



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



EXTENSION TO 11/15/05

Form 990

Return of Organization Exempt from Income Tax

OMB No. 1545-0047

2004

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning JANUARY 1, 2004, and ending DECEMBER 31, 2004

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: DEMOCRATIC SOCIALISTS OF AMERICA, INC. 198 BROADWAY NEW YORK NY 10038

D Employer Identification Number: 13-3109557 E Telephone number: (212) 727-8610 F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H (a) Is this a group return for affiliates? No
H (b) If 'Yes,' enter number of affiliates
H (c) Are all affiliates included? No
H (d) Is this a separate return filed by an organization covered by a group ruling? No

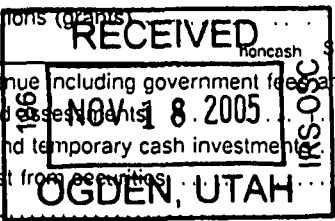
G Web site: N/A

J Organization type (check only): 501(c) 4

K Check here if the organization's gross receipts are normally not more than \$25,000

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 218,544

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)



REVENUE

Table with columns for line numbers, descriptions, and amounts. Includes rows for contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, investment income, sales of assets, special events, and gross sales of inventory.

EXPENSES

Table with columns for line numbers, descriptions, and amounts. Includes rows for program services, management and general, fundraising, payments to affiliates, and excess or deficit for the year.

FILED DEC 0 8 2005

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25	35,139.	28,421.	4,477.
26 Other salaries and wages	26	35,876.	29,021.	4,570.
27 Pension plan contributions	27			
28 Other employee benefits	28	3,657.	2,958.	466.
29 Payroll taxes	29	6,502.	5,260.	828.
30 Professional fundraising fees	30	20,394.	12,236.	8,158.
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34	3,249.	2,274.	650.
35 Postage and shipping	35	11,529.	9,587.	1,018.
36 Occupancy	36	16,311.	11,418.	3,262.
37 Equipment rental and maintenance	37	7,649.	5,354.	1,530.
38 Printing and publications	38	11,729.	8,492.	824.
39 Travel	39	5,720.	5,613.	71.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize):				
a <u>BANK CHARGES, FEES, FINANCE CHARGES</u>	43a	4,241.	2,969.	848.
b <u>BUSINESS INSURANCE</u>	43b	1,696.	1,187.	339.
c <u>CONTRIBUTIONS, SUBSIDIES</u>	43c	3,825.	3,825.	0.
d <u>DUES</u>	43d	5,550.	5,550.	0.
e <u>See Other Expenses Stmt</u>	43e	46,239.	7,866.	37,849.
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	219,306.	142,034.	56,732.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ 20,394. ; (ii) the amount allocated to Program services \$ 12,236. ; (iii) the amount allocated to Management and general \$ 0. , and (iv) the amount allocated to Fundraising \$ 8,158. .

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <u>PUBLIC EDUCATION OF DEMOCRATIC SOCIALISM</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a <u>PUBLICATIONS: DISTRIBUTION OF PAMPHLETS & NEWSLETTER TO DISSEMINATE DEMOCRATIC SOCIALIST ANALYSIS</u> (Grants and allocations \$ 0.)	10,569.
b <u>LOW WAGE JUSTICE: TO EDUCATE THE PUBLIC ABOUT THE PROBLEM OF DECLINING LIVING STANDARDS IN THE US AND IT'S CAUSES AND POTENTIAL SOLUTIONS</u> (Grants and allocations \$ 0.)	8,172.
c <u>YOUTH SECTION: PROGRAM TO EDUCATE COLLEGE STUDENTS AND YOUNG ADULTS TO ACQUAINT THEM WITH HISTORY AND PRINCIPLES OF DEMOCRATIC SOCIALISM</u> (Grants and allocations \$ 0.)	122,793.
d <u>INTERNATIONAL DIALOGUE: PROGRAM TO ENGAGE PUBLIC OFFICIALS AND THEIR CONTERPARTS IN OTHER COUNTRIES - ABOUT PROGRESSIVE INTERNATIONAL COOPERATION TO EASE WORLD CONFLICTS AND IMPROVE LIVING STANDARDS</u> (Grants and allocations \$ 0.)	500.
e Other program services (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	142,034.

