WEGNER CPAS, LLP 230 PARK AVE FL 3 NEW YORK, NY 10169-0005

UNITED TO PROTECT DEMOCRACY 2020 PENNSYLVANIA AVE NW, NO. 163 WASHINGTON, DC 20006-1811

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** PUBLIC DISCLOSURE COPY **

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

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2020 calendar year, or tax year beginning and	dending	_	
B (Check if upplicable:	C Name of organization		D Employer identific	cation number
	Address change	UNITED TO PROTECT DEMOCRACY			
	□Name □change	Doing business as		81-48272	60
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	2020 PENNSYLVANIA AVE NW	163	202-579-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,137,368.
	Amende return	WASHINGTON, DC 20006-1811		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: IAN BASSIN		for subordinates	? Yes X No
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		mpt status: 501(c)(3)X 501(c)(4) ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		PROTECTDEMOCRACY.ORG		H(c) Group exemptio	n number 🕨
		organization: X Corporation Trust Association Other	L Year	of formation: 2016 N	🛚 State of legal domicile: DC
Pa		Summary			
ø	1 E	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$	MISSIO	N OF UNITED	TO PROTECT
Governance	I –	DEMOCRACY IS TO PREVENT OUR DEMOCRACY FR			
ern	2 (Check this box $lacktriangle$ if the organization discontinued its operations or disposit	osed of more	than 25% of its net as	
Š	1			3	5
જ		lumber of independent voting members of the governing body (Part VI, line 1b)			3
es		otal number of individuals employed in calendar year 2020 (Part V, line 2a) $$			0
Activities &		otal number of volunteers (estimate if necessary)			3
Act		otal unrelated business revenue from Part VIII, column (C), line 12			0.
_	bΝ	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		2,841,018.	2,918,947.
Revenue	1	Program service revenue (Part VIII, line 2g)		0.	0.
Re	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		7,857.	-42,831.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 2,848,875.	2,876,116.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,000.	450,000.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	450,000.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		331,578.	308,907.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	4,830.	3,300.
)en	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		4,030.	3,300.
Ĕ	1 0 1	fotal fundraising expenses (Part IX, column (D), line 25) 43,5	-	578,311.	266,602.
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		922,719.	1,028,809.
		Revenue less expenses. Subtract line 18 from line 12		1,926,156.	
nc es	19 F	iovorido 1655 experises. Odbiract III le 10 II OH III le 12		ginning of Current Year	End of Year
ets (20 T	otal assets (Part X, line 16)	100	4,181,284.	7,275,637.
Ass Bal	21 T	otal assets (Part X, line 16) otal liabilities (Part X, line 26)		117,905.	1,269,943.
Net Assets or Fund Balances	22 N	Net assets or fund balances. Subtract line 21 from line 20		4,063,379.	6,005,694.
	art II	Signature Block			.,,
		ties of perjury, I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best of m	y knowledge and belief, it is
true	, correct,	, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her		■ IAN BASSIN, PRESIDENT/EXECUTIVE DIRECT	TOR		
		Type or print name and title			
		Print/Type preparer's name ZIGIT UCTUM, CPA	[Date Check	PTIN
Paid	1 <u>1</u>	-		self-employ	
Pre		Firm's name WEGNER CPAS, LLP		Firm's EIN ▶	39-0974031
Use	Only	Firm's address 230 PARK AVE FL 3			
		NEW YORK, NY 10169-0005		Phone no.21	2-551-1724
May	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No

Га	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MISSION OF UNITED TO PROTECT DEMOCRACY IS TO PREVENT OUR DEMOCRA	ACY
	FROM DECLINING INTO A MORE AUTHORITARIAN FORM OF GOVERNMENT. WE DO	
	THIS BY WORKING TO STRENGTHEN THE CHECKS AND BALANCES THAT HAVE HELI)
	THE EXECUTIVE BRANCH ACCOUNTABLE TO THE LAWS AND LONGSTANDING	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		X No
	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	ınd
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 895,094 including grants of \$ 450,000) (Revenue \$)
	UNITED TO PROTECT DEMOCRACY CONFRONTS THREATS TO OUR DEMOCRACY BY	TD
	ENGAGING IN LITIGATION, ADVOCATING FOR CREATIVE POLICY SOLUTIONS, AND ADDRESS OF THE PROPERTY	עוו
	PARTICIPATING IN PUBLIC COMMUNICATIONS AND ORGANIZING EFFORTS.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	1
-10	(Code:	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 895,094.	
		90 (2020)

