc (see inst	ructions)	-			12	0.	
	First five years. If the Form 990 is organization, check this box and	stop here		urd, fourth, or fifth	tax year as a section	on 501(c)(3)		▶ []	
	tion C. Computation of Pu								
	Public support percentage for 20 Public support percentage from			ne 11, column (1),)		14 15	49.67%	
	33-1/3% support test — 2014. If	the organization of	lid not check the	box on line 13, a	and the line 14 is 3	ا 33-1/3% or r		check this box	
_	and stop here. The organization	•	, ,,	•	Ca. and here 15	22.1/20/		X	
t	33-1/3% support test – 2013. If and stop here. The organization	the organization di i qualifies as a put	id not check a bo olicly supported o	ox on line 13 or 16 organization	6a, and line 15 is	33-1/3% or	more,	check this box	
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstance	s' test, check this	s box and stop he	re. Explain i	n Part	t VI how	
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' t	ind-circumstance est The organiz	s' test, check this ation qualifies as	s box and stop he a publicly suppor	re. Explaın ı ted organıza	n Part ition	t VI how the ▶	
	Private foundation. If the organi	Zation did not che	ck a box on line	15, 100, 100, 178					
BAA					Sc	nedule 🗛 (Fo	orm 99	90 or 990-EZ) 2014	

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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.)

	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the		_				
	organization without charge						
	Total. Add lines 1 through 5 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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unirelated business taxable income (less section 511						
	taxes) from businesses acquired after June 30, 1975 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 VI)						
	Total support. (Add lines 9, 10c, 11 and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)	▶ □
	tion C. Computation of Pul			10		Т	
	Public support percentage for 20	•	• • •	ne 13, column (f))		15	*
	Public support percentage from					16	્ર
	tion D. Computation of Inv				(0)	1.5	
17	Investment income percentage f	•		•	IIIII (1))	17	90
	Investment income percentage f				and line 15 is ma-	18 1/2% s than 32 1/2%	
	33-1/3% support tests ~ 2014. If is not more than 33-1/3%, check	this box and sto	p here . The organ	ization qualifies	as a publicly supp	orted organization	on ► 📗
	33-1/3% support tests - 2013. If line 18 is not more than 33-1/3% Private foundation. If the organi	6, check this box a	and stop here. Th	e organization qu	ialifies as a public	ly supported org	anization 🟲 🔲
	ata taanaanan ii tiic oigani	Lation and Hot Cite	a box on mic	,	und box and	. Joe manachons	· L.

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

-	tion A. All Supporting Organizations		• • • • •	
	aton A. An Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
-	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
,	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and ElN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part Vi	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'			
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons	8_		
	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

3a

3b

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard

Sec	Section C — Distributable Amount			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

BAA

Schedule A (Form 990 or 990-EZ) 2014

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Sec	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	s,	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		<u> </u>
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization ${\bf Part\ Vi})$ See instructions	on is responsive (provide	details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	•		<u> </u>
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
	Breakdown of line 7.			
a		<u> </u>		
b				
C				
	Excess from 2013			
	Excess from 2014			

BAA

Schedule A (Form 990 or 990-EZ) 2014

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income

Nature and Source		2014		2013	 2012	 2011	 2010
Research & Honoraria Rental Income Miscellaneous Total	\$ <u>\$</u>	5,363. 12,896. 18,259.	\$ <u>\$</u>	16,530. 25. 16,555.	\$ 12,355. 18,784. 2. 31,141.	\$ 5,975. 16,858. 444. 23,277.	\$ 1,238. 18,270. 5,116. 24,624.

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

OMB No 1545-0047 2014

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions Open to Public Inspection is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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

