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Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury

Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



AF	or th	e 2018 calendar year, or tax year beginning and	ending		
B c a	heck if pplicab	e: C Name of organization		D Employer identified	cation number
x	Addre	PEOPLE UNITED FOR PRIVACY			
	Name			82-3	395877
	Initial		Room/suite	E Telephone number	
	Final returr	PO BOX 236	i tooni, outo		265-7416
	termi			G Gross receipts \$	500,000.
	Amer	ded OAK DIDCE NC 27310		H(a) Is this a group re	
	Appli				? Yes 🔀 No
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-ex	empt status: 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1)	or 🗌 527		list. (see instructions)
		te:▶ WWW.UNITEDFORPRIVACY.COM		H(c) Group exemption	n number 🕨
		f organization: 🔀 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year	of formation: 2017 N	State of legal domicile: DC
Pa	nrt I	Summary			
-	1	Briefly describe the organization's mission or most significant activities: TO A	DVOCAT	E PUBLIC POI	LICY
Activities & Governance		PROTECTING THE PRIVACY OF AMERICAN CITIZE	NS.		
rna	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			4
ڻ م	4	Number of independent voting members of the governing body (Part VI, line 1b)			4
es 6	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	0
viti	6 Total number of volunteers (estimate if necessary)				4
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 38	<u></u>	7b	0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		0.	500,000.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	500,000.
	13	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)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
, ad	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	269,025.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	269,025.
	19	Revenue less expenses. Subtract line 18 from line 12		0.	230,975.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		0.	499,970.
at As	21	Total liabilities (Part X, line 26)		0.	268,995.
Ž.	22	Net assets or fund balances. Subtract line 21 from line 20		0.	230,975.
	irt II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	nts, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
Here	TONY WOODLIEF, PRESIDENT	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date Date	Check PTIN
Paid	FRANK H. SMITH Frank H. Smith 11/12	/19 self-employed P00639053
Preparer	Firm's name MARCUM LLP	Firm's EIN ▶ 11-1986323
Use Only	Firm's address 1899 L STREET, NW, SUITE 850	
	WASHINGTON, DC 20036	Phone no. (202) 227 – 4000
May the II	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
832001 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2018)
	*** ELECTRONICALLY FILED ON 11/12/2019	*** COPY

Form		IITED FOR PRIVACY	8	2-3395877 Page 2
Par	t III Statement of Program Servic	•		
	Check if Schedule O contains a respo	nse or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: TO ADVOCATE PUBLIC POL	ICY PROTECTING THE	PRIVACY OF AMERIC	AN CITIZENS.
			detale construction that a discussion	
2				Yes X No
2	If "Yes," describe these new services on Sc		duata any program convisco?	Yes X No
3	Did the organization cease conducting, or n If "Yes," describe these changes on Schedu		oucts, any program services?	Yes 🛆 No
4	Describe the organization's program service			
	Section 501(c)(3) and 501(c)(4) organization		grants and allocations to others, t	he total expenses, and
4a	revenue, if any, for each program service re (Code:) (Expenses \$ 26	58,995. including grants of \$) (Revenue \$)
14	PEOPLE UNITED FOR PRIV			,
	PRIVACY POSED BY LAWS	AND REGULATORY CHAN	GES IN SEVERAL ST	ATES IN 2018.
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedu			,
40	(Expenses \$ inc Total program service expenses ►	luding grants of \$ 268,995.) (Revenue \$)
-+6		200,550.		Form 990 (2018)
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Form 990 (FOR	PRIVACY
Part IV	Checklist o	of Required Sc	hedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
~	Schedule D, Part III	8		
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?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
44	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
11				
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
D.	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			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of the second secon			х
00000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	990	 (2018)
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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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		X
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		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			77
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			77
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>х</u> х
	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
~~	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	0		х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	0.4	х	
25.0	Part V, line 1	34	л	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u></u>
Q	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)2. If "Yes." complete Schedule D. Batt I/ line 2.	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		
		36		
	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	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 in Schedule O for Part VI, lines 11b and 19?	- 37		- 21
30		38	х	
Par		30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
	,, ,		Yes	No
1~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	INC
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
	(gambing) minings to prize mininter		990	001

