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Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)

2009

Department of the Treasury
 Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
 DEMOCRATIC SOCIALISTS OF AMERICA, INC.
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
 75 MAIDEN LANE 505
 City or town, state or country, and ZIP + 4
 NEW YORK NY 10038

D Employer identification number
 13-3109557

E Telephone number
 (212) 727-8610

F Group Exemption Number ▶

G Accounting method Cash Accrual
 Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c) (4) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 197,056.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	EXPENSES	ASSETS	1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22,414.	26,793.
23 Land and buildings	0.	0.
24 Other assets (describe ▶ See L-24 Stmt)	84,043.	38,645.
25 Total assets	106,457.	65,438.
26 Total liabilities (describe ▶ See L-26 Stmt)	46,351.	9,324.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	60,106.	56,114.

SCANNED DEC 16 2010

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? PUBLIC EDUCATION OF DEMOCRATIC SOCIALISM		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	PUBLICATIONS: DISTRIBUTION OF PAMPHLETS & MAGAZINE (DEMOCRATIC LEFT) TO DISSEMINATE DEMOCRATIC SOCIALIST ANALYSIS (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	19,672.
29	COMMUNITY ACTION: COSTS RELATED TO EDUCATIONAL PROGRAMMING (PUBLIC FORUMS, LOCAL NEWSLETTERS) ORGANIZED BY COMMUNITY VOLUNTEERS IN CITIES AROUND THE COUNTRY. (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	19,672.
30	YOUTH PROGRAM: TO SUPPORT EDUCATIONAL ACTIVITIES AND YOUTH ACTIVISM ORGANIZED BY YOUNG DSA MEMBERS. (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	32,787.
31	Other program services (attach schedule) OTHER PROGRAMS (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	59,018.
32	Total program service expenses (add lines 28a through 31a)	32	131,149.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)				
(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 75 MAIDEN LANE NEW YORK NY 10038	NAT. DIRECTOR 40.00	45,079.	0.	
THERESA ALT c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038	NATL POL COMM MEMBER 2.00	0.	0.	
PAUL GARVER c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038	TREASURER 2.00	0.	0.	
VIRGINIA FRANCO c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038	NATL POL COMM MBR 23.00	0.	0.	
DAVID GREEN c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038	NATL POL COMM MBR 2.00	0.	0.	
STUART ELLIOTT c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038	NATL POL COMM MBR 2.00	0.	0.	
MICHELE ROSSI c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038	NATL POL COMM MBR 2.00	0.	0.	
SIMONE MORGEN c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038	NATL POL COMM MBR 2.00	0.	0.	
JOSEPH SCHWARTZ c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038	NATL POL COMM MBR 2.00	0.	0.	
DAVID DUHALDE c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038	NATL POL COMM MBR 2.00	0.	0.	
SETH HUTCHINSON c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038	NATL POL COMM MBR 2.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39 a		
b Gross receipts, included on line 9, for public use of club facilities 39 b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 _____, section 4912 _____, section 4955 _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 40 b		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40 c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40 d		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40 e		X
41 List the states with which a copy of this return is filed _____		

42 a The organization's books are in care of ORGANIZATION Telephone no (212) 727-8610
 Located at 75 MAIDEN LANE NEW YORK NY ZIP + 4 10038

	Yes	No
42 b 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)? If 'Yes,' enter the name of the foreign country _____		X
42 c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country _____		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43** |

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If 'Yes,' was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

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

Sign Here

Signature of officer: *Frank Jewell* Date: 11/15/2010
 Type or print name and title: FRANK JEWELL, NATIONAL DIRECTOR

Paid Preparer's Use Only

Preparer's signature: *Michael Katz* Date: 11/15/10 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: MICHAEL KATZ, CPA, 7 PENN PLZ STE 222, NEW YORK, NY 10001-0035
 EIN: Phone no:

May the IRS discuss this return with the preparer shown above? See instructions Yes No

BAA

Form 990-EZ, Part I, Line 8

Other Revenue Statement

Other revenue (describe)	
GRANT INCOME	844.
OTHER MISC. INCOME	2,318.
RENT GRANT	1,085.
SUBSCRIPTIONS	485.
<hr/>	
Total	<u>4,732.</u>

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)	
ADVERTISING	800.
BANK CHARGES, FEES FINANCE CHARGES	4,374.
BUSINESS INSURANCE	2,764.
CONTRIBUTIONS	1,000.
CONVENTION TRAVEL EXPENSES	1,825.
COPIER, OFFICE SUPPLIES AND EXPENSES	3,613.
DONOR ACQUISITION COSTS	9,500.
DUES	1,788.
EDUCATIONAL FUND APPEAL	5,576.
HEALTH INSURANCE	6,556.
LEASED EQUIPMENT	847.
LOSS ON SALE OF INVESTMENTS	134.
PAYROLL TAXES	6,501.
TELEPHONE	4,064.
TRAVEL FIELD EXPENSES	1,123.
YOUTH CONFERENCES, CONVENTIONS	12,441.
<hr/>	
Total	<u>62,906.</u>

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(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
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> HERB SHORE c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038 Foreign city _____ Foreign country _____	Title NATL POL COMM MBR Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JASON SCHULMAN c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038 Foreign city _____ Foreign country _____	Title NATL POL COMM MBR Hours/Week 2.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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
Business <input type="checkbox"/> Person <input type="checkbox"/> BARBARA JOYE c/o DSA 75 MAIDEN LANE NEW YORK NY 10038 Foreign city _____ Foreign country _____	Title NATL POL COMM MBR Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MARIA SVART c/o DSA 75 MAIDEN LANE NEW YORK NY 10038 Foreign city _____ Foreign country _____	Title NATL POL COMM MBR Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> RANFRID THELLE c/o DSAF 75 MAIDEN LANE NEW YORK NY 10038 Foreign city _____ Foreign country _____	Title BOARD MEMBER Hours/Week 2.00	0.	0.	

**Form 990-EZ
Part II**

Other Assets and Liabilities

2009

Name as Shown on Return
DEMOCRATIC SOCIALISTS OF AMERICA, INC.

Employer Identification No
13-3109557

Line 24 - Other Assets:	Beginning of Year	End of Year
2ND CLASS POSTAL ACCOUNT	436.	23.
PPD EXPENSES	1,544.	876.
LOANS AND EXCHANGES	11,370.	22,698.
SECURITY DEPOSITS	5,537.	5,537.
ACCOUNTS RECEIVABLE	7,569.	9,395.
INVESTMENTS	55,951.	0.
PRIOR YEAR ADJUSTMENT	1,636.	0.
BRE 1ST CLASS # 3865		116.
Totals to Form 990-EZ, Part II, line 24	84,043.	38,645.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	46,351.	9,324.
Totals to Form 990-EZ, Part II, line 26	46,351.	9,324.

Supporting Statement of:

Form 990-EZ/Other Program Service Exp

Description	Amount
INTERNATIONAL DIALOGUE: PROGRAM TO ENGAGE ELECTED OFFICIALS, SOCIALISTS, SOCIAL DEMOCRATIC AND LABOR ORGANIZATIONS IN OTHER COUNTRIES TO SUPPORT INTERNATIONAL COOPERATION TO EASE WORLD CONFLICTS, REDUCE POVERTY AND IMPROVE LIVING STANDARDS AND PROMOTE SOCIALIST VALUES.	13,115.
ECONOMIC JUSTICE AGENDA	45,903.
Total	<u>59,018.</u>