** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	roi u	le 2020 calendar year, or tax year beginning a	na enaing		
В	Check i applical	c Name of organization		D Employer identific	cation number
	Addr				
	Nam chan	ge Doing business as		32-05125	46
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	 r
	Final retur	C/O 4550 MONTGOMERY AVE,	800N	301-951-	9090
	term ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	304,781.
	retur			H(a) Is this a group re	
	Appl tion	F Name and address of principal officer: SEAN EDDRIDGE		for subordinates	? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		xempt status: 501(c)(3) X 501(c) (4) (insert no.) 4947(a)((1) or 52	If "No," attach a	list. See instructions
		ite: ▶ WWW.STANDUPAMERICA.COM		H(c) Group exemptio	n number 🕨
K	Form (of organization: X Corporation Trust Association Other	L Year	of formation: 2016 N	n State of legal domicile: \mathbf{DE}
P	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities: SEE	PART :	III, LINE 1.	
Activities & Governance					
ž	2	Check this box if the organization discontinued its operations or dis	posed of mor	e than 25% of its net as	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	1
ه ص	4	Number of independent voting members of the governing body (Part VI, line 1	b)	4	1
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	19
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	3001
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		5,283,746.	154,865.
eun	9	Program service revenue (Part VIII, line 2g)		0.	125,000.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		17,441.	20,558.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,610.	4,358.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	5,303,797.	304,781.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,500.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	0)	1,186,830.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
άx	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,441,529.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,631,859.	4,296,990.
	19	Revenue less expenses. Subtract line 18 from line 12		2,671,938.	-3,992,209.
Net Assets or Find Balances	2		В	eginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		4,828,123.	798,869.
A	21	Total liabilities (Part X, line 26)		155,341.	118,296.
		Net assets or fund balances. Subtract line 21 from line 20		4,672,782.	680,573.
	art II				
		alties of perjury, I declare that I have examined this return, including accompanying sched			y knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of	f which prepare	r has any knowledge.	
		Signature of officer		Doto	
Sig		1,		Date	
He	re	SEAN ELDRIDGE, PRESIDENT Type or print name and title			
			-	Date Check	PTIN
		Print/Type preparer's name Preparer's signature	1 -	if L	- '
Pai		RICHARD J. LOCASTRO, CPA Culoud J	holastro	11/11/2021 self-employ	
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN	·	Firm's EIN	52-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N	I		01 \ 051 0000
		BETHESDA, MD 20814-2930		Phone no. (3	01) 951-9090
Ma	y the	IRS discuss this return with the preparer shown above? See instructions			X Yes No

08321112 745960 32007

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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	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			
7	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	Δ
_		4	11/	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			3,7
	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		Х
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			
	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
۵	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	110		
•	the organization's slability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza		12a		х
b	Schedule D, Parts XI and XII Was the experienting included in consolidated independent sudited financial attemperators for the tay year?	ıza		- 25
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	40h		х
40		12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Α.
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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			- v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3.7
	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			<u>-</u> _
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
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

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Part IV	Checklist of Required Schedules (continued	1

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	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
	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	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
٠.	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? 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?	00	N/	Δ
27	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	36	11/	_
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O t 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>		<u>Ш</u>
	E		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
·	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2020) STAND UP AMERICA, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				2.5	T
0-	Enter the growth and a section of a section of the	l		Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 19			
h	filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax retur		2b	Х	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		20		
32			За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		35		
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		х
b	If "Yes," enter the name of the foreign country	2000am,			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
С	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				
	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 contribut				
	were not tax deductible?		6b	X	
7	Organizations that may receive deductible contributions under section 170(c).	N/A			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		
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 of	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	NT / 7			
_		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	N/A	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	37 / 3	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		90		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
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:	100			
 а	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
_	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	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?	N/A	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				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	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 remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.		Fa	990	(0000
			-orm	WWII	こっけつけ

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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 1			
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	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	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	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		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			٠,,
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	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, an	d fina	ncial	
	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			
	GRF CPAS & ADVISORS - (301) 951-9090 4550 MONTGOMERY AVE. #800N, BETHESDA, MD 20814			
	4550 MONTGOMERY AVE. #800N, BETHESDA, MD 20814			

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Form **990** (2020)

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

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.

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

Check this box if neither the organization		ed organization compensat			nsat			(E)		
(A) Name and title	(B) Average			Position				(D) Reportable	(E) Reportable	(F) Estimated
Name and title	hours per	(do	(do not check mor box, unless persor			more than one		compensation	compensation	amount of
	week	offic	cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee	truste		ao	bensa		(W-2/1099-MISC)		organization
	organizations below	ual tru	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) CHRISTINA HARVEY	40.00	_	_							
MANAGING DIRECTOR				Х				189,668.	0.	21,267.
(2) JOE HINES	40.00									
DIGITAL DIRECTOR	10.00					Х		157,788.	0.	15,281
(3) BRETT EDKINS	40.00	-				3,		116 000	0	15 207
POLITICAL DIRECTOR	40.00					Х		116,923.	0.	15,307
(4) SEAN ELDRIDGE PRES/SEC/TREASURER/DIRECTOR	40.00	X		х				0.	0.	0 .
TREE, BEC, TREESCREN, BIRECION										
		1								
		-								
		-								

Form **990** (2020)

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	compensated Employe	es (continued)				
(A)	(B) Average			(O Pos	C) sition	1		(D)	(E)		Г.	(F)	. d
Name and title	hours per	box	not c	heck ss pe	more erson	than is bot	th an	Reportable compensation	Reportable compensation	- 1		timate nount	
	week (list any	_	cer ar	nd a d	irecto	or/trus	stee)	from the	from related organization			other pensa	tion
	hours for	Individual trustee or director	a)			ited		organization	(W-2/1099-MI		fr	om the	е
	related organizations	rustee	l truste		ee	mpens		(W-2/1099-MISC)			_	anizati d relati	
	below	vidual t	Institutional trustee	er	Key employee	Highest compensated employee	ner					anizatio	
	line)	lndi	Inst	Officer	Key	High	Por			\rightarrow			
										\dashv			
										-+			
										-+			
										-+			
										\rightarrow			
1b Subtotal								464,379.		0.	5	1,8	
c Total from continuation sheets to Part V	II, Section A							0.		0.		1 0	0.
d Total (add lines 1b and 1c)								464,379.	000 of reportab	_ • •		1,8	22.
compensation from the organization	iot iiiiiited to ti	1036	IISC	ou a	DOV	C) WI	110 10	eceived more than proc	,000 or reportat	,ic			3
												Yes	No
3 Did the organization list any former officer			•		•		_		•				Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si											3		21
and related organizations greater than \$15	-		-					•			4	Х	
5 Did any person listed on line 1a receive or					•	•		ed organization or indiv	idual for services	3			37
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedul	e J f	or s	uch	pers	son					5		X
Complete this table for your five highest co	ompensated in	depe	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of cor	npensa	tion f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithir	n the organization's tax	year.				
(A) Name and business	address							(B) Description of s	services	Co	(C mpei	;) nsatio	n
FACEBOOK, INC.							\dashv	· · · · · · · · · · · · · · · · · · ·					

1 HACKER WAY, MENLO PARK, CA 94025 MARKETING 592,752. UPLAND SOFTWARE, INC., 401 CONGRESS AVE SUITE 18540, AUSTIN, TX 78701 509,955. COMMUNICATIONS THE MOVEMENT COOP., 4 E. 27TH ST. GREELEY SQ. PO BOX 20063, NEW YORK, NY 10001 COMMUNICATIONS 319,345. TWILIO, 375 BEALE STREET, SUITE 300, SAN FRANCISCO, CA 94105 COMMUNICATIONS 253,526. PETKANAS STRATEGIES, LLC , 293 CENTRAL STRATEGY CONSULTING 117,583. PARK W. APT 5E, NEW YORK, NY 10024 Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2020)