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Par	rt 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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	9 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 Accounts	(FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	zation solicit		
	any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gi	fts		
	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services prov	vided to the payor? 7 a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require	ed		
	to file Form 8282?			X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12:	3	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?		3	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O)	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?			X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	? 16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

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Form 990	(2018))
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PEOPLE UNITED FOR PRIVACY

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 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 in Schedule O. See instructions.

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section 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 1a 4			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
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, or 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	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
74	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
D		76		х
~	persons other than the governing body?	7b		<u></u>
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
15				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		Х
	The organization's CEO, Executive Director, or top management official	15a		
a	Other officers or key employees of the organization	15b		Λ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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)	availab	le
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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			
	TONY WOODLIEF - $336-265-7416$			
	P.O. BOX 236, OAK RIDGE, NC 27310			
20000		Form	990	(201)
J2006	12-31-18 6			1010
	n			- N/

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contrac	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not cl , unles	heck ss pei	more rson i	than o s both r/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TONY WOODLIEF PRESIDENT	5.00	x		x				0.	0.	0.
(2) STARLEE COLEMAN	0.10	Λ		^				0.	0.	0.
TREASURER	0.10	х		x				0.	0.	0.
(3) JESS YESCALIS	0.10									
SECRETARY		х		х				0.	0.	0.
(4) STEVE VOELLER	0.10									
DIRECTOR		Х						0.	0.	0.
832007 12-31-18					<u> </u>		<u> </u>			Form 990 (2018)

	990 (2018) PEOPLE UI									82-33	3958	377	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Emp (B) Average hours per week	(do box	not c , unle:	(C Pos heck ss per	C) itior ^{more} rson i		one n an	Compensated Employee (D) Reportable compensation from	<u>(continued)</u> (E) Reportable compensatic from related	n	an	(F) timate nount	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	com fr org and	pensa om the anizat d relate	e ion ed
											$ \rightarrow$			
											-			
											-+			
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	;			0
	· · · · ·	-11									r		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	-			-	·			•			3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		x
5	Did any person listed on line 1a receive or a	accrue comper	isati	on fr	rom	any	unre	elate	ed organization or individ	dual for services			x	
Sec	rendered to the organization? <i>If</i> "Yes," corr tion B. Independent Contractors	plete Schedule	e J f	or sl	ıch i	oers	on .				<u></u>	5	A	
1	Complete this table for your five highest co the organization. Report compensation for	•	•							•	pensati	ion fro	m	
	(A) Name and business								(B) Description of s		C	C) Isamc	;) nsatio	n
	MIT CONSULTING GROUP,	INC., 3				~			PUBLIC AFFIA					
BR	DADWAY RD, $\#$ C-260, PHC	ENIX, A	<u>.</u>	85	04	0		1	SERVICES			130	8,5'	//•
								_						
2	Total number of independent contractors (ii	•	ot lir	niteo	d to	thos 1		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz					_	-				F	Form	990 (2	2018)