Part IV Checklist of Required Schedules

			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
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		
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	11a		X
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	11b		X
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	11c		X
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	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		X
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			3,7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			_ v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- T
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا		v
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Δ	l

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Part IV | Checklist of Required Schedules (continued)

			Yes	No
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		X
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? If "Yes," complete	00		х
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 4 a	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			٠,,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		X
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	558		† <u></u>
_	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		
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
Da	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Га				
	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		163	140
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 160 for the calendary over arriding with or within they ware covered by this return b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of fines 1 and 2a is greater than 250, you may be required to effect gene instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did If Yes, "has it filed a Form 990-T for this year? If 'Ye' to fine 3b, provide an explanation on Schedule O 3b If Yes, "so that the arrived the froign country but the name of the froign country but the name of the froign country but in the name of the roganization have a new or not the name of the froign country but in the name of the roganization that it was or is a party to a prohibited tax shelter transaction? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles of enhancements of the name of the froign country but in the service of the property of the organization solid the organization networks appropriate that such contributions? 5b If 'Yes,' did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductibles of certifications? 5c Id If the organization networks and party in a contribution of quality for goods and services provided to the power of the property of the organization in				Yes	No
b If a least one is reported on line 2a, did the organization file all required teefned employment tax returns? Note: If the sum of lines ta and 2 as igneater than 250, you may be required to e-file (see instructions) 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return 2a 0			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1'Yes', has it filed a Form 9907 for this year of 1'Wo' to file 3b, your owned an explanation on Schedule O 4c 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 accounts (FBAR). 5c If 1'Yes' to line Sar of Sb, did the foreign country 5c Was the organization apart yo a prohibited tax shelter transaction at any time during the tax year? 5c If 1'Yes' to line Sar of Sb, did the organization file From 88867 to 1'Yes' to line Sar of Sb, did the organization the From 88867 to 1'Yes' to line Sar of Sb, did the organization the organization the round so that developed the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 1'Yes' did the organization that it was or is a party to a prohibited tax shelter transaction? 5d Doses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6d Doses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 8d Different than the organization receive a payment in excess of \$75 made party as a contribution of any organization solicit to the promise that may receive deductible contributions under section 170(c). 8d Different than the organization receive any contribution of the value of the goods or services provided? 7d Different to the Form 88827 7d Different organization received a contribution of the value of the goods or services provided? 7d Different organization received a contribution of the value of the goods or services provided? 7d Different organization received any funds, directly or indirectly, to pay pr	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
b If Yes, "has it flied a Form 990 T for this year? If "No" to fine 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authorly over, a financial account? 5 If "Yes," enter the name of the foreign country Evolution Securities account, or other financial accounts? Securities		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendary 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, secunities account, or other financial account (and the property of the property	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
the interval of the contributions of the financial account, or other financial account? b if 1'Yes, 'retret 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 shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5b I'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6a Does the organization share annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If 'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization shart many receive deductible contributions under section 170(c). 8 If I'Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 Did the organization receive approxement in excess of \$75 made party as a contribution of any party for goods and services provided to the payor? 7 Did the organization received any payment in excess of \$75 made party as a contribution of the value of the goods or services provided? 8 Did the organization received a contribution of organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required? 1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required? 1 The organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4986? 9 Section 501(K)17 organizations. Enter: a initiation fees and capital con	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If "Yes," enter the name of the foreign country ▶ Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes" to line Sar of Sb, did the organization file Form 88867? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every selicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Did the organization necreive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b If "Yes," inclinate the number of Forms 8282 filed during the year 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization maked acontribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization maintaining donor advised funds. Did a chorr advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a chorr advised fund maintained by the sponsoring organization maked a distributions under section 4968? 9 Did the sponsoring organization make or advistruount to a chorr advised fund the organization file a Form 1098-C? 10 Section 501(c)(12)9	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 8 If "Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 8 If "Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 8 If "Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 8 If "Yes" to line Sa or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 10 If the organization receive a payment in excess of \$75 made party sa a contribution of \$70(c)\$. 10 If the organization receives a payment in excess of \$75 made party sa a contribution of party for goods and services provided to the payor? 10 If "Yes," did the organization notify the donor of the value of the goods or services provided? 11 If "Yes," did the organization notify the donor of the value of the goods or services provided? 12 If If Yes," did the organization notify the donor of the value of the goods or services provided? 13 If Yes," did the organization neceive a contribution of organization property for which it was required to the few materials of the organization received an contribution of qualified intellectual property, did the organization file a Form 1098-C7 organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization the a Form 1098-C7 organization neceived an contribution of cars, boats, airplanes, or other vehicles, did the organization the a Form 1098-C7 organization neceived and part VIII, line 12, for public use of club facilities 10 If the organization neceived and mai		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 X	b	If "Yes," enter the name of the foreign country ▶			
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a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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? 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 c Enter the amount of reserves on hand 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," sa it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.					
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	_				
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organization is licensed to issue qualified health plans		Note: See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year?	b				
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	15				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					77
	16		16		X
		If "Yes," complete Form 4720, Schedule O.	Г	000	(0000)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?										
3											
	of officers, directors, trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	6		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b		X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77								
	The organization's CEO, Executive Director, or top management official	15a	X								
b	Other officers or key employees of the organization	15b	Х								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37							
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
0	exempt status with respect to such arrangements?	16b									
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed CA, CT, IL, MA, NJ, NY, OH, PA, RI		A =	- 1- 1							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able							
	for public inspection. Indicate how you made these available. Check all that apply.										
40	X Own website Another's website X Upon request Other (explain on Schedule O)	ન દ:	!-!								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	u finar	icial								
20	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records EAU WRIGHT - 202-579-4582										
	2020 PENNSYLVANIA AVE NW, NO. 163, WASHINGTON, DC 20006-1811										