\$100,000 of compensation from the organization

Pa	rt V	Ш					5			
			Check if Schedule O	contains a re	sponse	or note to any lir	ne in this Part VIII	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
σω	_		<u> </u>	1.	1					300000113 3 12 3 14
ant			Federated campaigns		_					
جَ ق			Membership dues		b					
r, Fr			Fundraising events		c					
ੜੂੰ ਛੂ			Related organizations		d					
Sin			Government grants (cont	· -	е					
e ţi	1	T	All other contributions, gifts,			154,865.				
중불			similar amounts not included		f C	134,003.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in		g \$		154,865.			
0 10		n	Total. Add lines 1a-1f			Business Code	134,003.			
ø.		_	LEADERSHIP CO	MEEREN	CE	900099	125,000.	125,000.		
<u>Vi</u>						70007	123,000	123,000.		
Program Service Revenue		b c								
E S		d								
Bag		e e								
Pro	Ì		All other program service	revenue						
			Total. Add lines 2a-2f				125,000.			
_	3	9	Investment income (inclu				. ,			
	_		other similar amounts)	•		•	20,558.			20,558.
	4		Income from investment							
	5		Royalties							
			•	(i) F		(ii) Personal				
	6 :	а	Gross rents	6a						
			Less: rental expenses	6b						
		С	Rental income or (loss)	6c						
		d	Net rental income or (loss	s)		>				
	7 :	а	Gross amount from sales of	(i) Sec	urities	(ii) Other				
			assets other than inventory	7a						
	ı	b	Less: cost or other basis							
ne			and sales expenses	7b						
Revenue	(С	Gain or (loss)	7c						
æ		d	Net gain or (loss)		<u></u>	>				
her	8 8	а	Gross income from fundraisi	ing events (not						
ᅙ			including \$	0	f					
			contributions reported or	,						
			Part IV, line 18		8a					
			Less: direct expenses \dots							
			Net income or (loss) from			······ •				
	9 8	а	Gross income from gamir							
	_	_	Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from		ities	P				
	10 8	а	Gross sales of inventory,		10a					
		h	and allowances Less: cost of goods sold							
			Net income or (loss) from			1				
		_	moonie or hood, nom	54.00 01 11100	о.у	Business Code				
Miscellaneous Revenue	11 :	а	MISCELLANEOUS	5		900099	4,358.			4,358.
ane	'	b								
eve		С								
/lisc R	(d	All other revenue							
_		е	Total. Add lines 11a-11d		<u></u>	>	4,358.			
	12		Total revenue. See instruction	ons			304,781.	125,000.	0.	24,916.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon				
	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				<u> </u>
	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	210,935.	179,294.	31,641.	
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	1,318,684.	1,196,324.	122,360.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	23,597.	21,522.	2,075.	
9	Other employee benefits	178,435.	161,373.	17,062.	
10	Payroll taxes	120,943.	108,851.	12,092.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	77,687.	68,831.	8,856.	
С	Accounting	88,961.		88,961.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	164,613.	91,832.	72,781.	
12	Advertising and promotion	665,928.	665,928.		
13	Office expenses	17,196.	15,379.	1,817.	
14	Information technology	1,298,715.	1,296,558.	2,157.	
15	Royalties				
16	Occupancy				
17	Travel	1,207.	1,079.	128.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,126.	12,633.	1,493.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0.)	101 005	101 005		
а	DUES AND SUBS.	101,895.	101,895.		
b	PRESS TOOLS	7,106.	7,106.	100	
С	TAXES AND LICENSES	1,168.	1,045.	123.	
d	SMALL EQUIPMENT	1,152.	1,030.	122.	
е		4,642.	4,151.	491.	
25	Total functional expenses. Add lines 1 through 24e	4,296,990.	3,934,831.	362,159.	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 if following SOP 98-2 (ASC 958-720)				Form 990 (202

Form **990** (2020)

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		4,668,289.	1	718,365
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		150,000.	3	42,779
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any currer				
		trustee, key employee, creator or founder, se				
		controlled entity or family member of any of		5		
	6	Loans and other receivables from other disc	ualified persons (as defined			
		under section 4958(f)(1)), and persons described	ribed in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9	Prepaid expenses and deferred charges		9,834.	9	37,725
	10a	Land, buildings, and equipment: cost or other	er			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, li	ne 11		12	
	13	Investments - program-related. See Part IV, I	ine 11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must	equal line 33)	4,828,123.	16	798,869
	17	Accounts payable and accrued expenses		147,341.	17	118,296
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple	ete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or	former officer, director,			
┋		trustee, key employee, creator or founder, s				
Liabilities		controlled entity or family member of any of	these persons		22	
_	23	Secured mortgages and notes payable to un	nrelated third parties		23	
	24	Unsecured notes and loans payable to unre	lated third parties		24	
	25	Other liabilities (including federal income tax	, payables to related third			
		parties, and other liabilities not included on l	ines 17-24). Complete Part X	0 000		•
				8,000.	25	110 006
	26	Total liabilities. Add lines 17 through 25		155,341.	26	118,296
S		Organizations that follow FASB ASC 958,	check here ▶ _X			
nce		and complete lines 27, 28, 32, and 33.		4 670 700		COO 572
ala	27	Net assets without donor restrictions		4,672,782.	27	680,573
d B	28	Net assets with donor restrictions			28	
un.		Organizations that do not follow FASB AS	C 958, check here			
or F		and complete lines 29 through 33.				
ts (29	Capital stock or trust principal, or current ful			29	
SSE	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate		4 (50 500	31	COA 553
ž	32	Total net assets or fund balances		4,672,782.	32	680,573
	33	Total liabilities and net assets/fund balances	s	4,828,123.	33	798,869 Form 990 (2020

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			4,7			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,29				
3	Revenue less expenses. Subtract line 2 from line 1	3		,99				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
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 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		68	0,5	73.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					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							
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	d 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 separat	e basis	3,					
	consolidated basis, or both:							
	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	e audi	t,					
	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 Sch							
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit					
	Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2020)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2020

STAND UP AMERICA, INC. 32-0512546 Organization type (check one): Filers of: Section: X = 501(c)(4) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules 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

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 exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ________ \big| \$

sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

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

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

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

Name of organization

Employer identification number

STAND UP AMERICA, INC.

32-0512546

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1		\$\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		\$\$ \$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(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				

Name of organization Employer identification number

STAND UP AMERICA, INC.

32-0512546

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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

Employer identification number

Name of organization

STAND	UP AMERICA, INC.			32-0512546
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) to completing Part III, enter the total of exclusively religious, chart Use duplicate copies of Part III if additional s	hrough (e) and the following line en aritable, etc., contributions of \$1,000 or	try For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, and	(e) Transfer of gif		nsferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif		
_	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	it	
_	Transferee's name, address, and	d ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	 t	
-	Transferee's name, address, and	d ZIP + 4	Relationship of tra	nsferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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 B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and 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) organiza	tions: Complete Part III.				
Nan	ne of organization			E	mploy	er identification number
		P AMERICA, INC.				32-0512546
Pa	art I-A Complete if the org	ganization is exempt und	der section 501(c)	or is a section 52	7 org	janization.
2	Provide a description of the organize Political campaign activity expendition Volunteer hours for political campa	tures				
Pa	art I-B Complete if the org	ganization is exempt und	der section 501(c)	(3).		
	Enter the amount of any excise tax	-		•	\$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955)	▶ \$ [−]	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720) for this year?			Yes No
	a Was a correction made?					
b	f "Yes," describe in Part IV.					
Pa	art I-C Complete if the org	ganization is exempt und	der section 501(c),	except section 5	01(c)	
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt funct	tion activities	> \$_	1,071,407.
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for se	ection 527		
	exempt function activities				> \$ _	0.
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-POL,			1 051 105
	line 17b Did the filing organization file Form				> \$_	1,071,407.
4						
5	Enter the names, addresses and en made payments. For each organization contributions received that were propolitical action committee (PAC). If	ation listed, enter the amount pa comptly and directly delivered to	id from the filing organize a separate political organize	zation's funds. Also ent anization, such as a se _l	er the	amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds. If none, enter	s c	(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 or 990-EZ) 2020

LHA

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020

f Grassroots lobbying expenditures

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	a)	(k)
of the lobbying activity.	Yes	No	Amo	ount
1 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), sect	ion 501(c)	(5), or se	ection	
501(c)(6).				
			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				
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."	d "No" OF	R (b) Part		e 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 poli	tical			
expenses for which the section 527(f) tax was paid).				
a Current year				
b Carryover from last year				
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
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 ground instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1:	up list); Part I	I-A, lines 1 a	and 2 (See	
WHILE STAND UP AMERICA PRIMARILY FOCUSES ON ITS ADVO	CACY AI	ND		
		MINOR	PORTIC	ON
EDUCATIONAL EFFORTS DESIGNED TO PROMOTE SOCIAL WELFA	RE, A I			
OF ITS ACTIVITIES IN 2020 ARE CLASSIFIED AS POLITICA				
	L CAMPA	AIGN	s	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

STAND UP AMERICA TNC **Employer identification number** 32-0512546

Part I Organization s Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at and of year 2 Aggregate value of carnishotions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor, or for any other purpose conferring impermissible private benefit? Part II Onservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (heck all that apply).	Pai	t I Organizations Maintaining Donor Advise		s or Accounts Complete if the
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and section 170(h)(4)(B)(ii)?			,	5 ,
and section 170(h)(4)(B)(ii)?	8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	D(h)(4)(B)(i)
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X			•	
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a Revenue included on Form 990, Part VIII, line 1	_			ai gairi, provido
	9		_	> \$

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

Schedule D (Form 990) 2020

Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tı	reasures,	or Othe	er Simi	lar Asse	ts(contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following the	at make s	significan	t use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progr	ram					
b	Scholarly research	е			0.0						
C	Preservation for future generations	_									
4	Provide a description of the organization's co	ollections and explain	n how th	nev further t	the organizat	ion's exe	mpt purr	ose in Par	t XIII		
5	During the year, did the organization solicit of	•		-	-			7000 IIII ai	C /AIII.		
3	to be sold to raise funds rather than to be ma		-						Yes		No
Pai	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pal	-	oto ii tiic	organizatio	on anowored	100 011	0111100	,,, are 1 v ,			
	Is the organization an agent, trustee, custod		diary for	contribution	ns or other a	ssets not	included	I			
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII										
b	Tres, explain the arrangement in rait Air	and complete the lo	liowing	labie.					Amoun	+	
_	Deginning belongs						10		Amoun		
	Beginning balance										
	Additions during the year										
_	Distributions during the year										
Ť	Ending balance								1	_	1
	Did the organization include an amount on F								Yes	H	No
_	If "Yes," explain the arrangement in Part XIII.				_						
Pai	t V Endowment Funds. Complete i										
		(a) Current year	(b) P	rior year	(c) Two year	ars back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1	a column (a)) held as:				•		
	Board designated or quasi-endowment		%	9, 00.0	٠,, ٠٠٠٠ ١٥٠٠						
	Permanent endowment	%	_′°								
C	The percentages on lines 2a, 2b, and 2c sho	, -									
20	, ,		ation the	at ara bald a	and administ	arad far t	ha araan	ization			
Sa	Are there endowment funds not in the posse	ession of the organiza	ation the	at are neid a	and administ	ered for t	ne organ	ization	1	V	NI.
	by:								0-(1)	Yes	No
	(i) Unrelated organizations										
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza				?				3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere					' 					
	Description of property	(a) Cost or o		` ′	t or other		ccumulat		(d) Boo	k value	е
		basis (investr	nent)	basis	(other)	der	oreciatio	1			
	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. colur	nn (B). line	10c.)			•			0.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 STAND UP AMERIC.	A, INC.	32	2-05125 4 6 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes" on Form	n 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 en	d-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	n 990, Part IV, line	11c. See Form 990, Part X, line 13.	
) Book value	(c) Method of valuation: Cost or en	d-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	n 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) Descript	tion		(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	n 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