832008 12-31-18

Form 9				FOR PRIV	ACY		82-3395	877 Page 9
Part	t VIII							
		Check if Schedule O cont	ains a response (or note to any line	(A) (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b	Federated campaigns	1b					
ifts, ır Ar		Fundraising events Related organizations						
s, G mila		Government grants (contributi						
Sij		All other contributions, gifts, gran						
but		similar amounts not included above	ve 1f	500,000.				
dutr	-	Noncash contributions included in lines	-					
<u> </u>	h	Total. Add lines 1a-1f			500,000.			
				Business Code				
ice	2 a							
erv ue	b							
ven S	c d							
Program Service Revenue	e							
Pro		All other program service reve	nue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)		►				
	4	Income from investment of tax	k-exempt bond p	roceeds 🕨 🕨				
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents		I				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
	1 a	assets other than inventory						
	ь	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		►				
Other Revenue	8 a	Gross income from fundraising including \$. .					
Seve		contributions reported on line	-					
erF		Part IV, line 18						
Gt		Less: direct expenses						
		Net income or (loss) from fund	-	▶				
	эa	Gross income from gaming ac						
	h	Part IV, line 19 Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale		>				
Ľ		Miscellaneous Revenue		Business Code				
1	11 a			ļļ				
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d			500,000.	0.	0.	0.
	12	Total revenue. See instructions		P	500,000.	U•	υ.	Form 990 (2018

	Form	990	(2018
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PEOPLE UNITED FOR PRIVACY Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a response				
	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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		0 656		
a	Management	<u>8,656.</u> 7,709.	<u>8,656.</u> 7,709.		
b		7,709.	7,709.		
C.	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	225,443.	225,443.		
40	column (A) amount, list line 11g expenses on Sch 0.)	223,443.	225,445.		
12	Advertising and promotion	1,483.	1,453.	30.	
13	Office expenses	1,403•	,JJ•	50.	
14 15	Information technology				
15 16	Royalties				
16 17	Occupancy	25,453.	25,453.		
17 10	Travel Payments of travel or entertainment expenses	25,455.	25,455.		
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Г				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.)	281.	281.		
a b		2010	2011		
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	269,025.	268,995.	30.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here from the following SOP 98-2 (ASC 958-720)				
832010) 12-31-18	1		L	Form 990 (2018)

32

33

34

32

33

34

230,975.

499,970.

Form 990 (2018)

0.

0.

PEOPLE UNITED FOR PRIVACY

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

499,970. 0. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disgualified persons (as defined under 6 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D b Less: accumulated depreciation _____ 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 499,970. Total assets. Add lines 1 through 15 (must equal line 34) 0. 16 16 0. 268,995. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 268,995. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 and complete lines 27 through 29, and lines 33 and 34. 0. 27 230,975. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31

(B) End of year

(A) Beginning of year

Assets

Liabilities

Net Assets or Fund Balances

Part X Balance Sheet

15441112 150872 PUP

	1 990 (2018) PEOPLE UNITED FOR PRIVACY	82-339	5877	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	500		
2	Total expenses (must equal Part IX, column (A), line 25)	2	269		
3	Revenue less expenses. Subtract line 2 from line 1	3	230	, 97	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	230	,97	75.
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>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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?		. 2 b	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				
	review, or compilation of its financial statements and selection of an independent accountant?		. <u>2c</u>	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3 b		

Form **990** (2018)



Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

82-33958	77
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5				
	PEOPLE	UNITED	FOR	PRIVACY

	On all and
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

1

Employer identification number

PEOPLE UNITED FOR PRIVACY

82-3395877

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
91112	14	Schedule B (Form	990, 990-EZ, or 990-PF) (2018) R PRIVACY OUP

Page 3

Employer identification number

82-3395877

PEOPLE UNITED FOR PRIVACY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

2018.05000 PEOPLE UNITED FOR PRIVACY OUP____1

Page 4

	E UNITED FOR PRIVACY		82-3395877				
art III	Exclusively religious, charitable, etc., contribu	itions to organizations described in section	1 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns i	a) through (e) and the following line entry Eq	or organizations for the year. (Enter this info. once.) ► \$				
	Use duplicate copies of Part III if additiona	I space is needed.	or the year. (Enter this into, once.) 💌 🌱				
a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
<u>,,,</u>							
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				
			-				
			-				
			-				
ŀ							
	(e) Transfer of gift						
	T		Detailing the offerent strengtheres				
F	Transferee's name, address,		Relationship of transferor to transferee				
a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
F	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
		1					
a) No							
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
a) No. from Part I	(b) Purpose of gift		(d) Description of how gift is held				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
a) No. from Part I		(e) Transfer of gift					
a) No. from Part I	(b) Purpose of gift	(e) Transfer of gift	(d) Description of how gift is held				
a) No. from Part I		(e) Transfer of gift					
a) No. from Part I		(e) Transfer of gift					
a) No. from 2art I		(e) Transfer of gift					
a) No. from Part I	Transferee's name, address,	(e) Transfer of gift					