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

v	
. x .	

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.

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

hours for related organizations organization organization (W-2/1099-MISC)	(F) Estimated amount of other
(1) IAN BASSIN PRESIDENT/EXECUTIVE DIRECTOR X X 6,736.	
PRESIDENT/EXECUTIVE DIRECTOR X X X 6,736. 0.	compensation from the organization and related organizations
	781.
(2) 0051IN FLORENCE 0.50	
SECRETARY/LEGAL DIRECTOR X X X 2,466. 0.	432.
(3) EMILY LOEB 1.00	
TREASURER X X X 0.	0.
(4) JEFF BERMAN 1.00	
DIRECTOR X 0.	0.
(5) JERRY HAUSER 1.00	
DIRECTOR X 0.	0.

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(do	not c , unle	Pos heck ss pe	c) ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related			(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	()	fi org an	pensa om th anizat d relat anizati	e tion ted
		,	=	=	0	, Y	H 6	Œ.						
1b	Subtotal								9,202.		0.		1,2	13.
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)							▶	9,202.		0 . 0 .		1,2	0. 13.
2	Total number of individuals (including but n							no r	eceived more than \$100	0,000 of reportable				
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								phest compensated emp			3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization		4		х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	rom	any	unr/					5		х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										ens	ation	from	
	(A) Name and business	address	NC	ONI	3				(B) Description of s	services	С		C) nsatio	n
								\dashv						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se lis	stec	d above) who received n	nore than				

