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

PROTECT DEMOCRACY UNITED 2020 PENNSYLVANIA AVE NW, 163 WASHINGTON, DC 20006

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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)

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

OMB No. 1545-0047

Department of the Treasury

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

A For the 2024 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change PROTECT DEMOCRACY UNITED Name change 81-4827260 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 2020 PENNSYLVANIA AVE NW 163 202-695-6590 3,709,174. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 20006 WASHINGTON, DC H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JUSTIN FLORENCE for subordinates? Yes X No SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: \bigcirc 501(c)(3) $\boxed{\mathbf{X}}$ 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions PROTECTDEMOCRACY.ORG H(c) Group exemption number Association Other L Year of formation: 2016 M State of legal domicile: DC **K** Form of organization: X Corporation Trust Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF PROTECT DEMOCRACY Activities & Governance UNITED IS TO PREVENT OUR DEMOCRACY FROM DECLINING INTO A MORE 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 2,420,657. 3,375,084. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 240.026. 334,090. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 11 2,660,683. 3.709.174 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,185,000. 1,989,500 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,180,815. 1,483,777. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 11,124. 16a Professional fundraising fees (Part IX, column (A), line 11e) 38,352. **b** Total fundraising expenses (Part IX, column (D), line 25) 2,583,258. 2,020,696. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,960,197. 5,532,325. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -2,299,514. -1,823,151. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 13,751,759. 11,100,616. Total assets (Part X, line 16) $1,109,\overline{378}$ 242,522 21 Total liabilities (Part X, line 26) 三年 12,642,381 10,858,094 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JUSTIN FLORENCE, SECRETARY Here Type or print name and title Date PTIN Preparer's name Preparer's signature 11/10/25 self-employed YIGIT UCTUM, CPA P01269549 YIGIT UCTUM, CPA Paid Firm's EIN 39-0974031WEGNER CPAS LLP Preparer Firm's name Firm's address 230 PARK AVE FL 3 Use Only Phone no. (212) 551-1724NEW YORK, NY 10169-0005 X Yes May the IRS discuss this return with the preparer shown above? See instructions

ı a	Statement of Frogram Service Accomplishments	v
	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 MICCION OF PROMECT DEMOCRACY LINETED IC TO PREVENT OUR DEMOCRACY	O A CW
	THE MISSION OF PROTECT DEMOCRACY UNITED IS TO PREVENT OUR DEMOCE FROM DECLINING INTO A MORE AUTHORITARIAN FORM OF GOVERNMENT. WE	
	THIS BY WORKING TO STRENGTHEN THE CHECKS AND BALANCES THAT HAVE	
	THE EXECUTIVE BRANCH ACCOUNTABLE TO THE LAWS AND LONGSTANDING	цепр
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
_	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes _A_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 e	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	benses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$5, 108, 893. including grants of \$1, 989, 500.) (Revenue \$	0.)
4a	(Code:) (Expenses \$5,108,893. including grants of \$1,989,500.) (Revenue \$PROTECT DEMOCRACY UNITED CONFRONTS THREATS TO OUR DEMOCRACY BY I	TNGAGING
	IN LITIGATION, ADVOCATING FOR POLICY SOLUTIONS, AND PARTICIPATIN	
	PUBLIC COMMUNICATIONS AND ORGANIZING EFFORTS.	NG IN
	FUBLIC COMMUNICATIONS AND ORGANIZING EFFORTS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
40	(Code:) (Expenses \$) (Revenue \$)	,
4c	(Code:) (Expenses \$)
	7, 1	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 5,108,893.	200
		Form 990 (2024)

Form 990 (2024) PROTECT DEMO 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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	l		37
_	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		Λ
ıza		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	21	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

Form 990 (2024) PROTECT DEMOCRACY UNITED
Part IV Checklist of Required Schedules (continued)

	· (outliness)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
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		
25a	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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to 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? If "Yes," complete Schedule L, Part II	26		X
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		X
28	Was the organization a party to a business transaction with one of the following parties? (See the 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			3,7
	"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		Λ
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		Х
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		-25
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
5 4		34		х
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
~	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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		<u> </u>
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Form 990 (2024) PROTECT DEMOCRACY UNITED

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	(
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).			
				5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				37	
	any contributions that were not tax deductible as charitable contributions?			6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				Х	
_	were not tax deductible?			6b	Α_	
7	Organizations that may receive deductible contributions under section 170(c).		provided to the power	7-		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?			7.		
a		7d	1	7c		
u e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		•	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		CT?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		800 as required?	7g		
_	If the organization received a contribution of qualified intellectual property, and the organization merel of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received and the organi			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7		
_	on an artist and artist the boson are as book and the set of an altist and the set of	•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the arrange in a green intime realized and to a large three large transfer and a section 40000			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b)			
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a	1			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	-			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	104	1? 1	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b)	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	۱	I			
	organization is licensed to issue qualified health plans	13b		-		
	Enter the amount of reserves on hand	130	•	44		v
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		x
	excess parachute payment(s) during the year?			15		
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	ıma?	16		х
10	If "Yes," complete Form 4720, Schedule O.	i ii iGC	me?	10		<u> </u>
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitic	1 9			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			.,		