(Form 990 or 990-EZ)	For Org	anizations Exempt From Income	Tax Under section	501(c) and section 5	27	2018
Department of the Treasury		if the organization is described l			990-EZ.	Open to Public
Internal Revenue Service If the organization answ • Section 501(c)(3) org • Section 501(c) (other • Section 527 organization • Section 501(c)(3) org • Section 501(c)(3) org • Section 501(c)(3) org If the organization answ Tax) (see separate instr • Section 501(c)(4), (5) Name of organization Part I-A Completion 1 Provide a description 2 Political campaign	wered "Yes," or ganizations: Comp r than section 50 ations: Complete wered "Yes," or ganizations that I ganizations that I wered "Yes," or ructions), then h, or (6) organizat <u>PEOPLE</u> ete if the organization on of the organization activity expendit	Form 990, Part IV, line 4, or Form nave filed Form 5768 (election und nave NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy ions: Complete Part III. UNITED FOR PRIVAC anization is exempt under ation's direct and indirect political ures	m 990-EZ, Part V, lir plete Part I-C. arts I-A and C below. m 990-EZ, Part VI, lii er section 501(h)): Co n under section 501(h) Tax) (see separate in Y <u>Y</u> campaign activities in	ne 46 (Political Camp Do not complete Par ne 47 (Lobbying Action omplete Part II-A. Do r n)): Complete Part II-B. nstructions) or Form Dr is a section 52 n Part IV.	t I-B. vities), ti not comp Do not (990-EZ Employ 27 orga	hen lete Part II-B. complete Part II-A. , Part V, line 35c (Proxy rer identification number 82–3395877
3 Volunteer hours for	political campai	gn activities			· _	
Part I-B Comple	ete if the org	anization is exempt under	section 501(c)(3).		
	-	incurred by the organization under			. ▶ \$	
		incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				
4a Was a correction m	ade?					Yes No
b If "Yes," describe in	n Part IV.	anization is exempt under	contine 501(a)	avaant agation A	01/0//	2)
	-			-		•
		I by the filing organization for section			. ► \$ _	
		ization's funds contributed to othe	-		•	
		. Add lines 1 and 2. Enter here and			▶\$_	
•	•	. Add lines 1 and 2. Enter here and	,		▶\$	
		1120-POL for this year?				
5 Enter the names, and made payments. For contributions receive	ddresses and en or each organiza /ed that were pro	additional space is needed, provid	of all section 527 pol from the filing organiz separate political orga	litical organizations to ation's funds. Also er anization, such as a se	which th iter the a	ne filing organization mount of political
(a) Name	2	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	on's c	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Political Campaign and Lobbying Activities

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

Schedule C (Form 990 or 990-EZ) 2018

1

OMB No. 1545-0047

832041 11-08-18

SCHEDULE C

Schedule C (Form 990 or 990-EZ) 2018 PI	OPLE UNIT	ED FOR PRIV	ACY		395877 Page 2
Part II-A Complete if the organ	ization is exer	npt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).			-		
	•	• • •	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share o		• •			
B Check ▶ if the filing organization	n checked box A ai	na "limitea control" pro	ovisions apply.		(h) Affiliated avalue
	on Lobbying Expe Ires" means amou	nditures Ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ce public opinion (grass roots lobbying)			
b Total lobbying expenditures to influen	ce a legislative boo	y (direct lobbying)			
c Total lobbying expenditures (add lines	and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a	dd lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the	ne amount from the	e following table in botl	n columns.		
If the amount on line 1e, column (a) or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000,00	00 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,	000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000	0,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000 \$1,000,000.					
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a. If zero o	r less, enter -0-				
i Subtract line 1f from line 1c. If zero or	less, enter -0-				
j If there is an amount other than zero o	on either line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this yea	-			[Yes No
	4-Year Ave	eraging Period Under	Section 501(h)		
(Some organizations that		01(h) election do not ate instructions for lir	•	f the five columns be	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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					