(8)

Sche	edule D (Form 990) 2020	STAND UP AME	RICA,	INC.		32-0	512546	Page 4
Pai	rt XI Reconciliation o	f Revenue per Audit	ted Fina	ncial Stateme	nts With Rev			
	Complete if the organ	ization answered "Yes" or	Form 990	, Part IV, line 12a.				
1	Total revenue, gains, and oth	ner support per audited fin	ancial state	ements		1		
2	Amounts included on line 1 b	out not on Form 990, Part	VIII, line 12).				
а	Net unrealized gains (losses)	on investments			2a			
b	Donated services and use of							
С	Recoveries of prior year gran	ts			2c			
d								
е	Add lines 2a through 2d					2e		
3	Subtract line 2e from line 1					3		
4	Amounts included on Form 9							
а	Investment expenses not inc	cluded on Form 990, Part \	/III, line 7b		4a			
b	Other (Describe in Part XIII.)				4b			
С	Add lines 4a and 4b					4c		
	Total revenue. Add lines 3 ar							
Pa	rt XII Reconciliation o				ents With Exp	oenses per Retur	'n.	
		ization answered "Yes" or						
1	Total expenses and losses p	er audited financial statem	nents			1		
2	Amounts included on line 1 b	out not on Form 990, Part	IX, line 25:					
а	Donated services and use of	facilities			2a			
b	Prior year adjustments				2b			
С	Other losses							
d	Other (Describe in Part XIII.)				2d			
е	Add lines 2a through 2d							
3	Subtract line 2e from line 1					3		
4	Amounts included on Form 9	990, Part IX, line 25, but no	ot on line 1:	:				
а	· ·							
b	Other (Describe in Part XIII.)				4b			
С	Add lines 4a and 4b					4c		
	Total expenses. Add lines 3		orm 990, F	Part I, line 18.)		5		
Pai	rt XIII Supplemental In	formation.						

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:

THE ORGANIZATION FOLLOWS THE AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES INCLUDED IN ACCOUNTING STANDARDS CODIFICATION TOPIC 740-10, INCOME TAXES. THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT IS THE ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSES.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Part XIII Supplemental Info	STAND UP AMERICA,	INC.	32-0512546 Page 5
Part XIII Supplemental Info	rmation (continued)		
-			

Schedule D (Form 990) 2020

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► 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

Department of the Treasury

Internal Revenue Service

STAND UP AMERICA,

Employer identification number 32-0512546 INC.

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0 11 504/ 1/01 504/ 1/01 1 1 1 1 1 1 1 1 1			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	-		Х
	The organization?	5a		X
a	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		21
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
•		6a		х
a h	The organization? Any related organization?	6b		X
b	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	00		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
'	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
3	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
9	Regulations section 53.4958-6(c)?	9		
	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2020

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(5)(1)-(0)	reported as deferred on prior Form 990
(1) CHRISTINA HARVEY	(i)	189,668.	0.	0.	5,690.	15,577.		
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOE HINES	(i)	157,788.	0.	0.	0.	15,281.		0.
DIGITAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
_	(ii)							
	(i)							
	(ii)							

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.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

STAND UP AMERICA, INC.

Employer identification number 32-0512546

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VOTING RIGHTS, REDUCE THE IMPACT OF BIG MONEY IN ELECTIONS, AND END

UNDEMOCRATIC BARRIERS THAT HAVE BEEN BUILT TO IMPEDE A PROGRESSIVE

AGENDA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

BOX. WE ALSO HELPED OUR COMMUNITY MEMBERS WRITE OVER 4,000 LETTERS TO

THE EDITOR AND SEND OVER 18,000 EMAILS TO LAWMAKERS IN SUPPORT OF THESE

SAME INITIATIVES.

AT THE FEDERAL LEVEL, WE DROVE CONSTITUENT CALLS AND OTHER ACTIONS TO:

SUPPORT ELECTION FUNDING TO HELP STATES EXPAND EARLY VOTING AND VOTING

BY MAIL, KEEP POLLING PLACES OPEN, AND ENHANCE SAFETY PROTOCOLS IN

RESPONSE TO THE COVID-19 PANDEMIC; PASS THE WASHINGTON, D.C. ADMISSION

ACT TO GIVE D.C. RESIDENTS VOTING REPRESENTATION IN CONGRESS; OPPOSE

THE APPOINTMENT OF AMY CONEY BARRETT TO THE SUPREME COURT; AND DEMAND

THAT KEY SENATORS VOTE TO REMOVE DONALD TRUMP FROM OFFICE FOR

PRESSURING UKRAINE TO INTERFERE IN A U.S. PRESIDENTIAL ELECTION.

AT THE STATE LEVEL, WE DROVE CONSTITUENT CALLS AND OTHER ACTIONS

DIRECTED TO STATE AND LOCAL OFFICIALS TO: PASS AUTOMATIC VOTER

REGISTRATION IN NEW YORK; PASS THE NATIONAL POPULAR VOTE INTERSTATE

COMPACT IN VIRGINIA; ENCOURAGE OFFICIALS IN WISCONSIN TO KEEP

ADDITIONAL POLLING SITES OPEN IN UNDER-REPRESENTED AREAS; EXPAND ACCESS

TO MAIL-IN VOTING IN MASSACHUSETTS, NEW HAMPSHIRE, AND FLORIDA; AND

EXPAND ACCESS TO GOVERNMENT IDENTIFICATION NEEDED TO VOTE IN WISCONSIN.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Name of the organization STAND UP AMERICA, INC.

Employer identification number 32-0512546

WE ALSO WORKED TO PASS A BALLOT INITIATIVE IN COLORADO TO REAFFIRM THE

LAW PASSED BY THE STATE LEGISLATURE TO JOIN THE NATIONAL POPULAR VOTE

INTERSTATE COMPACT, AND TO OPPOSE A BALLOT INITIATIVE IN MISSOURI THAT

OVERTURNED THE STATE'S INDEPENDENT REDISTRICTING COMMISSION.

ADDITIONALLY, WE PARTNERED WITH 501(C)(3) ORGANIZATIONS SUCH AS ALL

VOTING IS LOCAL, A PROJECT OF THE LEADERSHIP CONFERENCE, TO HELP VOTERS

WHO HAD RECENTLY BEEN PURGED FROM THE VOTER ROLLS TO RE-REGISTER, AND

TO HELP VOTERS IN UNDER-REPRESENTED COMMUNITIES, SUCH AS NATIVE

AMERICAN RESERVATIONS, UNDERSTAND THE PROCESS AND REQUIREMENTS FOR

REGISTERING AND VOTING IN AN INCREDIBLY COMPLICATED ELECTION YEAR. WE

ALSO PARTNERED WITH THE MOVE TEXAS EDUCATION FUND TO HELP MAKE VOTER

REGISTRATION EASIER FOR TEXANS BY PROVIDING A TOOL THAT ALLOWED THEM TO

FILL OUT A FORM ONLINE AND HAVE A PRE-FILLED PAPER COPY MAILED TO THEM

THAT THEY COULD SUBMIT THEMSELVES, AS TEXAS IS ONE OF OF THE FEW STATES

THAT DOES NOT ALLOW VOTERS TO REGISTER ONLINE.

AS PART OF OUR CAMPAIGN FINANCE REFORM EFFORTS AND IN PARTNERSHIP WITH

COLOR OF CHANGE, WE COLLECTED THOUSANDS OF PETITIONS SIGNATURES CALLING

ON ELECTED OFFICIALS TO STOP TAKING MONEY FROM POLICE UNIONS.

FINALLY, WE USED EARNED MEDIA TO CALL ON THE DEMOCRATIC NATIONAL

COMMITTEE PLATFORM COMMITTEE TO INCLUDE REFORMING THE FILIBUSTER AND

EXPANSION OF THE SUPREME COURT IN THE PARTY'S PLATFORM, IN ORDER TO

RESTORE BALANCE TO A PARTISAN COURT THAT NO LONGER REPRESENTS THE VIEWS

OF THE MAJORITY OF AMERICANS.

Name of the organization STAND UP AMERICA, INC. Employer identification number 32-0512546

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

THE ORGANIZATION DID NOT HAVE ANY COMMITTEES DURING THE YEAR.

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

FORM 990 WAS PREPARED BY AUTHORIZED AGENTS OF THE ORGANIZATION AND REVIEWED BY THE PRESIDENT AND OUTSIDE COUNSEL. FORM 990 IS PROVIDED TO EACH DIRECTOR BEFORE BEING FILED.