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

• 5	Section 501(c)(4), (5), or (6) o	rganizations Complete Part III			
Name	of organization		<u>-</u>	Employer identifica	ition number
Den	nocracy North Carol	ina		56-227115	
Par	t I-A Complete if the or	rganization is exempt under section	on 501(c) or is a	section 527 organiz	zation.
1	Provide a description of the	organization's direct and indirect political c	ampaign activities in	Part IV	
2	Political expenditures			▶ \$	
3	Volunteer hours				
Par	t I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶\$	0.
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	▶\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		☐Yes ☐No
4 a	Was a correction made?				☐Yes ☐No
Ŀ	If 'Yes,' describe in Part IV				
Par	t I-C Complete if the or	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	on activities -\$	
2	Enter the amount of the filing of	organization's funds contributed to other organ	izations for section 52	7 exempt	
-	function activities			▶\$	
3	Total exempt function expen	ditures Add lines 1 and 2 Enter here and	on Form 1120-POL,		
	line 17b			► \$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification number (EIN)	of all section 527 pol	itical organizations to w	hich the filing
	amount of political contribution	s For each organization listed, enter the airs received that were promptly and directly del	ivered to a separate po	olitical organization, such	as a separate
	segregated fund or a political	action committee (PAC) If additional spa	ice is needed, provid	e information in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing	(e) Amount of political
	(w) Hamo	(c) resides	(4, =	organization's funds If none, enter 0	contributions received and promptly and directly
				, inche, states	delivered to a separate political organization If
	.=-				none, enter -0
(1)		<u> </u>			
<u> </u>					
(2)					
					
(3)					
				-	
(4)					
(5)					
(6)					
(0)			ĺ	1	I

Schedule C (Form 990 or 990-EZ)	2014 Democracy	North	Carolina

Scriedule C (Form 990 or 990-EZ) 201	⁴ Democracy N	orth Carolina		56-2271	150 Page 2
Part II-A Complete if section 501(the organizatior h)).	n is exempt under sect	tion 501(c)(3) and f	iled Form 5768 (ele	ction under
A Check ► ☐ if the film	g organization belong	s to an affiliated group (and li	ıst ın Part IV each affiliate	ed group member's name.	
		share of excess lobbying e		,	
_		cked box A and 'limited conf			
(The term	Limits on Lobby 'expenditures' mea	ing Expenditures ns amounts paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence pul	blic opinion (grass roots lob	bying)	16,293.	
b Total lobbying expenditu	ures to influence a l	egislative body (direct lobby	ring)	25,777.	
c Total lobbying expenditu	ures (add lines 1a a	nd 1b)		42,070.	0.
d Other exempt purpose e	expenditures.			1,769,798.	
e Total exempt purpose e	xpenditures (add lin	es 1c and 1d)		1,811,868.	0 <u>.</u>
f Lobbying nontaxable an both columns	nount Enter the am	ount from the following table	e ın	240,593.	
If the amount on line 1e, colu	umn (a) or (b) is	The lobbying nontaxable a	mount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1,		\$100,000 plus 15% of the excess o			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess o			
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess ov	er \$1,500,000		
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable a				60,148.	0.
h Subtract line 1g from lin		•		0.	0.
i Subtract line 1f from line	e 1c If zero or less,	enter -0-		0.	0.
j If there is an amount othe section 4911 tax for this		line 1h or line 1i, did the orga	nızatıon file Form 4720 re	porting	Yes No
(Som	e organizations tha	4-Year Averaging Period Ur t made a section 501(h) ele s below. See the instruction	ction do not have to co		,
	<u> </u>	ying Expenditures During 4		<u> </u>	
Calendar year (or fiscal	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
year béginning in)	(u) 2011	(6) 2012	(6) 2010	(0) 2014	(c) Total
2a Lobbying non-taxable amount	149,05	7. 191,249.	189,522.	240,593.	770,421.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,155,632.
c Total lobbying expenditures	80,55	1. 110,145.	37,922.	42,070.	270,688.
d Grassroots nontaxable amount	37,26	4. 47,812.	47,381.	60,148.	192,605.
e Grassroots ceiling amount (150% of line 2d, column (e))					288,908.
f Grassroots lobbying expenditures	24, 28	7. 22,969.	23,941.	16,293.	87,490.
BAA				Schodula C (Form	990 or 990-FZ) 2014

Schedule C (Form 990 or 990 EZ) 2014 Democracy North Carolina		<u>-227</u>		Р	age 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	OT filed	d For	m 5768		_
	(2	<u>.) </u>	(b)	
each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description le lobbying activity			Am	ount	
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					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?				_	
f Grants to other organizations for lobbying purposes?				_	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		1		-	-
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		-			
i Other activities?			,		
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1			
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					_
d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6).)1(c)(5)	, or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (banswered 'Yes.'	1(c)(5)) Part I	, or s II-A, I	ection 50 ine 3, is	01(c)	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ı				
a Current year		2a			
b Carryover from last year		2b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3			
4 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 carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection Employer identification number