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Schedule C (Form 990 or 990-EZ) 2018 PEOPLE UNITED FOR PRIVACY 82-33958 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 each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)
of the lobbying activity.	Yes	No	Amo	unt
 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? 				
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? 				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)	, or sec	tion	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		. 1	Х	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		Х
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	3		Х
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No," OR (b) Part		3, is
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).	a			
		2a		
a Current yearb Carryover from last year				
c Total				
 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3. 		. 5		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
expenditure next year?		4		
 5 Taxable amount of lobbying and political expenditures (see instructions) 		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-A	lines 1 a	nd 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.				

Schedule C (Form 990 or 990-EZ) 2018

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SCHEDULE D)
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Department of the Treasury Internal Revenue Service

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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.



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Name	of the organization PEOPLE UNITED FOR	PRIVACY		Employer identification number 82-3395877
Par			Other Similar Funds	
	organization answered "Yes" on Form 990, Part IV, lin			
			onor advised funds	(b) Funds and other accounts
1	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in v	writing that th	e assets held in donor advis	ed funds
	are the organization morn an donors and donor advisors in a area the organization's property, subject to the organization's	-		
	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?			
Par		panization and	wered "Yes" on Form 990.	Part IV, line 7,
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (e.g., recreation or e			orically important land area
	Protection of natural habitat	ducation		tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservat	ion contribution in the form	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			
	Number of conservation easements on a certified historic stru		nd in (a)	
	Number of conservation easements included in (c) acquired a			
	listed in the National Register			
	year	eased, exting	disiled, or terminated by the	
	Number of states where property subject to conservation eas	sement is loca	ted	
	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			Yes No
	Staff and volunteer hours devoted to monitoring, inspecting,		olations and enforcing cons	———————————————————————————————————————
U			olatione, and emotoling cont	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violatio	ons and enforcing conserva	tion easements during the year
•			sho, and emotoring conserva	torr outcoments during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the r	equirements of section 170	b)(4)(B)(i)
			•	
٩	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		in its revenue and expense	statement and balance sheet and
	include, if applicable, the text of the footnote to the organization			
	conservation easements.		i statements that describes	the organization's accounting for
Par		Art. Histo	rical Treasures. or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	-	-	
19	If the organization elected, as permitted under SFAS 116 (AS			pent and balance sheet works of art
	historical treasures, or other similar assets held for public exh		•	
	the text of the footnote to its financial statements that descril			nce of public service, provide, in r art All,
	If the organization elected, as permitted under SFAS 116 (AS			and balance sheet works of art historical
	treasures, or other similar assets held for public exhibition, ec			
	relating to these items:			sie service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	If the organization received or held works of art, historical trea		er similar assets for financia	
	the following amounts required to be reported under SFAS 1			י צמווי, אוטיועב
		-	-	▶ €
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions			5 Schedule D (Form 990) 2018
	10-29-18	5 101 1 01111 99	.	