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

THE CONFLICT OF INTEREST POLICY COVERS DIRECTORS, OFFICERS, AND KEY

EMPLOYEES OF THE CORPORATION ("COVERED PERSONS"). A COPY OF THE CONFLICT OF

INTEREST POLICY MUST BE FURNISHED ANNUALLY TO EACH COVERED PERSON. EACH

COVERED PERSON ANNUALLY SIGNS A STATEMENT THAT SITUATIONS THAT MIGHT BE

VIEWED AS A CONFLICT SHOULD BE DISCLOSED TO THE BOARD OF DIRECTORS BY THE

COVERED PERSON CONCERNED. NO COVERED PERSON MAY BE PRESENT FOR A VOTE BY

THE BOARD OF DIRECTORS ON ANY DECISION OR ACTION BY THE CORPORATION THAT

WOULD DIRECTLY OR INDIRECTLY BENEFIT THAT PERSON, ALTHOUGH THAT PERSON MAY

ANSWER QUESTIONS OR RESPOND TO REQUESTS FOR FACTUAL INFORMATION NEEDED FOR

THE BOARD TO MAKE AN INFORMED DECISION. THE BOARD MAY NOT APPROVE ANY

TRANSACTION IN WHICH A COVERED PERSON HAS A MATERIAL FINANCIAL INTEREST.

THE MINUTES OF ANY BOARD MEETING AT WHICH DISCUSSIONS OF POTENTIAL

CONFLICTED TRANSACTIONS TAKE PLACE MUST REFLECT IN DETAIL THE DELIBERATIONS

AND VOTING PROCESS RELATED TO SUCH TRANSACTIONS.

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

THE COMPENSATION OF THE MANAGING DIRECTOR, WHO IS AN OFFICER OF THE BOARD OF DIRECTORS, IS DETERMINED BY THE BOARD OF DIRECTORS. THE LAST

COMPENSATION REVIEW TOOK PLACE IN MAY 2020. A REVIEW OF THE COMPENSATION OF

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

STAND UP AMERICA, INC.	32-0512546
INDIVIDUALS HOLDING COMPARABLE POSITIONS AND RESPONSIBILI	TIES AT COMPARABLE
ORGANIZATIONS WAS CONDUCTED TO DETERMINE THE RATE OF COMP	ENSATION FOR THE
MANAGING DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:	
RECENT FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATIO	N'S WEBSITE.
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND ADD	ITIONAL FINANCIAL
STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
WHILE THE ORGANIZATION DOES NOT HAVE AN AUDIT COMMITTEE,	THE PRESIDENT
AND MANAGING DIRECTOR TOOK RESPONSIBILITY IN OVERSEEING T	HE AUDIT
SELECTION PROCESS.	

SCHEDULE R (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.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

STAND UP AMER	ICA, INC.					32-05125	546	
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-year		eets Direct contro entity		g
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	or more	e related tax-exe	empt	
(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	Dire	(f) ct controlling entity	conf	g) 512(b)(13) trolled tity?
TELOS FOUNDATION - 45-4434298	HELPS PEOPLE & ENTITIES			501(c)(3))			Yes	No
PO BOX 524 GARRISON, NY 10524	PURSUE VALUED CAUSES WITHOUT TRADITIONAL MEANS	DELAWARE	501(C)(3)	PF				X

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.

Organization of deated and a partitioning distinct day year.													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(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 sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?			ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	or Percentage ng ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo		
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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	(i Sec 512(k contr enti	tion b)(13) rolled :ity?
		country)		or tracty		400010		Yes	No
								\vdash	
									<u> </u>
								$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	Ш

Page 3

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

Not	:e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions with on	ne or more re	elated organizations listed	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X	
					1b		X	
С	Gift, grant, or capital contribution from related organization(s)				1c		X	
d	Loans or loan guarantees to or for related organization(s)				1d		X	
е	Loans or loan guarantees by related organization(s)				1e		X	
f	Dividends from related organization(s)				1f		X	
					1g		X	
h	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
-								
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
- 1	(a) Name of related organization Name of rela							
m Performance of services or membership or fundraising solicitations by related organization(s)								
	3							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets trom related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets trom related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 1 (b) 1 (c) 1 (d) 2 Amount involved Amount involved Amount involved					1p		Х	
a	Reimbursement paid by related organization(s) for expenses				1a		X	
-1								
r	Other transfer of cash or property to related organization(s)				1r		Х	
					1s		X	
	(a) Name of related organization Trans	(b) saction	(c)	(d)	olved			
(1)								
(2)								
(3)								
(5)								
(6)								
12216	22 40 00 00	35		Schedule B	(Eorr	n 990)	2020	

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)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(t	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners se	Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage
of entity		(state or foreign	excluded from tax under	501(c)(3) orgs.?	total	end-of-year	allocat	ions?	of Schedule K-1	partner	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes No	
							t				
				\vdash			\vdash			\vdash	
				\vdash						\vdash	
							\vdash			\vdash	
		1		1 1	1		1				

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2020

Prepared for	STAND UP AMERICA, INC. C/O 4550 MONTGOMERY AVE, NO. 800N BETHESDA, MD 20814
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	BALANCE DUE OF \$125.00
Make check payable to	DEPARTMENT OF LAW
Mail tax return and check (if applicable) to	NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).
	NEW YORK FORM CHAR500 REPORTS SHOULD ALSO BE FILED WITH THE DEPARTMENT OF STATE VIA THE WEB AT: HTTPS://MY.NY.GOV/
	THE ATTACHED COPY OF FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

2020

Open to Public Inspection

1.General Information									
For Fiscal Year Beginning	(mm/dd/yyyy) 01/01/	2020 and Ending (r	mm/dd/yyyy) 12/31/:	2020					
Check if Applicable: Address Change	Name of Organization: STAND UP AMERI	CA, INC.		Employer Identification Number (EIN): 32-0512546					
Name Change Initial Filing	Mailing Address: C/O 4550 MONTG	OMERY AVE,, N	O. 800N	NY Registration Number: 45-83-54					
Final Filing City / State / ZIP: Telephone: 650 804 - 7100									
Reg ID Pending Website: Email: OPERATIONS@STANDUF									
Check your organization's registration category: 7A only EPTL only X DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com .									
2. Certification									
See instructions for certific	ation requirements. Imprope	er certification is a violation	of law that may be subject	t to penalties. The certification requires					
two signatories.			, ,	·					
	enalties of perjury that we rev true, correct and complete in			e best of our knowledge and belief, applicable to this report.					
	,		CHRISTINA	HARVEY					
President or Authorized C	Officer:		EXECUTIVE						
	Signature		Print Name	e and Title Date					
	Ŭ		SEAN ELDRI	DGE					
Chief Financial Officer or	Treasurer:		PRESIDENT/	TREASURER					
	Signature		Print Name	e and Title Date					
3. Annual Reporting	Exemption								
1		-	· · · · · · · · · · · · · · · · · · ·	egory (7A or EPTL only filers) or both					
				ied Char500. No fee, schedules, or					
		n an exemption or are a DL	IAL filer that claims only or	ne exemption, you must file applicable					
schedules and attachment	s and pay applicable fees.								
		6 NN(OL 1 1 1 1							
	-	-	-	overnment agencies, etc. did not raising counsel (FRC) to solicit					
	ns during the fiscal year.	u not engage a professiona	ariunu raiser (Fr h) or iunu	raising courise (i no) to solicit					
	y y								
3h EDTI fil	ing exemption: Grees receip	ts did not overed \$25,000	and the market value of as	ssets did not exceed \$25,000 at any time					
during the f		is did flot exceed \$25,000	and the market value or as	sets did flot exceed \$25,000 at any time					
	,								
4. Schedules and At	tachments								
See the following page									
for a checklist of	Yes X No 4a. Did y	our organization use a prof	essional fund raiser, fund i	raising counsel or commercial co-venturer					
schedules and		raising activity in NY State?							
attachments to		,	, , ,						
complete your filing.	Yes X No 4b. Did t	he organization receive gov	vernment grants? If yes, co	omplete Schedule 4b.					
5. Fee									
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or manay and an					
next page to calculate you	r			Make a single check or money order payable to:					
fee(s). Indicate fee(s) you									
are submitting here:	\$	\$ <u>100.</u>	\$ <u>125.</u>	Bopar amont of Eaw					

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

068451 01-07-21 1019

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Coldisclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revent filing year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public X Review Report if you received total revenue and support greater than \$250,00 Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support we are a DUAL filer and checked box 3a, no Review Report or Audit Report is	0 and up to \$750,000. Port is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .
Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22
Charities Bureau Registration Section	- IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between
28 Liberty Street	Total Assets at Fair Market Value (Part II, line 16(c)) and
New York, NY 10005	Total Liabilities (Part II, line 23(b)).

068461 01-07-21 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

Page 2

(212) 416-8401

www.CharitiesNYS.com

Email: Charities.Bureau@ag.ny.gov

Need Assistance?