Form **990** (2024) 432005 12-10-24

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
<u>Sec</u>	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 3			
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6		6		X
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
1 a		70		Х
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		- 21
D				Х
_	persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Х	
а	The governing body?	8a		- V
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			37
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	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	X	
b	Describe on 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	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
		MV	ΟĦ	D7
17	List the states with which a copy of this Form 990 is required to be filed CA, CO, CT, FL, GA, IL, MA, MD, NJ			
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)	avallat	oie
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	LAURA GOLDSTEIN - 202-695-6590			
	2020 PENNSYLVANIA AVE NW, #163, WASHINGTON, DC 20006			
	CEF CCHEDILE O FOR FILL LICT OF CTATES	Farm	aan	(2024)

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

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)			(e Pos				(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos	ition) than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle cer ar	ss pe	rson i	s bot	n an	compensation	compensation	amount of	
	week	_	Cer ar	ia a a	recio	r/trus	tee)	from	from related	other	
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the	
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120)	and related	
	below	Individual trustee or director	Institutional trustee	je je	Key employee	Highest compensated employee	ner	,		organizations	
	line)	Indi	Insti	Officer	Key	High	Former				
(1) IAN BASSIN	3.50										
EXECUTIVE DIRECTOR				Х				36,177.	0.	4,188.	
(2) JUSTIN FLORENCE	3.00]									
SECRETARY & MANAGING DIRECTOR		Х		Х				22,453.	0.	4,177.	
(3) JEFF BERMAN	1.00										
PRESIDENT		Х		Х				0.	0.	0.	
(4) JERRY HAUSER	1.00							_	_	_	
TREASURER		Х		Х				0.	0.	0.	
(5) RICHARD R. BUERY JR.	1.00	1						_		_	
DIRECTOR		Х						0.	0.	0.	
		1									
		1									
		1									
		-									
		-									
		-									
		-									
	+										
	-	1									
	+										
		1									
	+		\vdash			\vdash					
		1									
	+		\vdash								
		1									
	+										
		-	1		1	1					

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)	
(A) Name and title	(B) Average hours per	(do box,	not cl	Posineck i ss per	ition more son is		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer p		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
1b Subtotal								58,630.	0.	8,365.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								58,630.	0.	8,365.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100.	000 of reportable	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
JENSEN HUGHES, INC.		
P.O. BOX 7410242, CHICAGO, IL 60674-0242	SECURITY SERVICES	356,310.
CONSILIO, 1828 L STREET NW, SUITE 1070,	PROJECT MANAGEMENT &	
WASHINGTON, DC 20036	SUPPORT SERVICES	186,211.
TIBER CREEK GROUP, INC., 750 9TH STREET		
NW, SUITE 501, WASHINGTON, DC 20001	CONSULTING SERVICES	125,250.
MCCARTIN PUBLIC POLICY GROUP LLC, 1441 N.		
INGLEWOOD STREET, ARLINGTON, VA 22205	CONSULTING SERVICES	120,000.
CODE83	WEB DESIGN &	
83 MONTANA AVENUE, ASHEVILLE, NC 28806	MAINTENANCE SERVICES	108,100.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 5		

Form 990 (2024)

0

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		·	_	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
'0 '0	4 -	Forderestand communication (4)					
nts st		Federated campaigns 1a					
Sp. oc		Membership dues 1b					
S, (Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d					
	е	Government grants (contributions) 1e					
rigin	f	All other contributions, gifts, grants, and					
the E		similar amounts not included above 1f 3,	375,084.				
ΞÓ	g	Noncash contributions included in lines 1a-1f	26,637.				
Sol	h	Total. Add lines 1a-1f		3,375,084.			
			Business Code				
	2 a						
Š	2 u						
er ue							
n S	c						
an Be	d						
Program Service Revenue	е						
₾		All other program service revenue					
\longrightarrow	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		334,090.			334,090.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	<i>i</i> a	CI COO MITTOM COM COM COM	(ii) Other				
		assets other than inventory 7a					
_	b	Less: cost or other basis					
ther Revenue		and sales expenses					
ĕ	С	Gain or (loss) 7c					
æ	d	Net gain or (loss)					
Je	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	T				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b	•				
	С	Net income or (loss) from sales of inventory					
S			Business Code				
o o	11 a						
ane	b						
Miscellaneous Revenue	С						
đišć B	d	All other revenue					
2	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		3,709,174.	0.	0.	334,090.
				•			