	rt V		,			TECT DEM	JCRACI		01-4027	200 Page 9
Pa	r L V	111								
			Check if Schedule O	conta	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
										sections 512 - 514
nts nts	1	а	Federated campaigns		1a					
Gra			Membership dues							
ts, (Am		С	Fundraising events		1c					
Gif			Related organizations							
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contr							
utio er \$		f	All other contributions, gifts,	-						
oth			similar amounts not included			2,918,947.				
ont		_	Noncash contributions included in				0.010.045			
a C		h	Total. Add lines 1a-1f				2,918,947.			
•	_	_				Business Code				
Program Service Revenue	2					+				
Ser		b c								
am ever		d								
Be		e								
Pro			All other program service	reve	nue					
			Total. Add lines 2a-2f							
	3		Investment income (include							
		other similar amounts)					34,297.			34,297.
	4		Income from investment of							
	5		Royalties							
					(i) Real	(ii) Personal				
	6	а	Gross rents	6a						
			Less: rental expenses	6b						
			Rental income or (loss)	6с						
			Net rental income or (loss)						
	7	а	Gross amount from sales of		(i) Securities	(ii) Other				
			assets other than inventory	7a	2,184,124	<u> </u>				
<u>o</u>		b	Less: cost or other basis	7.	2 261 252					
Revenue		_	and sales expenses							
3ev			Gain or (loss)	_			-77,128.			-77,128.
			Gross income from fundraisi				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Other	Ü	ŭ	including \$							
			contributions reported on							
			Part IV, line 18							
		b	Less: direct expenses							
			Net income or (loss) from							
	9	а	Gross income from gamin	ig ac	tivities. See					
			Part IV, line 19		9a					
		b	Less: direct expenses		9b					
		С	Net income or (loss) from	gam	ing activities	>				
	10	а	Gross sales of inventory, I							
			and allowances							
			Less: cost of goods sold							
		С	Net income or (loss) from	sales	s of inventory					
sne	4.4	_				Business Code				
ned	11									
Miscellaneous Revenue		b c				 				
lsc Re			All other revenue							
≥			Total. Add lines 11a-11d							
	12	•	Total revenue. See instruction				2,876,116.	0.	0.	-42,831.

-42,831. Form **990** (2020)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D-	Check if Schedule O contains a respons	se or note to any line in to	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	450 000	450 000		
	and domestic governments. See Part IV, line 21	450,000.	450,000.		
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	10,414.	7,783.	376.	2,25
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	247,320.	203,559.	28,920.	14,841
8	Pension plan accruals and contributions (include	, .	,	•	•
_	section 401(k) and 403(b) employer contributions)	13,104.	10,745.	1,490	869
9	Other employee benefits	21,380.	17,532.	1,490. 2,430.	869 1,418
0	Payroll taxes	16,689.	13,685.	1,897.	1,10
		10,0031	1370031	270571	1,10
1	Fees for services (nonemployees):				
a	<u> </u>	18,859.	11,078.	6,703.	1,078
b		20,466.	11,070.	20,466.	1,070
C	5 ······	20,400.		20,400.	
d	Lobbying	2 200			2 200
е	· · · · · · · · · · · · · · · · · · ·	3,300.			3,300
f	Investment management fees				
g	` '	1.45 000	120 105	15 416	0.0
	column (A) amount, list line 11g expenses on Sch O.)	147,903.	132,405.	15,416.	82
12	Advertising and promotion				
3	Office expenses	3,346.	2,853.	331.	162
4	Information technology	35,770.	16,525.	1,597.	17,648
5	Royalties				
6	Occupancy	16,357.	14,111.	1,514.	732
7	Travel	169.	144.	17.	3
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	23,732.	14,674.	9,035.	23
4	Other expenses. Itemize expenses not covered		,	7,000	_
4	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)				
a					
b					
C					
d					
е	· — — +	1 000 000	005 004	00 100	40 50
5	Total functional expenses. Add lines 1 through 24e	1,028,809.	895,094.	90,192.	43,523
6	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)				