Visit:

Call:

** PUBLIC DISCLOSURE COPY **

Form **991**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For tr	ie 2020 calendar year, or tax year beginning and	a enaing	_	
В	Check is applicate	C Name of organization		D Employer identific	cation number
	Addr	ess STAND UP AMERICA, INC.			
	Nam chan	e ge Doing business as		32-05125	46
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final retur	C/O 4550 MONTGOMERY AVE,	800N	301-951-	9090
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	304,781.
	Ame retur	DETHESDA, MD 20014		H(a) Is this a group re	
	Appl tion			for subordinates	? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		kempt status: 501(c)(3)	or 527	If "No," attach a	list. See instructions
		ite: ► WWW.STANDUPAMERICA.COM		H(c) Group exemptio	
		of organization: X Corporation Trust Association Other	L Year	of formation: 2016 N	$m{\it n}$ State of legal domicile; ${f DE}$
P	art I				
ø	1	Briefly describe the organization's mission or most significant activities: SEE	PART I	III, LINE 1.	
Activities & Governance					
er.	2	Check this box if the organization discontinued its operations or disposition	osed of more	e than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	1
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			1
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			19
Ĭ	6	Total number of volunteers (estimate if necessary)		6	3001
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		5,283,746.	154,865.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	125,000.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		17,441.	20,558.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,610.	4,358.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,303,797.	304,781.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,500.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,186,830.	1,852,594.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ž	· b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,441,529.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,631,859.	
	19	Revenue less expenses. Subtract line 18 from line 12		2,671,938.	-3,992,209.
O. O.	3		Ве	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		4,828,123.	798,869.
TAS Page	21	Total liabilities (Part X, line 26)		155,341.	118,296.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		4,672,782.	680,573.
	art II				
		alties of perjury, I declare that I have examined this return, including accompanying schedul			y knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	vhich preparei	r has any knowledge.	
Sig	gn	Signature of officer		Date	
Не	re	SEAN ELDRIDGE, PRESIDENT			
		Type or print name and title		D-1-	DTIN.
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN
Pai		RICHARD J. LOCASTRO, CPA		self-employe	P00288314
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN ▶	52-1392008
Use	e Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N		, -	04 \ 0 = 4 - 5 = 5
		BETHESDA, MD 20814-2930		Phone no. (3	01) 951-9090
Ма	y the	IRS discuss this return with the preparer shown above? See instructions			X Yes No

Pai				
	Check if Schedule O contains a response or note to any line in this Part III	X		
1	Briefly describe the organization's mission: STAND UP AMERICA WAS ESTABLISHED TO EDUCATE, ORGANIZE, AND MOBILIZE			
	WORKING TO INCREASE VOTER PARTICIPATION AND BUILD A MORE			
	REPRESENTATIVE DEMOCRACY BY PASSING LEGISLATION THAT WOULD EXPAND			
2	Briefly describe the organization's mission: STAND UP AMERICA WAS ESTABLISHED TO EDUCATE, ORGANIZE, AND MOBILIZE PROGRESSIVE AMERICANS TO PROTECT AND STRENGTHEN OUR DEMOCRACY. WE ARE WORKING TO INCREASE VOTER PARTICIPATION AND BUILD A MORE REPRESENTATIVE DEMOCRACY BY PASSING LEGISLATION THAT WOULD EXPAND Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 EZ? If Yes, describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. a (code:) (Expenses 3 3, 934, 831: Including grants of \$ 1,000 to 1) (Revenue \$ 1,000 to 1) STAND UP AMERICA ADVOCATES FOR PROGRESSIVE GOVERNMENT POLICIES THAT WILL STRENGTHEN OUR DEMOCRACY AND INCREASE ACCESS TO VOTING AND OPPOSES CONSERVATIVE POLICIES THAT THREATEN OUR DEMOCRACY AND OUR FREEDOM TO VOTE. WE EDUCATE AND MOBILIZE OUR MEMBERS USING EMAIL, SMS, AND SOCIAL MEDIA COMMUNICATIONS, AS WELL AS MOBILIZE ACCTIVISTS OUTSIDE OUR COMMUNITY THROUGH PEER-TO-PEER TEXTING, PHONEBANKING, DIGITAL ADS, AND A ROBUST SOCIAL MEDIA INFLUENCER PROGRAM. IN 2020, STAND UP AMERICA DROVE AN ESTIMATED 420,773 CONSTITUENT CALLS TO CONGRESS, STATE LEGISLATURES IN NEW YORK AND VIRGINIA, AND LOCAL GOVERNMENT OFFICIALS IN STATES FROM FLORIDA TO WISCONSIN TO HELP PASS INITIATIVES TO STRENGTHEN OUR DEMOCRACY AND EXPAND ACCESS TO THE BALLOT b (Code:			
	prior Form 990 or 990-EZ?	No		
	If "Yes," describe these new services on Schedule O.			
3		No		
4				
				
4a		<u>· •</u>)		
		15		
				
	IN 2020, STAND UP AMERICA DROVE AN ESTIMATED 420,773 CONSTITUENT CALLS	5		
	INITIATIVES TO STRENGTHEN OUR DEMOCRACY AND EXPAND ACCESS TO THE BALLO	T		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
		—		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$			
) (Internal of the content of the co	— ′		
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ \text{including grants of \$ \text{) (Revenue \$ \text{)}}			
4e	Total program service expenses ► 3,934,831.	000		
	Form 990 (2)	.UZU)		

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3	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	N/	A
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		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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	•		
	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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		X
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		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			l 🕶
4-	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		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		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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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

		-
Part IV	Checklist of Required Schedules (continued	1

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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	24a		x
h	Schedule K. If "No," go to line 25a	24a		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			
		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
-	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			3,7
00	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 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? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		 ^
-	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	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3,7
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance	1 30	1	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_	v	
	(gambling) winnings to prize winners?	1c	X	

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Form 990 (2020) STAND UP AMERICA, INC.

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

2a 19 b If at least one is reported on From W.3, Transmittal of Wage and Tax Statements, 2a 19 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 1b if the organization have unreated business gross income of \$1,000 or more during the year? 3b If Yes, "has it filed a Form 900-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3b A at any time during the calendary earl, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the name of the foreign country. 5b If 'Yes," interest he name of the foreign country. 5c Was the organization have a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aperty to a prohibited tax shelter transaction at any time during the tax year? 5c If 'Yes' to line 3a or 3b, did the organization line Form 888617. 5c If 'Yes' to line 3a or 3b, did the organization line Form 888617. 5c If 'Yes' to line 3a or 3b, did the organization line form 888617. 5c If 'Yes' to line 3a or 3b, did the organization line form 888617. 5c If 'Yes' to line 3a or 3b, did the organization line form 888617. 5c If 'Yes' to line 3a or 3b, did the organization line form 888617. 5c If 'Yes' to line 3a or 3b, did the organization file form 88617. 5c If 'Yes' to line 3a or 3b, did the organization line form 88617. 5c If 'Yes' to line organization exclusive and probability of the organization state were not tax deductible? 5c If 'Yes' to line organization state were not tax deductible as charitable contributions. 5c If 'Yes' to line organization state were not type deductible organization state and the state organization state organization state organization state organization state organization state orga					
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Se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). Se Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? If Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? Se Does the organization are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If Yes' to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions orgits were not tax deductible on the state of the state of the state of the second of the seco	b				
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 16		excess parachute payment(s) during the year?	15		Х
- Company and Comp		If "Yes," see instructions and file Form 4720, Schedule N.			
If "Yes," complete Form 4720, Schedule O.	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.		005	

Form **990** (2020)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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 1			
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	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b				
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
а		15a		X
b		15b		Х
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			٠,,
	taxable entity during the year?	16a		X
b				
		16b		
Sec				
17	· · · · · · · · · · · · · · · · · · ·			
18		s only	/) avail	able
	·			
19		d fina	ncial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	tal Enter the number of voting members of the governing body at the end of the tax year			
	4000 MONIGOMENI AVE. #OUUN, DEINESDA, MD 20014			

08321112 745960 32007

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

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.

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

Check this box if neither the organization		orga T	anization compensat (C)				nsat			(F)
(A) Name and title	(B)			Pos	ition	1		(D) Reportable	(E)	(F)
name and title	Average hours per	(do	not c	heck	more	than is bot	one	compensation	Reportable compensation	Estimated amount of
	week	offic	cer ar	ss pe id a d	irecto	or/trus	tee)	from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				pg.		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensat		(W-2/1099-MISC)	, , ,	organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				and related
	below	vidua	itutio	er	empl	nest c	ner			organizations
	line)	Indi	Inst	Officer	Key	Hig	For			
(1) CHRISTINA HARVEY	40.00							100 660		01 067
MANAGING DIRECTOR	40.00			Х				189,668.	0.	21,267.
(2) JOE HINES	40.00					l		455 500		4 = 004
DIGITAL DIRECTOR	40.00					Х		157,788.	0.	15,281.
(3) BRETT EDKINS	40.00	4				l		116 000		45 205
POLITICAL DIRECTOR	40.00					Х		116,923.	0.	15,307.
(4) SEAN ELDRIDGE	40.00	Į.,		x				0.	0.	0
PRES/SEC/TREASURER/DIRECTOR		Х		Λ				0.	0.	0.
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		1								
	<u> </u>									
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		-								
		-								