	on 501(c)(3) and 501(c)(4) organizations must comp	ete all columns. All othe		nplete column (A).	
	Check if Schedule O contains a respons			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,989,500.	1,989,500.		
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,				
Э	trustees, and key employees	66,995.	33,412.	23,492.	10,091.
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	1,127,258.	988,918.	116,078.	22,262.
8	Pension plan accruals and contributions (include	, , ,	, , , , , ,	,	,
-	section 401(k) and 403(b) employer contributions)	66,471.	56,902.	7,784.	1.785.
9	Other employee benefits	137,400.	117,620.	16,401.	1,785. 3,379.
10	Payroll taxes	85,653.	73,322.	9,998.	2,333.
10	Fees for services (nonemployees):	05,055.	13,322.	7,770.	4,333.
	` ' ' '				
a	Management	314,845.	211 200	2 457	
b	Legal		311,388.	3,457.	
С	Accounting	28,065.	255 255	28,065.	
d	, , , , , , , , , , , , , , , , , , , ,	355,377.	355,377.		
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	38,352.			38,352.
g					
Ū	column (A), amount, list line 11g expenses on Sch O.)	727,191.	688,994.	37,894.	303.
12	Advertising and promotion	108,100.	108,100.	- ,	
13	Office expenses	18,356.	13,156.	4,700.	500.
14	Information technology	108,175.	98,463.	8,082.	1,630.
	I	100,173.	30,103.	0,002.	1,030.
15	Royalties	54,905.	44,483.	8,478.	1,944.
16	Occupancy	85,002.	79,477.	5,476.	434.
17	Travel	85,002.	/9,4//•	5,091.	434.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	89,117.	72,201.	13,760.	3,156.
22	Depreciation, depletion, and amortization		562.		3,130.
23	Insurance	18,177.	502.	17,615.	
24	Other expenses. Itemize expenses not covered 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 O.)				
а	COMMUNICATIONS	77,031.	77,018.		13.
b					<u> </u>
C					
d					
	All other expenses	36,355.		36,355.	
25 25	Total functional expenses. Add lines 1 through 24e	5,532,325.	5,108,893.	337,250.	86,182.
<u>25</u> 26		3,332,323	3,200,055	331,2301	00,102.
∠0	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)				
	[]				Form 990 (2024)

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			359,445.	1	380,940.
	2	Savings and temporary cash investments	1,722,333.	2	3,396,169		
	3	Pledges and grants receivable, net	6,200,000.	3	1,673,887		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifi	ed per	onssons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
s,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ą	9	5			2,151.	9	3,883
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	267,351.			
	b	Less: accumulated depreciation	10b	211,944.	144,523.	10c	55,407
	11	Investments - publicly traded securities			2,538,383.	11	2,667,837
	12	Investments - other securities. See Part IV, line 1	1		2,776,864.	12	2,922,493
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		L	8,060.	15	
	16	Total assets. Add lines 1 through 15 (must equa	l line 3	3)	13,751,759.	16	11,100,616
	17	Accounts payable and accrued expenses			1,109,378.	17	242,522
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
es	22	Loans and other payables to any current or former					
Ě		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			1 100 270	25	242 522
	26			7	1,109,378.	26	242,522
S		Organizations that follow FASB ASC 958, chec	k her	e X			
JCe		and complete lines 27, 28, 32, and 33.			6 112 201	0=	0 104 207
<u>a</u>	27	Net assets without donor restrictions	6,442,381.	27	9,184,207 1,673,887		
g B	28	Net assets with donor restrictions			0,200,000.	28	1,073,007
ڃ		Organizations that do not follow FASB ASC 95	8, cne	ck nere			
ᅙ		and complete lines 29 through 33.				00	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SS	30	Paid-in or capital surplus, or land, building, or equ				30	
et A	31	Retained earnings, endowment, accumulated inc			12,642,381.	31	10,858,094
ž	32	Total liabilities and not assets (fund balances			13,751,759.	32	
	33	Total liabilities and net assets/fund balances			13,131,133.	33	11,100,616

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,70	9,1	7 4.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,53	2,3	<u>25.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		,82		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	,64	2,3	<u>81.</u>
5	Net unrealized gains (losses) on investments	5		3	8,8	<u>64.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	10	,85	8,0	94.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			<u>Ш</u>
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nar	me of organization			Empl	oyer identification number (EIN)
_	PROTECT	DEMOCRACY UNITE	ED =0.(()		81-4827260
Pa	art I-A Complete if the org	ganization is exempt und	der section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organize Political campaign activity expendit Volunteer hours for political campa	tures			173,220.
Pa	art I-B Complete if the org	ganization is exempt und	der section 501(c)	(3).	
2 3 4	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a sectic a Was a correction made? b If "Yes," describe in Part IV.	incurred by organization manag on 4955 tax, did it file Form 4720	gers under section 4955 O for this year?	5 §	Yes
	art I-C Complete if the ord	ganization is exempt und	der section 501(c)	except section 501(c	:)(3)
1 2	Enter the amount directly expended Enter the amount of the filing organ exempt function activities	d by the filing organization for sonization's funds contributed to c	ection 527 exempt func other organizations for s	tion activities \$ ection 527	
		11120-POL for this year? INs of all section 527 political o	rganizations to which th	ne filing organization made p	X Yes No payments. For each
	promptly and directly delivered to a lf additional space is needed, provi	a separate political organization,		· ·	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2024