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	143,698.	1	590,750.
	2	Savings and temporary cash investments	1,415,745.	2	764,312.
	3	Pledges and grants receivable, net		3	15,348.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	1,215.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	1,614,186.	11	5,896,795.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	7,217.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1 1 1 1 1 1 1 1 1	16	7,275,637.
	17	Accounts payable and accrued expenses	22 21 4	17	29,378.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	88,689.	25	1,240,565.
	26	Total liabilities. Add lines 17 through 25			1,269,943.
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	3,138,379.	27	6,005,694.
Ba	28	Net assets with donor restrictions		28	0.
ဋ		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances		32	6,005,694.
_	33	Total liabilities and net assets/fund balances		33	7,275,637.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	1 2 3 4 5 6 7 8 9	2,87 1,02 1,84 4,06	6,1 8,8 7,3	09. 07. 79.
	column (B))	10	6,00	5,6	94.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
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		0-	Yes	No X
	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a			Λ
	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	e basis,	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th review, or compilation of its financial statements and selection of an independent accountant?		2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits.		3b		ı

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2020

UNITED TO PROTECT DEMOCRACY 81-4827260 Organization type (check one): Filers of: Section: X = 501(c)(4) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules

opeciai males

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

UNITED TO PROTECT DEMOCRACY

81-4827260

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>480,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

UNITED TO PROTECT DEMOCRACY

81-4827260

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		s50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$50,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$50,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		s50,000 .	Person X Payroll

Name of organization

Employer identification number

UNITED TO PROTECT DEMOCRACY

81-4827260

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$	Person X Payroll

Name of organization Employer identification number

81-4827260 UNITED TO PROTECT DEMOCRACY Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 20 Person **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 21 X Person **Payroll** 12,500. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 23 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 24 X Person **Pavroll** 10,000. Noncash (Complete Part II for

noncash contributions.)

Name of organization Employer identification number 81-4827260

UNITED TO PROTECT DEMOCRACY

I alt I	Contributors (see instructions). Ose duplicate copies of Part III additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,000.	Person X Payroll

Name of organization

UNITED TO PROTECT DEMOCRACY

81-4827260

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$75,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

UNITED TO PROTECT DEMOCRACY

81-4827260

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a)		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Employer identification number

Name of organization

81-4827260 UNITED TO PROTECT DEMOCRACY Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITED TO PROTECT DEMOCRACY

Employer identification number 81-4827260

Schedule D (Form 990) 2020

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	e 6.				
		(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 donor advisors in	writing that the assets held in donor advise	ed funds			
	are the organization's property, subject to the organization's	-				
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of					
	impermissible private benefit?		Yes No			
Pai						
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).				
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area			
	Protection of natural habitat	Preservation of a	a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b						
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c			
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rel					
	year ▶					
4	Number of states where property subject to conservation eas	sement is located >				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements if	t holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
	>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year			
	▶ \$					
8	Does each conservation easement reported on line 2(d) above					
	and section 170(h)(4)(B)(ii)?		Yes			
9	In Part XIII, describe how the organization reports conservati					
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the			
_	organization's accounting for conservation easements.					
Pai	t III Organizations Maintaining Collections o	-	her Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95					
	of art, historical treasures, or other similar assets held for pub	· ·	•			
	service, provide in Part XIII the text of the footnote to its finar					
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financial	gain, provide			
	the following amounts required to be reported under FASB A	_				
а	Revenue included on Form 990, Part VIII, line 1		·			
b	Assets included in Form 990, Part X		▶ \$			

032051 12-01-20

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

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	reasures,	or Other	Simila	r Asse	ts (continu	ued)	-9-
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following that	at make sigi	nificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	change progr	am					
b	Scholarly research	е									
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	the organizat	ion's exemp	ot purpos	se in Par	XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma	intained as part of t	the orga	nization's c	ollection?			\square	Yes		No
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contributio	ns or other as	ssets not in	cluded		_		
	on Form 990, Part X?							🗀	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liability	?	L	Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII.										<u> </u>
Pai	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" on F	1						
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d)	Three ye	ars back	(e) Four	/ears	back
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Term endowment >										
	The percentages on lines 2a, 2b, and 2c shou	•									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	and administe	ered for the	organiza	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
	If "Yes" on line 3a(ii), are the related organizate				?				3b		
Bo:	Describe in Part XIII the intended uses of the		wment	funds.							
Pai	t VI Land, Buildings, and Equipm) D+ I\	/ line 11 = 1	C F 00/	O David V III	- 10				
-	Complete if the organization answered							. 1	(-N.D I-		
	Description of property	(a) Cost or o			t or other (other)		umulated ciation	'	(d) Book	value	3
	Land	,	nent)	Dasis	(Otrier)	черге	CIALIOIT				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment Other							_			
	Add lines 1a through 1e. (Column (d) must ed		X colur	nn (R) line	10c)	<u> </u>					0.
iold	i Add illes Ta tillough Te. (Oblumin (u) must et	juai i Oilli 330, Fall	A, COIUI	וווו (ט), וווופ	, 00./				D /Farras	000)	<u> </u>