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Sche		UNITED FOR							95877		age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, o	r Other	Similar	Assets	(continu	ued)	
3	Using the organization's acquisition, accession	on, and other record	ds, checl	k any of the	following tha	t are a sigr	nificant us	e of its c	ollection i	tems	
	(check all that apply):										
а	Public exhibition		d 🗌	Loan or exc	change progra	ams					
b	Scholarly research		e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how th	ney further th	he organizatio	on's exem	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	istorical trea	sures, or othe	er similar a	issets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comp	lete if th	e organizatio	on answered	"Yes" on F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other as	sets not in	cluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
	Did the organization include an amount on Fo						y?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i		nswered	"Yes" on Fo							
		(a) Current year	(b) I	Prior year	(c) Two yea	rs back 🚺	d) Three ye	ars back	(e) Four	years	back
1 a	Beginning of year balance										
b	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		e (line 1	g, column (a	l)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	nd administe	red for the	organizat	ion	-		
	by:								· `	Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered										
	Description of property	(a) Cost or			t or other		cumulated	4	(d) Book	value	Э
		basis (invest	ment)	Basis	(other)	aepi	reciation				
-	Land										
b	Buildings										
	Leasehold improvements										
	Equipment			l							
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	<u>mn (B), line 1</u>	0c.)						0.
							S	chedule	D (Form	990)	2018

	Schedule D (Form 990) 2018 PEOPLE UNITED FOR PRIVA
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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

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Sche	edule D (Form 990) 2018 PEOPLE UNITED FOR PRIVAC	'Y	82-33	95877 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	500,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			500,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			500,000.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line		1 1	
1	Total expenses and losses per audited financial statements			269,025.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			-
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			269,025.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		-
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,)		269,025.
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

PUP EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE PERIOD FROM

INCEPTION (OCTOBER 18, 2017) THROUGH DECEMBER 31, 2018, AND DETERMINED

THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL

STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

832054 10-29-18

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10)
		Compensated Employees		20	10)
Dono	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio			identificatio		nber
_		PEOPLE UNITED FOR PRIVACY	82-3	339587	7	
Pa	rt I Question	s Regarding Compensation				·
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or		nal use			
	Travel for con					
		cation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
_				1b		<u> </u>
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
•						
3		ny, of the following the filing organization used to establish the compensation of the organization of the				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO (Found time Directory but any later in Directory b	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensatio					
		compensation consultant				
		ther organizations Approval by the board or compensation c	ommittee			
4	During the year di	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a re					
-	-			4a		x
a b		e payment or change-of-control payment? ceive payment from, a supplemental nonqualified retirement plan?				X
		ceive payment from, an equity-based compensation arrangement?				X
U	-	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
-	contingent on the					
а	-			5a		x
		ration?				X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the					
а	-	~ 		6a		X
		ration?				X
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exc	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, o	id the organization also follow the rebuttable presumption procedure described in				
	Regulations sectio	ר 53.4958-6(c)?		9		
LHA	For Paperwork F	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2018

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Schedule J (Form 990) 2018

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Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)() ⁻ (D)	reported as deferred on prior Form 990
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(i)							
(i)							
(ii)							
(i)							
(ii)							
10.7				1			

Schedule J (Form 990) 2018

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART VII, SECTION A, LINE 5

PEOPLE UNITED FOR PRIVACY DELEGATED MANAGEMENT DUTIES TO STATE POLICY

NETWORK (SPN), AN UNRELATED ORGANIZATION, DURING THE YEAR ENDED

DECEMBER 31, 2018. SPN'S MANAGEMENT DUTIES INCLUDED SUPERVISING PUP'S

EXEMPT OPERATIONS. TONY WOODLIEF, A DIRECTOR OF PUP, WAS COMPENSATED

\$4,131 BY SPN FOR SERVICES RELATING TO PUP DURING THE YEAR.

Schedule J (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 18 Open to Public Inspection

Employer identification number 82-3395877

PEOPLE UNITED FOR PRIVACY

FORM 990, PART VI, SECTION A, LINE 3:

PEOPLE UNITED FOR PRIVACY DELEGATED MANAGEMENT DUTIES TO STATE POLICY

NETWORK (SPN), AN UNRELATED ORGANIZATION, DURING THE YEAR ENDED DECEMBER

2018. SPN'S MANAGEMENT DUTIES INCLUDED SUPERVISING PUP'S EXEMPT 31,

A DIRECTOR OF PUP, WAS COMPENSATED \$4,131 BY SPN OPERATIONS. TONY WOODLIEF,

FOR SERVICES RELATING TO PUP DURING THE YEAR.