Part II-A Complete if the orga	anization is exen	npt under section	ธบ า 501(c)(3) and file		ection under
section 501(h)).					
	ū	•	Part IV each affiliated (group member's nam	e, address, EIN,
	e of excess lobbying e	. ,			
B Check if the filing organizat	ion checked box A ar	nd "limited control" pro	visions apply.		T
	s on Lobbying Exper itures" means amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	ence a legislative bod	lv (direct lobbving)			
c Total lobbying expenditures (add lir	•		To the second se		
d Other exempt purpose expenditure					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Ente	•	· · · · · · · · · · · · · · · · · · ·	Г		
IF the amount on line 1e, column (a) o		he lobbying nontaxal			
not over \$500,000	` ''	the amount on line 1e.			
over \$500,000 but not over \$1,000,		00 plus 15% of the exc	ess over \$500 000		
over \$1,000,000 but not over \$1,50		00 plus 10% of the exc			
over \$1,500,000 but not over \$17,00		00 plus 5% of the exce			
over \$17,000,000	\$1,000,	•	σο σνοι ψ 1,000,000.		
g Grassroots nontaxable amount (ent	OF0/ -f line 16		<u> </u>		
h Subtract line 1g from line 1a. If zero	,				
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zer			_		
reporting section 4911 tax for this y	•				Yes No
Toporting coction for the continuo		eraging Period Under			
(Some organizations th	at made a section 50		have to complete all o	f the five columns b	elow.
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

Schedule C (Form 990) 2024 PROTECT DEMOCRACY UNITED 81-48272 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(c)(o), or sec	tion	
	501(c)(6).	. 55 . (5)(,, 0. 000		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	l
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "		•		3, is
	answered "Yes."	•	` '	·	•
1	Dues, assessments, and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid):				
а	Current year		2a		
	Carryover from last year				
	Total				
3	A		١ ۾		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-	A. lines 1 a	nd 2 (see	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,		
	T I-A, LINE 1:				
	ORGANIZATION INCURRED STAFF TIME ON SEVERAL PROJEC	TS REI	ATED	TO	
EDU	CATING THE PUBLIC ON THREATS TO AMERICAN DEMOCRACY.				
		_			

SCHEDULE D (Form 990)

(Rev. December 2024) 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

PROTECT DEMOCRACY UNITED

Employer identification number 81-4827260

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin-		Similar Fund	s or Acc	counts. Complete if the
		(a) Donor advis	sed 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 v	writing that the assets h	neld in donor adv	rised 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 or	r donor advisor, or for a	any other purpos	e conferrin	g
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Y	es" on Form 990	, Part IV, li	ne 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply))		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation	of a histori	cally important land area
	Protection of natural habitat		Preservation	of a certifie	ed historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contri	bution in the forr	n of a cons	
	day of the tax year.			- 1	Held at the End of the Tax Year
а	Total number of conservation easements				2a
b				·····	2b
С	Number of conservation easements on a certified historic stru				2c
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by th	ne organiza	ation during the tax
	year				
4	Number of states where property subject to conservation eas			-	
5	Does the organization have a written policy regarding the per				
_	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing co	nservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and e	enforcing conserv	ation ease	ements during the year
_				(L) (A) (D) (i)	
8	Does each conservation easement reported on line 2d above				□ Vaa □ Na
•	and section 170(h)(4)(B)(ii)?				
9					
	balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.	lote to the organization	S III Iai ICiai Statei	Herits that	describes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Tr	easures, or C	Other Sir	nilar Assets.
	Complete if the organization answered "Yes" on Form		ŕ		
1a	If the organization elected, as permitted under FASB ASC 95		venue statement	and balan	ce sheet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	•	•		1
b	If the organization elected, as permitted under FASB ASC 95				sheet works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.	,			
	(i) Revenue included on Form 990, Part VIII, line 1				\$
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under FASB A			J / I=-	
а	Revenue included on Form 990, Part VIII, line 1				\$
	Assets included in Form 990, Part X				

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

Schedule D (Form 990) (Rev. 12-2024)

432051 01-02-25

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Other	Simila	r Assets	(continu	ıed)	<u> 10 —</u>
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	make sig	gnificant i	use of its		-	
	collection items (check all that apply).										
а	Public exhibition	d	ι 🔲 ι	oan or exc	hange progra	ım					
b	Scholarly research	е	. 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	n's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	torical treas	sures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang	gements Comple	te if the o	organization	n answered "\	es" on F	orm 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for d	contribution	ns or other ass	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been	provided in P	art XIII					
Par	t V Endowment Funds Complete if	the organization ans	swered "\	es" on Fo	m 990, Part I	V, line 10).				
		(a) Current year	(b) Pi	rior year	(c) Two year	s back ((d) Three y	years back	(e) Four y	ears b	ack
1a	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										_
g	End of year balance										_
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)) held as:	•					_
а	Board designated or quasi-endowment	•	%	•	•						
b	Permanent endowment	%	_								
С	Term endowment	 %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administer	ed for the	Э				
	organization by:								7	/es	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent									
	Complete if the organization answered	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 990,	, Part X, I	ine 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value	
		basis (investr			(other)		reciation				
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment										
_ е	Other			26	7,351.	2	11,9	44.	55	,40	7.
	. Add lines 1a through 1e. (Column (d) must e		X line 10		-				55	,40	7.