	Democracy North Carolina		56-2271150
Par	t I Organizations Maintaining Dono	r Advised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization ansi	wered 'Yes' to Form 990, Part IV, line	
_	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year).		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the assets held in do organization's exclusive legal control?	onor advised funds Yes No
6		rs, and donor advisors in writing that grant fund to the donor or donor advisor, or for any other	
Par	t II Conservation Easements.		
		wered 'Yes' to Form 990, Part IV, line	7
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., r		of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization hast day of the tax year	neld a qualified conservation contribution in the for	n of a conservation easement on the
			Held at the End of the Tax Year
á	Total number of conservation easements		2a
t	Total acreage restricted by conservation ease	ments	2 b
(: Number of conservation easements on a certif	fied historic structure included in (a)	2 c
•	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not on a histor	rıc 2 d
3	Number of conservation easements modified, trar tax year ▶	nsferred, released, extinguished, or terminated by t	he organization during the
4	Number of states where property subject to conse	ervation easement is located >	_
5		garding the periodic monitoring, inspection, hai	
_	and enforcement of the conservation easemer		∐Yes ∐ No 、
6	Starr and volunteer nours devoted to monitoring, i	inspecting, and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, insper	ecting, and enforcing conservation easements during	g the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ction 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and expen to the organization's financial statements that c	se statement, and balance sheet, and lescribes the organization's accounting for
Par	t III Organizations Maintaining Colle	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	Other Similar Assets. 8.
1 8		eld for public exhibition, education, or research in fi	nue statement and balance sheet works of urtherance of public service, provide,
ı	In Part XIII, the text of the footnote to its finar If the organization elected, as permitted under	r SFAS 116 (ASC 958), to report in its revenue	
	following amounts relating to these items	or public exhibition, education, or research in further	stance of public service, provide the
	(i) Revenue included in Form 990, Part VIII,	line 1	► \$
	(ii) Assets included in Form 990, Part X		► \$
	If the organization received or held works of art, hamounts required to be reported under SFAS	116 (ASC 958) relating to these items	•
	Revenue included in Form 990, Part VIII, line	1	► \$
l	Assets included in Form 990, Part X		► \$

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as.

a Board designated or quasi-endowment ▶	-	9
b Permanent endowment ►	ુ ક	
c Temporarily restricted endowment	_	ક
The percentages in lines 2a, 2b, and 2c sh	nould equal 1	Ī00%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds

		Yes	No
[3	Ba(i)		
3	a(ii)		
	3b		

Part VI | Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				<u> </u>
b Buildings		285,000.	56,326.	228,674.
c Leasehold improvements		10,513.	1,313.	9,200.
d Equipment		60,604.	39,380.	21,224.
e Other				
Total. Add lines 1a through 1e. (Column (d)	must equal Form 990, Part X, c	olumn (B), line 10c)		259,098.

BAA

Schedule D (Form 990) 2014

Part VII Investments — Other Securities.		N/A	
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-	year market value
(1) Financial derivatives			
(2) Closely-held equity interests.	<u></u>		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I) Total (Column (b) must equal Form 990, Part X, column (B) line 12)			
Part VIII Investments - Program Related.		N/A	
Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11c. See Form 996	0, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.	N/A		
Part IX Other Assets. Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11d. See Form 99	0. Part X. line 15.
	scription		(b) Book value
(1)			
(2)			·
(3)			
(4)			
(5)			
(7)			
(8)			
(9)	-		
(10)			
Total. (Column (b) must equal Form 990, Part X, column (E	3), line 15)	P	
Part X Other Liabilities.		•	
Complete if the organization answered 'Yes' to Fo		e or 11f. See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(3) Security Deposits	65		
(4)		'' 	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)		_	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	1,00		
Liability for uncertain tax positions in Part XIII, provide the text of the for tax positions under FIN 48 (ASC 740) Check here if the text of the footnote it			ability for uncertain
tax positions under this 40 (MOC 740). Check here it the text of the fouthful f	ias been provided ill rait Alli		