Part IV Balance Sheets (See instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	38,235.	45	49,123.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 24,933.		
	b Less: allowance for doubtful accounts	47b	18,824.	47c 24,933.
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes & loans receivable (attach sch)	51a 7,330.		
	b Less: allowance for doubtful accounts	51b		51c 7,330.
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		441.	53 0.
	54 Investments – securities (attach schedule) L-54 Stmt <input type="checkbox"/> Cost <input type="checkbox"/> FMV		88,819.	54 54,625.
	55a Investments – land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
56 Investments – other (attach schedule)			56	
57a Land, buildings, and equipment: basis	57a 0.			
b Less: accumulated depreciation (attach schedule)	57b	33,802.	57c 0.	
58 Other assets (describe ▶ See Line 58 Stmt)		2,653.	58 6,366.	
59 Total assets (add lines 45 through 58) (must equal line 74)		182,774.	59 142,377.	
LIABILITIES	60 Accounts payable and accrued expenses		60 37,432.	51,207.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ See Line 65 Stmt)		1,500.	65 0.
66 Total liabilities (add lines 60 through 65)		38,932.	66 51,207.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		143,842.	72 91,170.
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		143,842.	73 91,170.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)		182,774.	74 142,377.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	174,534.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		\$ 4,193.
(2)	Donated services and use of facilities		\$
(3)	Recoveries of prior year grants		\$
(4)	Other (specify):		
	F/R DINNER COSTS		\$ 0.
	Add amounts on lines (1) through (4)	b	4,193.
c	Line a minus line b	c	170,341.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		\$
(2)	Other (specify):		
	F/R DINNER COSTS		7900 \$ -7,900.
	Add amounts on lines (1) and (2)	d	-7,900.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	162,441.

a	Total expenses and losses per audited financial statements	a	227,206.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		\$
(2)	Prior year adjustments reported on line 20, Form 990		\$
(3)	Losses reported on line 20, Form 990		\$
(4)	Other (specify):		
	F/R DINNER COSTS		7900 \$ 7,900.
	Add amounts on lines (1) through (4)	b	7,900.
c	Line a minus line b	c	219,306.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		\$
(2)	Other (specify):		
			\$
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	219,306.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
FRANK LLEWELYN c/o DSA 198 BROADWAY NEW YORK, NY 10038	25 EX. DIRECTOR	35,139.	0.	0.
THERESA ALT c/o DSA 198 BROADWAY NEW YORK, NY 10038	10 BD MEMBER	0.	0.	0.
RON BAIMAN c/o DSA 198 BROADWAY NEW YORK, NY 10038	10 BD MEMBER	0.	0.	0.
VIRGINIA FRANCO c/o DSA 198 BROADWAY NEW YORK, NY 10038	10 BD MEMBER	0.	0.	0.
DAVID GREEN c/o DSA 198 BROADWAY NEW YORK, NY 10038	10 BD MEMBER	0.	0.	0.
See List of Officers, Etc. Statement		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No

If 'Yes,' attach schedule - see instructions

Part VI Other Information (See instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b If 'Yes,' enter the name of the organization <u>DEMOCRATIC SOCIALISTS OF AMERICA FUND</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		85b	X
c Dues, assessments, and similar amounts from members		85c	
d Section 162(e) lobbying and political expenditures		85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities		86b	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		0.
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			
90a	List the states with which a copy of this return is filed	NEW YORK	
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)		90b	4
91	The books are in care of	ORGANIZATION Telephone number (212) 727-8610	
Located at		198 BROADWAY, #700, NEW YORK, NY ZIP + 4 10038	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	5,021.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b <u>SUBTENANT RENT</u>					3,113.
c <u>MAIL LIST RENTAL</u>			13	1,699.	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				6,720.	3,113.
105 Total (add line 104, columns (B), (D), and (E))					9,833.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103a	RENT RECEIVED FROM OTHER, SIMILAR TYPE NON-PROFIT ORGANIZATIONS HELPS DEFRAY THE COST OF RENTAL SPACE, AND ALLOWS THE ORGANIZATIONS TO BETTER COORDINATE ACTIVITIES WITH COMMON PURPOSES.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: 11/14/2005

Type or print name and title: FRANK LLOWELL

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 11/18/05 Check if self employed: Preparer's SSN or PTIN (See General Instruction W): 200070834

Firm's name (or yours if self employed), address and ZIP + 4: MICHAEL KATZ CPA
7 PENN PLAZA SUITE 316
NEW YORK NY 10001 EIN: 13-3305188 Phone no: 212 9471293

▶ Attach to return

Name DEMOCRATIC SOCIALISTS OF AMERICA, INC.	Employer Identification Number 13-3109557
--	--

Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
Publicly Traded Securities	47,805.	Cost	48,203.
		Selling Expenses	
		Basis	48,203.

Nonpublic Securities

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----

Total Securities	47,805.		48,203.
Gain or (Loss) from Sale of Securities			-398.