Schedule D (Form 990) (Rev. 12-2024)

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

		1b. See Form 990, Part X, line 12.	
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
Financial derivatives			
Closely held equity interests			
Other (A) MONEY MARKET FUNDS	2,922,493.	END-OF-YEAR MARKET	7/A T TTD
	2,322,433.	END-OF-IEAR MARKET	VALUE
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2,922,493.		
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
ai. (Ooi. (b) iiiust equali viiii 330, Falt A, iiile 13, Cui. (D))			
art IX Other Assets Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
Other Assets Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1 escription	1d. See Form 990, Part X, line 15.	(b) Book value
Other Assets Complete if the organization answered "Yes" or (a) D		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) D		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) D (1) (2)		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) D (1) (2) (3)		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) D (1) (2) (3)		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5)		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7)		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7)		1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	escription		(b) Book value
Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities	escription (B))		(b) Book value
Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" of	escription (B))		
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability	escription (B))		(b) Book value
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes	escription (B))		
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2)	escription (B))		
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3)	escription (B))		
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4)	escription (B))		
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	escription (B))		
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	escription (B))		
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	escription (B))		
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	escription (B))		

Schedule D (Form 990) (Rev. 12-2024)

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

Par	T XI Reconciliation of Revenue per Audited Financial S		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part I				4 070 107
1	Total revenue, gains, and other support per audited financial statements			1	4,079,197.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما	39 961		
a	Net unrealized gains (losses) on investments		38,864. 331,159.		
b	Donated services and use of facilities		331,139.		
c d	Recoveries of prior year grants Other (Describe in Part VIII.)				
e	Other (Describe in Part XIII.) Add lines 2a through 2d			2e	370 023.
3	Add lines 2a through 2d Subtract line 2e from line 1			3	370,023. 3,709,174.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				0 1 0 1 1 1
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	l l			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	. 12)		5	3,709,174.
Par	t XII Reconciliation of Expenses per Audited Financial	Statements With	Expenses per F	Returr	1
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.			
1	Total expenses and losses per audited financial statements			1	5,863,484.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	004 450		
а	Donated services and use of facilities		331,159.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				221 150
e	Add lines 2a through 2d			2e 3	331,159. 5,532,325.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	3,332,323.
4 a	Investment expenses not included on Form 990, Part VIII, line 7b	42			
b	Other (Describe in Part XIII.)	l l			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	5,532,325.
Par	t XIII Supplemental Information	·- · · · ·			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provic			, r ait /	, illie 2, i ait Ai,

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							ntification number
	DEMOCRACY UNITED					81-4827	
Part I Fundraising Activities required to complete this par	 Complete if the organization answet 	ered "Y	es" or	n Form 990, Part IV, I	line 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e X Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	nongo gover aising ding of onal fo	overnment grants rnment grants events fficers, directors, trus undraising services?		X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
ABUNDANCE STRATEGIES - 1900 L ST. NW, WASHINGTON, DC 20036	FUNDRAISING	Yes	No X	0.		36,000.	-36,000.
51. NW, WASHINGTON, DC 20050	FUNDRAISING		^	0.		30,000.	-30,000.
						36,000.	-36,000.
3 List all states in which the organization or licensing.				or has been notified	l it is e	exempt from reg	gistration
CA, CO, CT, FL, GA, IL, MA,	MD,NJ,NY,OH,PA,RI,	/A , W	IA_				
For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990 or	990-F	Z.		Sche	edule G (Form	990) (Rev. 12-2024)