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(A) Name and title Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours per week (list any hours)) Average hours per week (list any hours per we	Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
th Subtotal To Total (add lines th and 1c) To Total (add lines the an						(0	C)							(F)	
The subtotal Subto		Name and title	Average	(do					one	Reportable	Reportable	,	Es	timate	ed .
th Subtotal Total fadd lines to and to; Total from continuation sheets to Part VII, Section A d Total (add lines to and to; Total for organization ist any former officer, director, trustee, key employee, or highest compensation from the organization is and related organization is and related organization is to the organization is greater than \$150,000? If "Yes," complete Schedule J for such individual Total graph of the organization is greater than \$150,000? If "Yes," complete Schedule J for such individual Total person listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Total person listed on line 1a receive or accrue compensation from any unrelated organization is tan year. (A) Name and business address Total complete this table for your five highest compensation from the organization or the organization from the organization or the organization from the organization from the organization or the organization from the organization or the organization organizat				box	, unle	ss pe	rson	is bot	h an	compensation	compensation		an	nount	of
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1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensation from any unrelated organization or individual for services 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation for workers and the process of the process				or di	æ			ated			(W-2/1099-MIS	SC)			
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ompensation from the organization Yes No	d								<u> </u>	· ·			5	1,8	<u>55.</u>
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rendered to the organization? If "Yes," complete Schedule J for such person		and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	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) (B) (C) Name and business address Description of services Compensation	5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indivi	idual for services	;			
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) (B) (C) Compensation		-	plete Schedul	e J f	or st	uch	pers	son .					5		<u> </u>
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(A) (B) (C) Name and business address Description of services Compensation	1											npensa	ation f	rom	
Name and business address Description of services Compensation			the calendar y	ear	endi	ng v	vith	or w	ithir		year.				
·												n			
	<u> </u>		auuress						-	Description of s	EI VICES		Jiiibe	isalioi	11

1 HACKER WAY, MENLO PARK, CA 94025 MARKETING 592,752. UPLAND SOFTWARE, INC., 401 CONGRESS AVE SUITE 18540, AUSTIN, TX 78701 509,955. COMMUNICATIONS THE MOVEMENT COOP., 4 E. 27TH ST. GREELEY SQ. PO BOX 20063, NEW YORK, NY 10001 COMMUNICATIONS 319,345. TWILIO, 375 BEALE STREET, SUITE 300, SAN FRANCISCO, CA 94105 COMMUNICATIONS 253,526. PETKANAS STRATEGIES, LLC , 293 CENTRAL

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

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117,583.

STRATEGY CONSULTING

PARK W. APT 5E, NEW YORK, NY 10024

Pa	r L V	Ш			a in their David VIII			
			Check if Schedule O contains a response	e or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	-	_	Federated campaigns 1a					000000000000000000000000000000000000000
ant			Membership dues 1b					
m G			Fundraising events 1c					
ifts ar A			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
ber		•	similar amounts not included above 1f	154,865.				
ort		a	Noncash contributions included in lines 1a-1f					
Cor		_	Total. Add lines 1a-1f	•	154,865.			
_			Totall / lad iii loo fa 11	Business Code	,			
ø.	2	а	LEADERSHIP CONFERENCE	900099	125,000.	125,000.		
Program Service Revenue	_	b			•	, , , , , , , , , , , , , , , , , , ,		
Sel		С						
am		d						
ogr R		е						
P		f	All other program service revenue					
			Total. Add lines 2a-2f		125,000.			
	3		Investment income (including dividends, inter					
			other similar amounts)	>	20,558.			20,558.
	4		Income from investment of tax-exempt bond	proceeds >				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
ø.		b	Less: cost or other basis					
ň			and sales expenses 7b Gain or (loss) 7c					
Revenue			()					
er B			Net gain or (loss)	D				
Othe	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See Part IV. line 18	.				
		h	Part IV, line 18 8a Less: direct expenses 8b					
			Net income or (loss) from fundraising events	<u>'</u>				
			Gross income from gaming activities. See					
	Ŭ	ŭ	Part IV, line 19	,				
		b	Less: direct expenses 9th					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances 10	a				
		b	Less: cost of goods sold	b				
			Net income or (loss) from sales of inventory .	>				
s				Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS	900099	4,358.			4,358.
ant		b						
Sel Seve		С						
Mis		d	All other revenue					
		е	Total. Add lines 11a-11d		4,358.	40=		
	12		Total revenue. See instructions	>	304,781.	125,000.	0.	24,916.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon				
	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				<u> </u>
	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	210,935.	179,294.	31,641.	
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	1,318,684.	1,196,324.	122,360.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	23,597.	21,522.	2,075.	
9	Other employee benefits	178,435.	161,373.	17,062.	
10	Payroll taxes	120,943.	108,851.	12,092.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	77,687.	68,831.	8,856.	
С	Accounting	88,961.		88,961.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	164,613.	91,832.	72,781.	
12	Advertising and promotion	665,928.	665,928.		
13	Office expenses	17,196.	15,379.	1,817.	
14	Information technology	1,298,715.	1,296,558.	2,157.	
15	Royalties				
16	Occupancy				
17	Travel	1,207.	1,079.	128.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,126.	12,633.	1,493.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0.)	101 005	101 005		
а	DUES AND SUBS.	101,895.	101,895.		
b	PRESS TOOLS	7,106.	7,106.	100	
С	TAXES AND LICENSES	1,168.	1,045.	123.	
d	SMALL EQUIPMENT	1,152.	1,030.	122.	
е		4,642.	4,151.	491.	
25	Total functional expenses. Add lines 1 through 24e	4,296,990.	3,934,831.	362,159.	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 if following SOP 98-2 (ASC 958-720)				Form 990 (202

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Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,668,289.	1	718,365.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1 = 0 0 0 0	3	42,779.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	37,725.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1 1 = 0 1 1	16	798,869.
	17	Accounts payable and accrued expenses		17	118,296.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Li al		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	8,000.	0.	0.
	26	of Schedule D Total liabilities. Add lines 17 through 25	155 3/11	25 26	118,296.
	26	Organizations that follow FASB ASC 958, check here	133,341.	20	110,250.
es		and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions	4,672,782.	27	680,573.
Bal	28	Net assets with donor restrictions Net assets with donor restrictions		28	000,0100
힏	20	Organizations that do not follow FASB ASC 958, check here		20	
Ξ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	680,573.
~	33	Total liabilities and net assets/fund balances		33	798,869.
	100	1 otal habilities and het assets/fund dalances	2,323,223	55	7 9 0 7 0 0 9 0 0 0 0 0 0 0 0 0 0 0 0 0

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		30	4,7	$\frac{81}{90}.$		
2	Total expenses (must equal Part IX, column (A), line 25)	2						
3	Revenue less expenses. Subtract line 2 from line 1	3				09.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,	67	2,7	82.		
5	Net unrealized gains (losses) on investments	5						
6								
7								
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,					73.		
	column (B)) 10							
Pa	rt XII Financial Statements and Reporting					X		
	Check if Schedule O contains a response or note to any line in this Part XII							
					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	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		L	2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	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 th	e audit,				1		
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule C).					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit					
	Act and OMB Circular A-133?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	lit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b				

Form **990** (2020)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2020

STAND UP AMERICA, INC. 32-0512546 Organization type (check one): Filers of: Section: X = 501(c)(4) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules 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

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 exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ________ \big| \$

sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

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

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

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

Name of organization

Employer identification number

STAND UP AMERICA, INC.

32-0512546

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
1		\$125,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(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.)

023452 11-25-20

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

Name of organization Employer identification number

STAND UP AMERICA, INC.

32-0512546

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		 \$	

023453 11-25-20

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

Employer identification number

Name of organization

'AND U	JP AMERICA, INC.			32-0512546	
1	Exclusively religious, charitable, etc., contributor any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organizations		
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
_	Transferee's name, address, a	(e) Transfer of gif		nsferor to transferee	
- - - No					
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
_ -		(e) Transfer of gif	t		
 - -	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee	
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
_ -		(e) Transfer of gif	t		
- - -	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee	
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
- -					
	Transferee's name, address, a		(e) Transfer of gift I ZIP + 4 Relationship of tra		
-					

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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 B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and 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) organiza	tions: Complete Part III.				
Nan	ne of organization			E	mploy	er identification number
		P AMERICA, INC.				32-0512546
Pa	art I-A Complete if the org	ganization is exempt und	der section 501(c)	or is a section 52	7 org	janization.
2	Provide a description of the organize Political campaign activity expendition Volunteer hours for political campa	tures)		
Pa	art I-B Complete if the org	ganization is exempt und	der section 501(c)	(3).		
	Enter the amount of any excise tax	-		•	\$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955)	▶ \$ [−]	
3	If the organization incurred a section			Yes No		
	a Was a correction made?					
b	f "Yes," describe in Part IV.					
Pa	art I-C Complete if the org	ganization is exempt und	der section 501(c),	except section 5	01(c)	
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt funct	tion activities	> \$_	1,071,407.
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for se	ection 527		
	exempt function activities				> \$ _	0.
3	Total exempt function expenditures			1 051 105		
	line 17b Did the filing organization file Form				> \$_	1,071,407.
4						
5	Enter the names, addresses and en made payments. For each organization contributions received that were propolitical action committee (PAC). If	ation listed, enter the amount pa comptly and directly delivered to	id from the filing organize a separate political organize	zation's funds. Also ent anization, such as a se _l	er the	amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds. If none, enter	s c	(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 or 990-EZ) 2020

LHA

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020

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	a)	(k)
of the lobbying activity.	Yes	No	Amo	ount
1 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), sect	ion 501(c)	(5), or se	ection	
501(c)(6).				
			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				
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."	d "No" OF	R (b) Part		e 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 poli	tical			
expenses for which the section 527(f) tax was paid).				
a Current year				
b Carryover from last year				
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
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 ground instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1:	up list); Part I	I-A, lines 1 a	and 2 (See	
WHILE STAND UP AMERICA PRIMARILY FOCUSES ON ITS ADVO	CACY AI	ND		
		MINOR	PORTIC	ON
EDUCATIONAL EFFORTS DESIGNED TO PROMOTE SOCIAL WELFA	RE, A I			
OF ITS ACTIVITIES IN 2020 ARE CLASSIFIED AS POLITICA				
	L CAMPA	AIGN	s	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 32-0512546