Part I, Line 8, Column (B) Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
-----	-----	-----		Cost	_____
				Depreciation	_____
				Basis	_____
				Donation FMV	_____
-----	-----	-----		Cost	_____
				Depreciation	_____
				Basis	_____
				Donation FMV	_____
-----	-----	-----		Cost	_____
				Depreciation	_____
				Basis	_____
				Donation FMV	_____
-----	-----	-----		Cost	_____
				Depreciation	_____
				Basis	_____
				Donation FMV	_____

Total Other Assets			
Gain or (Loss) from Sale of Other Assets			

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
FUNDRAISING DINNER	15,940.	0.	15,940.	7,900.	8,040.
Total	<u>15,940.</u>	<u>0.</u>	<u>15,940.</u>	<u>7,900.</u>	<u>8,040.</u>

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
LOSS ON ABANDONMENT OF LI	33,802.	0.	33,802.	0.
MEMBERSHIP SHARING FEE	4,200.	4,200.	0.	0.
MOVING EXPENSES	3,691.	2,584.	738.	369.
OFFICE EXPENSES	1,546.	1,082.	309.	155.
PROFESSIONAL FEES	3,000.	0.	3,000.	0.
Total	<u>46,239.</u>	<u>7,866.</u>	<u>37,849.</u>	<u>524.</u>

Form 990, Page 3, Part IV, Line 54

Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
US TREASURY NOTES	41,194.	10,998.
BERKSHIRE HATHAWAY	2,815.	2,936.
COCA COLA	4,568.	0.
DUKE ENERGY	1,022.	1,267.
MARTIN MARIETTA	705.	805.
MOHAWK	1,764.	2,281.
ODYSSEY RE HOLDINGS	677.	756.
SEALED AIR CORP	433.	427.
YUM BRANDS	5,160.	7,077.
WASHINGTON MUTUAL	3,210.	0.
WHITE MOUNTAIN	2,760.	3,876.
MONTPELIER RE HOLDINGS	0.	769.
AUTOZONE	0.	913.
FNMA 3/21/06	0.	5,211.
FNMA 07/01/08	0.	4,868.
MONEY FUNDS	24,511.	1,665.
TJX CO	0.	5,711.
FUND AMERICA CO		5,065.
Total	<u>88,819.</u>	<u>54,625.</u>

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
SECURITY DEPOSITS	2,653.	6,366.
Total	<u>2,653.</u>	<u>6,366.</u>

Form 990, Page 3, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
TENANT SECURITY DEPOSITS	1,500.	0.
Total	<u>1,500.</u>	<u>0.</u>

Form 990, Page 4, Part V

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
MIKE HIRSCH c/o DSA 198 BROADWAY NEW YORK, NY 10038	10 BD MEMBER	0.	0.	0.
JEREMY MILLER c/o DSA 198 BROADWAY NEW YORK, NY 10038	10 BD MEMBER	0.	0.	0.
SIMONE MORGEN c/o DSA 198 BROADWAY NEW YORK, NY 10038	10 BD MEMBER	0.	0.	0.
JOSEPH SCHWARTZ c/o DSA 198 BROADWAY NEW YORK, NY 10038	10 BD MEMBER	0.	0.	0.
TIMOTHY SEARS c/o DSA 198 BROADWAY NEW YORK, NY 10038	10 BD MEMBER	0.	0.	0.
MARIA SVART c/o DSA 198 BROADWAY NEW YORK, NY 10038	10 BD MEMBER	0.	0.	0.
HERB SHORE c/o DSA 198 BROADWAY NEW YORK, NY 10038	10 BD MEMBER	0.	0.	0.
JOHN STRAUSS c/o DSA 198 BROADWAY NEW YORK, NY 10038	10 BD MEMBER	0.	0.	0.

Form 990, Page 4, Part V

Continued

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances

Total

0.
0.
0.

Supporting Statement of:

Form 990 p 1/Line 1c

Description	Amount
NYS RENT GRANT TO ENCOURAGE COMPANIES TO MOVE TO LOWER MANHATTAN AFTER 9/11	9,900.
Total	<u>9,900.</u>

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
UNREALIZED APPRECIATION OF MARKETABLE SECURITIES	4,193.
Total	<u>4,193.</u>

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time – Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization		Employer identification number	
	DEMOCRATIC SOCIALISTS OF AMERICA, INC.		13-3109557	
	Number, street, and room or suite number. If a P.O. box, see instructions			
	198 BROADWAY, #700		state	ZIP code
City, town or post office. For a foreign address, see instructions				
NEW YORK		NY	10038	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ ORGANIZATION -----

Telephone No. ▶ (212) 727-8610 FAX No ▶ (212) 608-6955

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until Aug 15, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 2004 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	DEMOCRATIC SOCIALISTS OF AMERICA, INC.	13-3109557
	Number, street and room or suite number. If a P.O. box, see instructions. 198 BROADWAY, #700	For IRS use only
City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK NY 10038		

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ORGANIZATION
- Telephone No. (212) 727-8610 FAX No (212) 608-6955
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until Nov 15, 2005

5 For calendar year 2004, or other tax year beginning _____, 20____, and ending _____, 20____

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension... Additional time is required to gather the information necessary to file a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____ 0.

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____ 0.

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Michael Katz Title CPA Date 07/06/05

Notice to Applicant – To be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other _____

By _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name	Date
	Michael Katz	JUL 20 2005
	Number and street (include suite, room, or apartment number) or a P O box number 7 PENN PLAZA SUITE 316	FIELD DIRECTOR SUBMISSION PROCESSING, OFFICE 7
City or town, province or state, and country (including postal or ZIP code) NEW YORK NY 10001		