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
מאסוומים	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
201120	6	Rent/facility costs				
Direct Experises	7	Food and beverages				
[دً	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
	11 t I	Net income summary. Subtract line 10 from li				
aı		II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on For	m 990, Part IV, line 19, or r	reported more than	
Т		\$15,000 off Form 990-EZ, lifte 6a.	I	(b) Pull tabs/instant		(d) Total gaming (ad
ı١			(a) Bingo		(c) Other gaming	
3			1	I Dilido/Drodressive Dilido I		icoi. (a) through coi. (
2				bingo/progressive bingo		coi. (a) through coi. (
2000	1	Gross revenue		biligo/progressive biligo		coi. (a) through coi. (
ממעמיומע	1	Gross revenue		biligo/progressive biligo		coi. (a) through coi. (
	1 2			bingo/progressive bingo		col. (a) through col. (
+		Gross revenue Cash prizes Noncash prizes		billigo/progressive billigo		col. (a) through col. (
	3	Cash prizes Noncash prizes		billigo/progressive billigo		col. (a) through col. (
Dilect Expelises	3 4	Cash prizes Noncash prizes Rent/facility costs		billigo/progressive billigo		col. (a) through col. (
	3 4	Cash prizes Noncash prizes				
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses			☐ Yes %	
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		6 Yes% No	Yes %	
	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No 15 in column (d)	6 Yes% No	Yes%	
T	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No 15 in column (d)	6 Yes% No	Yes%	
	3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes	6 Yes%	Yes %No	
Direct Experises	3 4 5 6 7 8 Ent	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 er the state(s) in which the organization condu	Yes	6 Yes%	Yes%	
a a	3 4 5 6 7 8 Entils to	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 eer the state(s) in which the organization conducte organization licensed to conduct gaming acceptable.	Yes% No 1 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these	6 Yes% No	Yes%	
a a	3 4 5 6 7 8 Entils to	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 er the state(s) in which the organization condu	Yes% No 1 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these	6 Yes% No	Yes%	
a b	3 4 5 6 7 8 Entils till "I	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 er the state(s) in which the organization conduct organization licensed to conduct gaming action, "explain: re any of the organization's gaming licenses re-	Yes	Yes% No e states? terminated during the tax y	Yes% No 'ear?	Yes
ab	3 4 5 6 7 8 Entils till "I	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 eer the state(s) in which the organization conduct daming action of the organization licensed to conduct gaming action, " explain:	Yes	Yes% No e states? terminated during the tax y	Yes% No 'ear?	Yes

 Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Indicate the percentage of gaming activity conducted in: a The organization's facility 	Yes	No
 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: 		INU
to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in:		
13 Indicate the percentage of gaming activity conducted in:	Yes	No
a The organization's facility	ا ءمه	0/
	13a	<u>%</u>
b An outside facility	13b	<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address		
, adi 656		
15. Does the examination have a contract with a third party from whom the examination receives gaming revenue?	Yes	No
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	162	
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
of gaming revenue retained by the third party \$		
c If "Yes," enter the name and address of the third party:		
Name		
Name		
Address		
16 Gaming manager information:		
Name		
Coming manager companyation		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
Director/officer Employee Independent contractor		
Director/officer Employee Independent contractor 17 Mandatory distributions:		
Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
Director/officer Employee Independent contractor 17 Mandatory distributions:	Yes	☐ No
Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to	☐ Yes	□ No
Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Yes	□ No
Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$		
Director/officer		
Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$		
Director/officer		

Schedule 0	G (Form 990)	PROTECT	DEMOCRACY	UNITED		81-4827260	Page 4
Part IV	G (Form 990) Supplemental Info	rmation (conti	nued)				
		(COITE	nueu)				
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					<u> </u>	<u> </u>	

SCHEDULE I (Form 990)

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PROTECT D	EMOCRACY	UNITED					Employer identification number 81-4827260
Part I General Information on Grants a		•					<u> </u>
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's properties. Grants and Other Assistance to recipient that received more than St	stance? ocedures for moni Domestic Organi	toring the use of grant	funds in the United	States. omplete if the organic			X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DEFENDING DEMOCRACY TOGETHER 1100 VERMONT AVE NW, 10TH FLOOR WASHINGTON, DC 20005	82-3877328	501(C)(4)	1,000,000.	0.			TO SUPPORT PROGRAM ACTIVITIES PERMISSIBLE UNDER SECTION 501(C)(4) OF THE CODE.
WORKMONEY, INC. 790 N MILWAUKEE ST STE 300 MILWAUKEE, WI 53202	85-0604101	501(C)(4)	300,000.	0.			TO SUPPORT PROGRAM ACTIVITIES PERMISSIBLE UNDER SECTION 501(C)(4) OF THE CODE.
SIXTEEN THIRTY FUND PO BOX 38066 BALTIMORE, MD 21297	26-4486735	501(C)(4)	150,000.	0.			TO SUPPORT PROGRAM ACTIVITIES PERMISSIBLE UNDER SECTION 501(C)(4) OF THE CODE.
SECURE DEMOCRACY USA 611 PENNSYLVANIA AVE SE # 201 WASHINGTON, DC 20003	87-3854090	501(C)(4)	67,000.	0.			TO SUPPORT PROGRAM ACTIVITIES PERMISSIBLE UNDER SECTION 501(C)(4) OF THE CODE.
COUNT MI VOTE D/B/A/ VOTERS NOT POLITICIANS - PO BOX 16180 - LANSING, MI 48901	83-1771426	501(C)(4)	60,000.	0.			TO SUPPORT PROGRAM ACTIVITIES PERMISSIBLE UNDER SECTION 501(C)(4) OF THE CODE.
LEADERSHIP NOW PROJECT 1401 K ST NW STE 900 WASHINGTON, DC 20005	82-1780610	1 1 1 1	60,000.	0.			TO SUPPORT PROGRAM ACTIVITIES PERMISSIBLE UNDER SECTION 501(C)(4) OF THE CODE.
2 Enter total number of section 501(c)(3) a3 Enter total number of other organizations							2. 16.