	•	INC.	32-0512546
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
	for charitable purposes and not for the benefit of the donor of	· ·	•
Pai			
1	Purpose(s) of conservation easements held by the organization	·	
•	Preservation of land for public use (for example, recrea	` . 	istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space	Freservation of a Co	ertified historic structure
0		ii	
2	Complete lines 2a through 2d if the organization held a qualit	ried conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	•	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the org	ganization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ration easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservati		
•	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	Total to the organization of infarious statements	s that decombes the
Pai		f Art. Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under FASB ASC 95		halance sheet works
Ia	of art, historical treasures, or other similar assets held for put	•	
	•		erance of public
	service, provide in Part XIII the text of the footnote to its final		on an almost consider of
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furthera	ince of public service,
	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 tre	asures, or other similar assets for financial ga	in, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		🕨 \$
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2020

Pai	rt III Organizations Mai	intaining Coll	ections of A	rt, Histo	orical Tr	easures, or C)ther	<u>Simila</u>	r Asse	ts (conti	nued)	
3	Using the organization's acquis	sition, accession,	and other record	ls, check	any of the	following that ma	ke sigr	nificant u	ise of its			
	collection items (check all that	apply):										
а	Public exhibition		d		oan or exc	hange program						
b	Scholarly research		е	c	Other							
С	Preservation for future ge	enerations										
4	Provide a description of the org	ganization's collec	ctions and explain	n how the	ey further t	he organization's	exemp	t purpos	se in Par	t XIII.		
5	During the year, did the organiz	zation solicit or re	ceive donations	of art, his	torical trea	sures, or other si	milar as	ssets				
	to be sold to raise funds rather	than to be mainta	ained as part of t	he organ:	ization's co	ollection?			\Box	Yes		No
Pai	rt IV Escrow and Custo	dial Arrange	ments. Comple	ete if the	organizatio	n answered "Yes	on Fo	orm 990,	Part IV,	line 9, o	r	
	reported an amount on	Form 990, Part X,	line 21.									
1a	Is the organization an agent, tru	ustee, custodian	or other intermed	diary for c	ontribution	s or other assets	not inc	cluded		_		_
	on Form 990, Part X?								L	Yes		No
b	If "Yes," explain the arrangeme	nt in Part XIII and	complete the fo	llowing ta	able:							
										Amoun	t	
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						-	?	L	Yes	Ļ	No
	If "Yes," explain the arrangeme											
Pai	rt V Endowment Funds	S. Complete if the	e organization an	swered "	Yes" on Fo	i	-					
) Current year	(b) Pr	ior year	(c) Two years ba	ck (d)	Three ye	ars back	(e) Fou	r years	back
1a	Beginning of year balance											
b	Contributions											
С	0 7 0	· —										
	Grants or scholarships											
е	Other expenditures for facilities	5										
	and programs											
f	1											
g												
2	Provide the estimated percentage	•	year end balanc	. •	ı, column (a	a)) held as:						
а		owment		_%								
b			%									
С	Term endowment	%										
	The percentages on lines 2a, 2		•									
3a	Are there endowment funds no	t in the possession	on of the organiza	ation that	are held a	nd administered	for the	organiza	ation		1	
	by:									a 11	Yes	No
	(i) Unrelated organizations											
	(ii) Related organizations									3a(ii)		
	If "Yes" on line 3a(ii), are the rel									3b		
Bar	Describe in Part XIII the intendert VI Land, Buildings, a			wment fu	inas.							
Fai				Dort IV	lina 11a C	200 Form 000 Do	ut V lin	o 10				
	Complete if the organiza									(-I) D	l l	
	Description of proper	ıy	(a) Cost or o basis (investr			or other (other)	•	ımulated ciation	'	(d) Boo	k value	±
1a	Land											
	Buildings											
	Leasehold improvements											
	Equipment											
	Other											
	I. Add lines 1a through 1e. (Colu		l Form 990, Part	X, colum	n (B), line 1	0c.)			▶			0.

Schedule D (Form 990) 2020

32-0512546 Page 3	3	2-	05	1	25	46	Page 3
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Complete if the organization answered "Yes" on Form 990, Part N, line 115. See Form 990, Part X, line 12. (p) Beority for attilingly history privately executed by the control of the part X, line 12. (p) Method of valuation: Cost or end-of-year market value (p) Method of valuation: Cost or end-of-year ma	Part VII Investments - Other Securities.			
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (3) Other (A) (4) (6) (6) (7) (7) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(8) Other (10) (10) (10) (10) (10) (10) (10) (10)	(1) Financial derivatives			
A (B) (C) (C) (D)	(2) Closely held equity interests			
(B) (C)	(3) Other			
(C) (D) (D) (E) (F) (F) (G) (H) (E) (F) (G) (H) (E) (F) (F) (G) (H) (F) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (F) (G) (F) (G) (F) (F) (G) (G) (G) (F) (G) (F) (G) (G) (G) (F) (G) (G) (F) (G) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(A)			
(C)	(B)			
(5) (6) (7) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(C)			
(G) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.	(D)			
(6) (17) (2) (3) (4) (5) (9) (18) (10) (10) (10) (10) (10) (10) (10) (10	(E)			
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	(F)			
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 (d) (e) (e) (e) (f)				
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 (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1)				
(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		
(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. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (9) (1) Foderal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Part X III (provide the text of the footnote to the organization's financial statements that reports the		(b) Book value	(c) Method of valuation: Cost or end	i-ot-year market value
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Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 STAND UP AMERICA, INC.		32-0512546 Page
Paı	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	
1	Total revenue, gains, and other support per audited financial statements		1
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			
d			
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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		4c
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expe	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, 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		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

Part 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:

THE ORGANIZATION FOLLOWS THE AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES INCLUDED IN ACCOUNTING STANDARDS CODIFICATION TOPIC 740-10, INCOME TAXES. THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT IS THE ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSES.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020	STAND UP AMERICA,	INC.	32-0512546 Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Info	ormation (continued)		
	(••••••)		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

INC. STAND UP AMERICA,

Employer identification number 32-0512546

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 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	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
a L	The organization?	5a		X
b	Any related organization?	5b		V
_	If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6				
_	contingent on the net earnings of:	6-		Х
a	The organization?	6a		X
D	Any related organization?	6b		-22
7	If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
'	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
J	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
3	Regulations section 53.4958-6(c)?	9		
	negulations section 55.4956-6(c)?	פ		

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

Schedule J (Form 990) 2020

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.

(A) Name and Title			(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
MANAGIND DIRECTOR (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(A) Name and Title			incentive	reportable		berients	(B)(i)-(D)	reported as deferred
MANAGINO DIRECTOR (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(1) CHRISTINA HARVEY	(i)			0.	5,690.	15,577.		
DISTAL DIRECTOR (II) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	MANAGING DIRECTOR								0.
	(2) JOE HINES	(i)							0.
(i) (ii) (ii) (iii)	DIGITAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
		(i)							
		(ii)							
		(i)							
		(ii)							
(ii) (ii) (iii) (i									_
(i)									
(i) (i) (ii) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii									
(i) (i) (ii) (ii) (ii) (iii) (ii) (iii) (ii) (iii) (ii) (iii)									
(i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiiii									
(ii)									
(i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii									
(i) (i) (ii) (ii) (ii) (iii) (iii) (iii) (iiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii) (iiii) (iiiiiiii									
(ii) (i) (ii)									
(i)									
	-								
		(ii)							

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.

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

STAND UP AMERICA, INC.

Employer identification number 32-0512546

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: VOTING RIGHTS, REDUCE THE IMPACT OF BIG MONEY IN ELECTIONS, AND END UNDEMOCRATIC BARRIERS THAT HAVE BEEN BUILT TO IMPEDE A PROGRESSIVE AGENDA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: BOX. WE ALSO HELPED OUR COMMUNITY MEMBERS WRITE OVER 4,000 LETTERS TO THE EDITOR AND SEND OVER 18,000 EMAILS TO LAWMAKERS IN SUPPORT OF THESE SAME INITIATIVES.

AT THE FEDERAL LEVEL, WE DROVE CONSTITUENT CALLS AND OTHER ACTIONS TO: SUPPORT ELECTION FUNDING TO HELP STATES EXPAND EARLY VOTING AND VOTING BY MAIL, KEEP POLLING PLACES OPEN, AND ENHANCE SAFETY PROTOCOLS IN RESPONSE TO THE COVID-19 PANDEMIC; PASS THE WASHINGTON, D.C. ADMISSION ACT TO GIVE D.C. RESIDENTS VOTING REPRESENTATION IN CONGRESS; OPPOSE THE APPOINTMENT OF AMY CONEY BARRETT TO THE SUPREME COURT; AND DEMAND THAT KEY SENATORS VOTE TO REMOVE DONALD TRUMP FROM OFFICE FOR PRESSURING UKRAINE TO INTERFERE IN A U.S. PRESIDENTIAL ELECTION.