Schedule D (Form 990) 2020

Corredate B (Form Coo) 2020	ROTECT DEMOCRA	ACY 81-	-4827260 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			- f
(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			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)	-		
(F)	-		
(G)	-		
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	-		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 000 Port IV line 1	I 1 a San Form 000 Port V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1)	(a) Doon raise	(c) meaned or randament desirer end	or your marries raise
(1)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO PROTECT DEMOCRACY I	PROJECT		1,240,565.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total, (Column (b) must equal Form 990, Part X, col. (B) line	25.)	•	1,240,565.

Schedule D (Form 990) 2020

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

ı aı	t XI Reconciliation of Revenue per Audited Financial				
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	s		1	2,971,124.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	95,008.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	95,008.
3	Subtract line 2e from line 1			3	2,876,116.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	2,876,116.
Par	t XII Reconciliation of Expenses per Audited Financia		Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part				1 000 000
1	Total expenses and losses per audited financial statements			1	1,028,809.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				0
е	Add lines 2a through 2d			2e	1 000 000
3	Subtract line 2e from line 1			3	1,028,809.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	·			0
	Add lines 4a and 4b			4c	0.
				_	1 028 800
5 D 21	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li			5	1,028,809
Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information.	ne 18.)		5	
Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	
Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information.	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	
Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	
Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	
Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	
Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	
Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	
Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	
Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	
Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	
Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	
Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	
Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	
Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	
Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	
Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	
Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	
Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	
Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	
Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	
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Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	
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Par Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	and 2b; Part V, line 4	5	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number UNITED TO PROTECT DEMOCRACY 81-4827260 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, noncash assistance or government (if applicable) cash grant non-cash or assistance FMV, appraisal, assistance other) DEFENDING DEMOCRACY TOGETHER DBA TO SUPPORT PROGRAM REPUBLICANS FOR THE RULE OF LAW -ACTIVITIES UNDER SECTION 925 15TH ST NW 5TH FLOORD -501(C)(4) OF THE IRS TAX CODE WASHINGTON, DC 20005 82-3877328 501(C)(4) 100,000 0 TO SUPPORT PROGRAM SECURE DEMOCRACY ACTIVITIES UNDER SECTION 611 PENNSYLVANIA AVE SE UNIT 413 501(C)(4) OF THE IRS TAX WASHINGTON, DC 20003 501(C)(4) CODE 82-3846342 350,000 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.			
PART I, LINE 2:							
PRIOR TO MAKING A GRANT, THE UNITE	D TO DEM	OCRACY PRO	JECT (UPD)	IDENTIFIES			
GRANTEES THAT ARE CONDUCTING WORK	THAT IS	CONSISTENT	WITH UPD'	S MISSION.			
GRANT RECOMMENDATIONS ARE THEN SUB	MITTED B	Y STAFF TO	A MANAGER	FOR INITIAL			
APPROVAL. ONCE INITIALLY APPROVED,	THE REQ	UEST IS TH	EN FORWARD	ED TO THE			
OPERATIONS TEAM FOR FINAL LEGAL AN	D FINANC	IAL REVIEW	. UPD REQU	IRES GRANTEES			
TO SIGN A GRANT AGREEMENT (MAINTAI	NED IN U	PD RECORDS) THAT AFF	IRMS THE			
RECIPIENT IS A BONA FIDE 501(C)(4) AND THAT THE GRANT MONEY WILL BE USED							
ONLY TO SUPPORT 501(C)(4)-PERMISSIBLE ACTIVITY.							