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

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	e and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of		(h) Purpose of grant or assistance				
							TO SUPPORT PROGRAM
MAKE NC FIRST							ACTIVITIES PERMISSIBLE
PO BOX 648							UNDER SECTION 501(C)(4)
RALEIGH, NC 27602	46-3981642	501(C)(4)	60,000.	0.			OF THE CODE.
							TO SUPPORT PROGRAM
PROMOTE THE VOTE PA							ACTIVITIES PERMISSIBLE
PO BOX 22611							UNDER SECTION 501(C)(4)
PHILADELOPHIA, PA 19110	88-2119663	501(C)(4)	60,000.	0.			OF THE CODE.
							TO SUPPORT PROGRAM
WE VOTE WE WIN							ACTIVITIES PERMISSIBLE
2366 SYLVAN RD							UNDER SECTION 501(C)(4)
ATLANTA, GA 30344	47-1746234	501(C)(4)	60,000.	0.			OF THE CODE.
							TO SUPPORT PROGRAM
AMERICA VOTES							ACTIVITIES PERMISSIBLE
1155 CONNECTICUT AVENUE NW 600							UNDER SECTION 501(C)(4)
WASHINGTON, DC 20036	26-4568349	501(C)(4)	30,000.	0.			OF THE CODE.
							TO SUPPORT PROGRAM
POWER TO THE POLLS							ACTIVITIES PERMISSIBLE
611 PENNSYLVANIA AVE SE # 143							UNDER SECTION 501(C)(4)
WASHINGTON, DC 20003	87-4630043	501(C)(4)	30,000.	0.			OF THE CODE.
							TO SUPPORT PROGRAM
SECURE FAMILIES INITIATIVE							ACTIVITIES PERMISSIBLE
1301 K ST NW STE 300 W							UNDER SECTION 501(C)(4)
WASHINGTON, DC 20005	86-2233024	501(C)(4)	25,000.	0.			OF THE CODE.
·			,				TO SUPPORT PROGRAM
FUERTE ARTS MOVEMENT							ACTIVITIES PERMISSIBLE
110 N 9TH AVE STE 912							UNDER SECTION 501(C)(4)
PHOENIX, AZ 85007	86-2662259	501(C)(4)	15,000.	0.			OF THE CODE.
			,				TO SUPPORT PROGRAM
LIVING UNITED FOR CHANGE IN							ACTIVITIES PERMISSIBLE
ARIZONA - 5716 N 19TH AVE -							UNDER SECTION 501(C)(4)
PHOENIX, AZ 85015	27-1398645	501(C)(4)	15,000.	0.			OF THE CODE.
			, ,				TO SUPPORT PROGRAM
PROGRESS NOW ARIZONA							ACTIVITIES PERMISSIBLE
345 E PALM LN							UNDER SECTION 501(C)(4)
PHOENIX, AZ 85004	83-3393572	501(C)(4)	15,000.	0.			OF THE CODE.
	1				l	1	<u> </u>

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RURAL ARIZONA ACTION 381 W CENTRAL AVE COOLIDGE, AZ 85128	83-4660479	501(C)(4)	15,000.	0.			TO SUPPORT PROGRAM ACTIVITIES PERMISSIBLE UNDER SECTION 501(C)(4) OF THE CODE.
ATLAS STRATEGY GROUP 837 WASHINGTON AVE 3K BRONX, NY 10451	88-2759464	501(C)(3)	7,500.	0.			TO SUPPORT PROGRAM ACTIVITIES PERMISSIBLE UNDER SECTION 501(C)(3) OF THE CODE.
PRINCIPLES FIRST FOR AMERICA FOUNDATION, INC - 1100 VERMONT AVE NW, 10TH FLOOR - WASHINGTON, DC 20005	93-3743272	501(C)(3)	10,000.	0.			TO SUPPORT PROGRAM ACTIVITIES PERMISSIBLE UNDER SECTION 501(C)(3) OF THE CODE.

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(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	luired in Part I, lin	ı ıe 2; Part III, column	(b); and any other ac	lditional information.	I
PART I, LINE 2:	,	,	<i>''</i>		
PRIOR TO MAKING A GRANT, PROTECT D					
THAT ARE CONDUCTING WORK THAT IS CO					
RECOMMENDATIONS ARE THEN SUBMITTED					
APPROVAL. ONCE INITIALLY APPROVED,					
AND LEGAL TEAMS FOR FINAL LEGAL AND					
TO SIGN A GRANT AGREEMENT (MAINTAII					
RECIPIENT IS A BONA FIDE 501(C)(4)					
WILL BE USED ONLY TO SUPPORT 501(C)(4) OR 5	501(C)(3)-E	PERMISSIBLE	ACTIVITY.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30. Attach to Form 990.