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

THE FEDERAL FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND

REVIEWED BY THE TREASURER OF THE BOARD OF DIRECTORS BEFORE FILING WITH THE

INTERNAL REVENUE SERVICE.

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

DECISIONS ABOUT ONGOING ORGANIZATIONAL ACTIVITIES ARE MADE BY CONTRACTORS

WHO REPORT ON A MONTHLY BASIS TO TRUSTEES.

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

WE MAKE AVAILABLE BY REQUEST ALL DOCUMENTS REQUIRED BY LAW TO BE ACCESSIBLE BY THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

ADVANCE POLICY CONSULTING:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

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

188,198.

188,198.

0.

0.

832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

27 2018.05000 PEOPLE UNITED FOR PRIVAC

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Employer identification number
PEOPLE UNITED FOR PRIVACY	82-3395877
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	37,245.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	37,245.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	225,443.
212 10-10-18 Sci 28	nedule O (Form 990 or 990-EZ) (20

SCHEDULE	F
(5	

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 82 - 3395877

Department of the Treasury Internal Revenue Service Name of the organization

PEOPLE UNITED FOR PRIVACY

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
			501(c)(Yes	No
PEOPLE UNITED FOR PRIVACY FOUNDATION -	TO CONDUCT AND PUBLISH THE						
82-3439592, P.O. BOX 236, OAK RIDGE, NC	RESULTS OF RESEARCH INTO						
27310	PRIVACY ISSUES	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	N/A		х
	-						
	-						

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 PEOPLE UNITED FOR PRIVACY

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	l or Percentage ing ownership r?
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	10
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l contr	(i) ction b)(13) rolled tity?	
		country)		01 11 434		233013		Yes	No	
									<u> </u>	

Schedule R (Form 990) 2018 PEOPLE UNITED FOR PRIVACY

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedul	e.					Yes	N
During the tax year, did the organization engage in any of the following	transactions	s with one or more re	lated organizations listed i	n Parts II-IV?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a cont	trolled entity	·			1a		Σ
					1b		2
Gift, grant, or capital contribution from related organization(s)					1c		
Loans or loan guarantees to or for related organization(s)					1d		
Loans or loan guarantees by related organization(s)					1e		-
Dividends from related organization(s)					1f		
Sale of assets to related organization(s)					1g		
Purchase of assets from related organization(s)					1h		
i Exchange of assets with related organization(s)					1 i		
Lease of facilities, equipment, or other assets to related organization(s)					1 j		
Lease of facilities, equipment, or other assets from related organization	(s)				1k		
Performance of services or membership or fundraising solicitations for r					11		
Performance of services or membership or fundraising solicitations by r	elated orgar	nization(s)			1m		
Sharing of facilities, equipment, mailing lists, or other assets with related	d organizatio	on(s)			1n		
					10		
Reimbursement paid to related organization(s) for expenses					1p		
Reimbursement paid by related organization(s) for expenses					1q		
Other transfer of cash or property to related organization(s)					1r		
Other transfer of cash or property from related organization(s)					1s		
If the answer to any of the above is "Yes," see the instructions for inforr	nation on wl	ho must complete th	is line, including covered r	elationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
(4)			
(5)			
<u>(6)</u>			Schedule B (Form 990) 2018

Schedule R (Form 990) 2018 PEOPLE UNITED FOR PRIVACY

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners si 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(h Dispro tion allocat Yes) opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner Yes N	(k) Percentage ownership
							110			

Schedule R (Form 990) 2018

Part VII	Supplemental	Information.
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Provide additional information for responses to questions on Schedule R. See instructions.

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