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

UNITED TO PROTECT DEMOCRACY

Employer identification number 81-4827260

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AUTHORITARIAN FORM OF GOVERNMENT. WE DO THIS BY WORKING TO STRENGTHEN THE CHECKS AND BALANCES THAT HAVE HELD THE EXECUTIVE BRANCH ACCOUNTABLE TO THE LAWS AND LONGSTANDING PRACTICES THAT HAVE PROTECTED OUR DEMOCRACY THROUGH BOTH DEMOCRATIC AND REPUBLICAN ADMINISTRATIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PRACTICES THAT HAVE PROTECTED OUR DEMOCRACY THROUGH BOTH DEMOCRATIC AND REPUBLICAN ADMINISTRATIONS.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PREPARED FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR ALONG WITH THE DIRECTOR OF OPERATIONS, OUR ACCOUNTING PARTNER, AND LEGAL COUNSEL BEFORE THE RETURN IS FILED WITH THE IRS. A COPY OF THE RETURN IS ALSO PROVIDED TO THE MEMBERS OF THE GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A STATEMENT THAT PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE GOVERNING BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEW ACTUAL

ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN CONFLICTS. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization UNITED TO PROTECT DEMOCRACY **Employer identification number** 81-4827260

THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF THE EXECUTIVE DIRECTOR, OFFICERS, AND KEY EMPLOYEES IS DETERMINED BY THE BOARD OF DIRECTORS BASED ON A MARKET ANALYSIS OF COMPARABLE POSITIONS AND VALUATION OF SKILL SETS. COMPENSATION WAS LAST REVIEWED BY THE BOARD IN FEBRUARY 2020.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

ADDITIONAL INFORMATION REGARDING PART VII

THE PROTECT DEMOCRACY PROJECT AND UNITED TO PROTECT DEMOCRACY ARE NOT "RELATED ORGANIZATIONS" AS THAT TERM IS DEFINED IN THE FORM 990, GLOSSARY.

UNITED TO PROTECT DEMOCRACY HAS A COST SHARING AGREEMENT WITH THE PROTECT DEMOCRACY PROJECT, A 501(C)(3) THAT SHARES UNITED TO PROTECT DEMOCRACY'S MISSION. UNDER THE AGREEMENT, UNITED TO PROTECT DEMOCRACY PAYS THE PROTECT DEMOCRACY PROJECT FOR ITS ALLOCABLE SHARE OF PERSONNEL, EQUIPMENT, FACILITIES AND OTHER RESOURCES.

PURSUANT TO THEIR AGREEMENT, UNITED TO PROTECT DEMOCRACY REIMBURSED THE PROTECT DEMOCRACY PROJECT FOR ITS SHARE OF COMPENSATION OF THE FOLLOWING INDIVIDUALS LISTED IN PART VII. FOR THE SAKE OF CLARITY, EACH COMPENSATED INDIVIDUAL LISTED IN PART VII ON EITHER PDP'S OR UPD'S FORM 990 IS LISTED BELOW.

DURING THE CALENDAR YEAR 2020, IAN BASSIN SPENT, EACH WEEK, AN AVERAGE

OF 1.0 HOUR WORKING EACH WEEK FOR UNITED TO PROTECT DEMOCRACY AND 39.0

HOURS WORKING FOR PROTECT DEMOCRACY PROJECT. TOTAL COMPENSATION ON THE

W2 WAS \$269,428 (\$262,692 ALLOCATED TO PROTECT DEMOCRACY PROJECT AND

\$6,736 ALLOCATED TO UNITED TO PROTECT DEMOCRACY) AND THE TOTAL

ESTIMATED AMOUNT OF OTHER COMPENSATION WAS \$31,236 (\$30,455 ALLOCATED

TO PROTECT DEMOCRACY PROJECT AND \$781 ALLOCATED TO UNITED TO PROTECT

DEMOCRACY).