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

Employer identification number

	PROTECT DEMO	CRACY	UNITED			81-	-4827	260	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributior amounts reported on Form 990, Part VIII, line		Method of noncash contr			S
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	1	26,63	7 . M AI	RKET VAI	JUE		
10	Securities - Closely held stock			-					
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other (
29	Number of Forms 8283 received by the organiz	zation durino	the tax vear for c	ontributions	<u> </u>				
	for which the organization completed Form 82								
		oo,. a, _		<u></u> -				Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted on Part I, lines 1 th	rough 28	3. that it			
	must hold for at least 3 years from the date of	•			-	,			
	exempt purposes for the entire holding period						30a		Х
b	If "Yes," describe the arrangement in Part II.	•					554		
31									Х
	Does the organization hire or use third parties						·· ••		
u			_	· · ·			32a		Х
b	contributions? If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is	checked				
	describe in Part II.				,				

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

Schedule M (Form 990) 2024

SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN COLUMN B. STATE OF THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN COLUMN B. SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN COLUMN B. SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN COLUMN B. SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN COLUMN B. SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN COLUMN B. SCHEDULE M, PART I, COLUMN	Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.	.gc <u>z</u>
THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN COLUMN B.	SCHEDII	II.E. M. PART T. COLIIMN (R).	
COLUMN B.	THE OR	CANTZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN	
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Schedule M (Form 900) 9793			
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30420 03-18-25 Schedule M (Form 990) 2024			
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SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PROTECT DEMOCRACY UNITED

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 SECTION VI В LINE 11B: THE FORM 990 THE EXECUTIVE DIRECTOR ALONG WITH THE MANAGING IS REVIEWED BYDIRECTORS, THE FINANCE TEAM, AND LEGAL COUNSEL BEFORE THE RETURN IS FILED COPY OF THE RETURN IS ALSO PROVIDED TO THE MEMBERS GOVERNING BODY BEFORE THE RETURN IS FILED WITH THE

PART VI, FORM 990, 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** THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF MEMBERS THE GOVERNING CONFLICT EXISTS BODY MAKE DETERMINATIONS OF WHETHER A AND REVIEW ACTUAL ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN CONFLICTS. THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.

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

COMPENSATION OF THE EXECUTIVE DIRECTOR AND OFFICERS 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
MARCH 2024.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CA,CO,CT,FL,GA,IL,MA,MD,NJ,NY,OH,PA,RI,VA,WA

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

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

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

Schedule O (Form 990) (Rev. 12-2024)

Schedule O (Form 990) 2024 Page 2

Employer identification number Name of the organization PROTECT DEMOCRACY UNITED 81-4827260 PURSUANT TO THEIR AGREEMENT, PROTECT DEMOCRACY UNITED REIMBURSED 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 PDU'S FORM 990 IS LISTED BELOW. DURING THE CALENDAR YEAR 2024, IAN BASSIN SPENT, EACH WEEK, AN AVERAGE OF 3.5 HOURS WORKING EACH WEEK FOR PROTECT DEMOCRACY UNITED AND 36.5 HOURS WORKING FOR PROTECT DEMOCRACY PROJECT. TOTAL COMPENSATION ON THE W2 WAS \$413,455 (\$377,715 ALLOCATED TO PROTECT DEMOCRACY PROJECT AND \$36,178 ALLOCATED TO PROTECT DEMOCRACY UNITED) AND THE TOTAL ESTIMATED AMOUNT OF OTHER COMPENSATION WAS \$47,867 (\$43,679 ALLOCATED TO PROTECT DEMOCRACY PROJECT AND \$4,188 ALLOCATED TO PROTECT DEMOCRACY UNITED). DURING THE CALENDAR YEAR 2024, JUSTIN FLORENCE SPENT, EACH WEEK, AVERAGE OF 3.0 HOURS WORKING FOR PROTECT DEMOCRACY UNITED AND 37.0 HOURS WORKING FOR PROTECT DEMOCRACY PROJECT. TOTAL COMPENSATION ON THE W2 WAS \$299,376 (\$276,923 ALLOCATED TO PROTECT DEMOCRACY PROJECT AND \$22,453 ALLOCATED TO PROTECT DEMOCRACY UNITED) AND THE TOTAL ESTIMATED AMOUNT OF OTHER COMPENSATION WAS \$55,698 (\$51,521 ALLOCATED TO PROTECT DEMOCRACY PROJECT AND \$4,177 ALLOCATED TO PROTECT DEMOCRACY UNITED). FORM 990, PART IX, LINE 11G, OTHER FEES: SECURITY CONTRACTORS: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES TOTAL EXPENSES CONSULTING: 311,419. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 37,894. FUNDRAISING EXPENSES 303. TOTAL EXPENSES 349,616. POLLING SERVICES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES 121,076. RESEARCH AND REPORTS: 796. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. 796. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A