Schedule D (Form	990) 2014	Democracy	North	Carolina

56-2271150

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Part XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue per	Return. N/A	
Complete if the organization answered 'Yes' to Form	990, Part IV, line 12a.	,	
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			
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities	2 b	_	
c Recoveries of prior year grants	2 c	-	
d Other (Describe in Part XIII)	2 d	-	
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b	-	
c Add lines 4a and 4b.		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, Ii	ne 12)	5	
Part XII Reconciliation of Expenses per Audited Financial St	atements With Expenses p	er Return. N/A	1
Complete if the organization answered 'Yes' to Form	990, Part IV, line 12a.		
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d	•	2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b.		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Part XIII Supplemental Information.	line 18)	5	

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULE I (Form 990)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete of the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. Attach to Form 990

OMB No 1545 0047 2014

Open to Public

Schedule I (Form 990) (2014)

Internal Revenue Service	► Information	n about Schedule I	l (Form 990) and its inst	ructions is at www irs	gov/form990	1	inspection
Name of the organization						Employer Identific	ation number
Democracy North Carolina						56-227119	50
Part I General Information on G	rants and Assist	ance		•			
Does the organization maintain records the selection criteria used to award to	to substantiate the am	ount of the grants o	r assistance, the grantees	eligibility for the grants	or assistance, and	_	X Yes No
2 Describe in Part IV the organization's pr	ocedures for monitoring	ng the use of grant fo	unds in the United States		See I	Part IV	
Form 990, Part IV, line 21							
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) Common Cause Education Fund 907 Glenwood Ave Raleigh, NC 27605	31-1705370	501 (c) (3)	140,500	0			Civic Engagement
(2) NC Voters for Clean Elections PO Box 10402 Raleigh, NC 27690	56-2129334	, ,, , , ,	10,000	0			Civic Engagement
(3) NCPIRG Education Fund 112 S Bount St St 102 Raleigh, NC 27601	56-2152392	501 (c) (3)	135,000	0			Clvic Engagement
(4) Southern Vision Alliance 804 Old Fayetteville St Durham, NC 27701	61-1639641		147.825	0			Civic Engagement
(5)							
(6)							
<u>(7)</u>		-			-	, -	
(8)						<u> </u>	
2 Enter total number of section 501(c)(3) and government o	rganizatione listed	In the line 1 table		L		
3 Enter total number of other organizal	. , .	•	in the line i table			-	
Enter total number of other organizar	nons nated in the line	, i table				-	1

TEEA3901L 06/19/14

Schedule I (Form 990) (2014) Democracy North Carolina 56-2271150

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5		·· -			
6					
7					

Part W Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Organization maintains records that show the elibility determination and criteria selection.

Schedule I (Form 990) (2014)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

OMB No. 1545 0047

Department of the Treasury Internal Revenue Service

Open To Public Inspection

Name	of the	organization	

Democracy North Carolina

Employer identification number

56-2271150

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?		
1		person and organization		Yes	No	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.

►\$ **►**\$

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo froi organ	an to or m the ization?	(e) Original principal amount	(f) Balance due	(g) in o	default?	(h) Ap by bo comm	proved ard or attee?	(f) We agree	ntten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)		-	-									}
(9)												
(10)												
Total	<u>. </u>		•		▶ \$		-					

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2014

Schedule L	(Form 990 or	990-EZ) 2014	Democracy	North	Carolina

56-2271150

Page 2

Part IV

Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Robert Hall	Executive Dr	2,280.	Rental		X
(2)					
(3)					
(4)					
(5)					
(6)					
(6) (7)					
(8)					
(9)					
(10)			-		

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions).

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.

► Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Democracy_North_Carolina

Employer identification number

56-2271150

Form 990, Part III, Line 1 - Organization Mission

To promote public discussion about the vitality of democracy in North Carolina: increase voter education, voter registration and civic participation in the state; examine the influence of private money on public policy and elections; and evaluate the relative importance of various governmental reforms, including public financing of elections.

Form 990, Part VI, Line 11b - Form 990 Review Process

It is reviewed by the Executive Director prior to submission and made available to the Board of Directors.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Executive Director and Board of Directors monitor policies quarterly at board meetings.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Board of Directors reviews and approves compensation packages.

Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection

The Organization provides a copy of its form 990 upon request.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Follows state and federal law regarding disclosure of governing documents, policies and financial statements.