DURING THE CALENDAR YEAR 2020, JUSTIN FLORENCE SPENT, EACH WEEK, AN

AVERAGE OF .5 HOURS WORKING FOR UNITED TO PROTECT DEMOCRACY AND 39.5

HOURS WORKING FOR PROTECT DEMOCRACY PROJECT. TOTAL COMPENSATION ON THE

W2 WAS \$197,295 (\$194,828 ALLOCATED TO PROTECT DEMOCRACY PROJECT AND

\$2,466 ALLOCATED TO UNITED TO PROTECT DEMOCRACY) AND THE TOTAL

ESTIMATED AMOUNT OF OTHER COMPENSATION WAS \$34,521 (\$34,090 ALLOCATED

TO PROTECT DEMOCRACY PROJECT AND \$432 ALLOCATED TO UNITED TO PROTECT

DEMOCRACY).

DURING THE CALENDAR YEAR 2020, BENJAMIN BERWICK SPENT, EACH WEEK, AN AVERAGE OF 1.5 HOURS WORKING FOR UNITED TO PROTECT DEMOCRACY AND 38.5 HOURS WORKING FOR PROTECT DEMOCRACY PROJECT. TOTAL COMPENSATION ON THE W2 WAS \$185,982(\$179,007 ALLOCATED TO PROTECT DEMOCRACY PROJECT AND \$6,974 ALLOCATED TO UNITED TO PROTECT DEMOCRACY) AND THE TOTAL ESTIMATED AMOUNT OF OTHER COMPENSATION WAS \$12,010 (\$11,559 ALLOCATED TO PROTECT DEMOCRACY).

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization UNITED TO PROTECT DEMOCRACY	Employer identification number 81-4827260
DURING THE CALENDAR YEAR 2020, LAURENCE SCHWARTZTOL SPENT	C, EACH WEEK,
AN AVERAGE OF 2.5 HOURS WORKING FOR UNITED TO PROTECT DEM	OCRACY AND
37.5 HOURS WORKING FOR PROTECT DEMOCRACY PROJECT. TOTAL C	COMPENSATION ON
THE W2 WAS \$185,982 (\$174,358 ALLOCATED TO PROTECT DEMOCE	ACY PROJECT
AND \$11,624 ALLOCATED TO UNITED TO PROTECT DEMOCRACY) AND	THE TOTAL
ESTIMATED AMOUNT OF OTHER COMPENSATION WAS \$11,230 (\$10,5	28 ALLOCATED
TO PROTECT DEMOCRACY PROJECT AND \$702 ALLOCATED TO UNITED	TO PROTECT
DEMOCRACY).	
DURING THE CALENDAR YEAR 2020, ANNE TINDALL SPENT, EACH W	JEEK, AN
AVERAGE OF 1.5 HOURS WORKING FOR UNITED TO PROTECT DEMOCE	RACY AND 38.5
HOURS WORKING FOR PROTECT DEMOCRACY PROJECT. TOTAL COMPEN	ISATION ON THE
W2 WAS \$183,256(\$176,384 ALLOCATED TO PROTECT DEMOCRACY E	PROJECT AND
\$6,872 ALLOCATED TO UNITED TO PROTECT DEMOCRACY) AND THE	TOTAL
ESTIMATED AMOUNT OF OTHER COMPENSATION WAS \$11,830 (\$11,3	886 ALLOCATED
TO PROTECT DEMOCRACY PROJECT AND \$444 ALLOCATED TO UNITED	TO PROTECT
DEMOCRACY).	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL CONSULTING FEES: IMPACT PROJECT:	
PROGRAM SERVICE EXPENSES	106,527
MANAGEMENT AND GENERAL EXPENSES	0 .
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	106,527
PROFESSIONAL ADMINISTRATIVE CONSULTING SERVICE FEES:	
PROGRAM SERVICE EXPENSES	25,878.
	edule O (Form 990 or 990-EZ) 2020

UNITED TO PROTECT DEMOCRACY	81-4827260
MANAGEMENT AND GENERAL EXPENSES	15,416.
FUNDRAISING EXPENSES	82.
TOTAL EXPENSES	41,376.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	147,903.
IRS FORM 990 PART X LINE 26	
THE \$1,240,565 DUE TO PROTECT DEMOCRACY PROJECT AT DECEME	BER 31, 2020
HAS SINCE BEEN REPAID.	