AT THE STATE LEVEL, WE DROVE CONSTITUENT CALLS AND OTHER ACTIONS DIRECTED TO STATE AND LOCAL OFFICIALS TO: PASS AUTOMATIC VOTER REGISTRATION IN NEW YORK; PASS THE NATIONAL POPULAR VOTE INTERSTATE COMPACT IN VIRGINIA; ENCOURAGE OFFICIALS IN WISCONSIN TO KEEP ADDITIONAL POLLING SITES OPEN IN UNDER-REPRESENTED AREAS; EXPAND ACCESS TO MAIL-IN VOTING IN MASSACHUSETTS, NEW HAMPSHIRE, AND FLORIDA; AND EXPAND ACCESS TO GOVERNMENT IDENTIFICATION NEEDED TO VOTE IN WISCONSIN. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020 WE ALSO WORKED TO PASS A BALLOT INITIATIVE IN COLORADO TO REAFFIRM THE

LAW PASSED BY THE STATE LEGISLATURE TO JOIN THE NATIONAL POPULAR VOTE

INTERSTATE COMPACT, AND TO OPPOSE A BALLOT INITIATIVE IN MISSOURI THAT

OVERTURNED THE STATE'S INDEPENDENT REDISTRICTING COMMISSION.

ADDITIONALLY, WE PARTNERED WITH 501(C)(3) ORGANIZATIONS SUCH AS ALL

VOTING IS LOCAL, A PROJECT OF THE LEADERSHIP CONFERENCE, TO HELP VOTERS

WHO HAD RECENTLY BEEN PURGED FROM THE VOTER ROLLS TO RE-REGISTER, AND

TO HELP VOTERS IN UNDER-REPRESENTED COMMUNITIES, SUCH AS NATIVE

AMERICAN RESERVATIONS, UNDERSTAND THE PROCESS AND REQUIREMENTS FOR

REGISTERING AND VOTING IN AN INCREDIBLY COMPLICATED ELECTION YEAR. WE

ALSO PARTNERED WITH THE MOVE TEXAS EDUCATION FUND TO HELP MAKE VOTER

REGISTRATION EASIER FOR TEXANS BY PROVIDING A TOOL THAT ALLOWED THEM TO

FILL OUT A FORM ONLINE AND HAVE A PRE-FILLED PAPER COPY MAILED TO THEM

THAT THEY COULD SUBMIT THEMSELVES, AS TEXAS IS ONE OF OF THE FEW STATES

THAT DOES NOT ALLOW VOTERS TO REGISTER ONLINE.

AS PART OF OUR CAMPAIGN FINANCE REFORM EFFORTS AND IN PARTNERSHIP WITH

COLOR OF CHANGE, WE COLLECTED THOUSANDS OF PETITIONS SIGNATURES CALLING

ON ELECTED OFFICIALS TO STOP TAKING MONEY FROM POLICE UNIONS.

FINALLY, WE USED EARNED MEDIA TO CALL ON THE DEMOCRATIC NATIONAL

COMMITTEE PLATFORM COMMITTEE TO INCLUDE REFORMING THE FILIBUSTER AND

EXPANSION OF THE SUPREME COURT IN THE PARTY'S PLATFORM, IN ORDER TO

RESTORE BALANCE TO A PARTISAN COURT THAT NO LONGER REPRESENTS THE VIEWS

OF THE MAJORITY OF AMERICANS.

Name of the organization STAND UP AMERICA, INC. Employer identification number 32-0512546

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

THE ORGANIZATION DID NOT HAVE ANY COMMITTEES DURING THE YEAR.

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

FORM 990 WAS PREPARED BY AUTHORIZED AGENTS OF THE ORGANIZATION AND REVIEWED BY THE PRESIDENT AND OUTSIDE COUNSEL. FORM 990 IS PROVIDED TO EACH DIRECTOR BEFORE BEING FILED.

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

THE CONFLICT OF INTEREST POLICY COVERS DIRECTORS, OFFICERS, AND KEY

EMPLOYEES OF THE CORPORATION ("COVERED PERSONS"). A COPY OF THE CONFLICT OF

INTEREST POLICY MUST BE FURNISHED ANNUALLY TO EACH COVERED PERSON. EACH

COVERED PERSON ANNUALLY SIGNS A STATEMENT THAT SITUATIONS THAT MIGHT BE

VIEWED AS A CONFLICT SHOULD BE DISCLOSED TO THE BOARD OF DIRECTORS BY THE

COVERED PERSON CONCERNED. NO COVERED PERSON MAY BE PRESENT FOR A VOTE BY

THE BOARD OF DIRECTORS ON ANY DECISION OR ACTION BY THE CORPORATION THAT

WOULD DIRECTLY OR INDIRECTLY BENEFIT THAT PERSON, ALTHOUGH THAT PERSON MAY

ANSWER QUESTIONS OR RESPOND TO REQUESTS FOR FACTUAL INFORMATION NEEDED FOR

THE BOARD TO MAKE AN INFORMED DECISION. THE BOARD MAY NOT APPROVE ANY

TRANSACTION IN WHICH A COVERED PERSON HAS A MATERIAL FINANCIAL INTEREST.

THE MINUTES OF ANY BOARD MEETING AT WHICH DISCUSSIONS OF POTENTIAL

CONFLICTED TRANSACTIONS TAKE PLACE MUST REFLECT IN DETAIL THE DELIBERATIONS

AND VOTING PROCESS RELATED TO SUCH TRANSACTIONS.

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

THE COMPENSATION OF THE MANAGING DIRECTOR, WHO IS AN OFFICER OF THE BOARD OF DIRECTORS, IS DETERMINED BY THE BOARD OF DIRECTORS. THE LAST

COMPENSATION REVIEW TOOK PLACE IN MAY 2020. A REVIEW OF THE COMPENSATION OF 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

Name of the organization STAND UP AMERICA, INC.	Employer identification number 32-0512546
INDIVIDUALS HOLDING COMPARABLE POSITIONS AND RESPONSIBILI	TIES AT COMPARABLE
ORGANIZATIONS WAS CONDUCTED TO DETERMINE THE RATE OF COMP	ENSATION FOR THE
MANAGING DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:	
RECENT FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION	N'S WEBSITE.
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND ADD	ITIONAL FINANCIAL
STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
WHILE THE ORGANIZATION DOES NOT HAVE AN AUDIT COMMITTEE,	THE PRESIDENT
AND MANAGING DIRECTOR TOOK RESPONSIBILITY IN OVERSEEING T	HE AUDIT
SELECTION PROCESS.	
	_

SCHEDULE R (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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 32-0512546 STAND UP AMERICA, INC. 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

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 Part II 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	contr	g) 512(b)(13) rolled tity?
TELOS FOUNDATION - 45-4434298	HELPS PEOPLE & ENTITIES			501(c)(3))		Yes	No
PO BOX 524 GARRISON, NY 10524	PURSUE VALUED CAUSES WITHOUT TRADITIONAL MEANS	DELAWARE	501(C)(3)	PF			x

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

Identification of Related Orgorganizations treated as a part		ership. Complete if t	the organization answe	ered "Yes" on For	m 990, Part IV, line	34, becaus	e it had one or mo	re related	t

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	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 sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	al or F ging er?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	

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	ent	i) etion b)(13) rolled ity?
		country)		,				Yes	No
									<u> </u>
									<u> </u>
									<u> </u>

Schedule R (Form 990) 2020

Page 3

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		Х	
b	Gift, grant, or capital contribution to related organization(s)				1b		Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х	
d	Loans or loan guarantees to or for related organization(s)				1d		Х	
e Loans or loan guarantees by related organization(s)								
f Dividends from related organization(s)								
g	Sale of assets to related organization(s)				1g		Х	
h	Purchase of assets from related organization(s)				1h		Х	
i	i Exchange of assets with related organization(s)							
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х	
k Lease of facilities, equipment, or other assets from related organization(s)							Х	
I Performance of services or membership or fundraising solicitations for related organization(s)							Х	
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)			1m		Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organizati	ion(s)			1n		Х	
Sharing of paid employees with related organization(s)							Х	
р	Reimbursement paid to related organization(s) for expenses				1p		Х	
q	Reimbursement paid by related organization(s) for expenses				1q		Х	
r	Other transfer of cash or property to related organization(s)				1r		Х	
s	Other transfer of cash or property from related organization(s)				1s		Х	
	If the answer to any of the above is "Yes," see the instructions for information on w							
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved			
<u>(1)</u>								
(2)								
(3)								
(4)								
(5)								
(6)								
02216	2 10 29 20			Schedule I	2 (Eor	n 000	2020	

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.

(b)	(c)	(d)	(e)	(f)	(g)	(t	1)	(i)	(j)	(k)
Primary activity	Legal domicile	Predominant income (related_unrelated	partners se	Share of		Dispr tion	opor- iate	Code V-UBI	Genera managi	or Percentage
	(state or foreign	excluded from tax under	orgs.?	total		alloca	ions?	of Schedule K-1	partne	ownersnip
	Country)	Sections 5 (2-5 (4)	Yes No) IIICOITIE	assets	Yes	No	(F01111 1065)	Yes N	0
										1
									\Box	
										1
	I	I		1		1	I	I	1 l	1
_	(b) Primary activity	Primary activity Legal domicile (state or foreign country)	Primary activity Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) Yes No.	Primary activity Legal domicile (related, unrelated, state or foreign activity (state or foreign activity (state or foreign activity (related, unrelated, state or foreign activity (related, state or	(c) Primary activity Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, unrelated, excluded from fax under sections \$12-\$14) Predominant income (related, unrelated, unrela	(b) Legal domicile (state or foreign country) Country Claim Cla	(c) Legal domicile (state or foreign country) Country Country	(b) Legal domicile (state or foreign country) Primary activity Primary activity Legal domicile (state or foreign country) Primary activity Primary activity Legal domicile (state or foreign country) Primary activity Prima	(b) (c) (c) (degree of the country) (extended from table (state or foreign country)) (related, unrelated, excitors \$12-514) (ves No) (ves No) (related, unrelated, excitors \$12-514) (ves No)