DLN: 93493293008280

2019

OMB No. 1545-0047

Form 990

Department of the Treasury

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

Return of Organization Exempt From Income Tax

▶ 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

A For the 2015 calendary year, or tax year beginning 01-01-2019 and ending 12-31-2019 Account and the 2015 calendary year, or tax year beginning 01-01-2019 Color of programs or state of the color			enue Service	<u> </u>		24 2040					
Door Section Door Doo					ing 01-01-2019 , and ending 12-3	31-2019					
Date of the common of the c								npioyer ic	entifica	ition number	
Comparison of the comparison			-				32	!-051254	5		
Appelication results Papelication periods College Control (College Control (College College			-	Doing business as							
Application period Application period College Co							E Te	lephone nu	mber		
City or town, altitive or powering, country, and ZIP or foreign postal code	_				il is not delivered to street address) Room/s	uite					
Filter and address of principal officer: 5EAN ELDRIDGE Col 4550 NONTGOMERY AVE BOON	ш Ар	plicati	on pending	City or town state or province count	ry, and ZIP or foreign postal code		(3	01) 951-	9090		
F Name and address of principal officer: SEAN ELRIDOG (2014 Since 2014 Ho) Since Sean (SAS) MONTGOMERY AVE BOON Ho) Since Sean (SAS) MONTGOMERY AVE BOON Ho) Since					ry, and zir or loreign postar code		6 6	oss receipt	-c ¢ 10 /	100 030	
SEAN EDR.CDC CV 4550 MONTGO MEXY AVE 900N				F. Name and address of principal	officer:	Ш(э)				-09,039	
Note					officer.		-		for	□v □ v-	
Tax-exempt status					N .						
Mebsites Mykus STANDURABRERICA.COM Mykus Myk	T Ta:	x-exei	mpt status:			┤ `´ ˈ	included?				
					nsert no.)	1	•		•	,	
Port Summary 1 Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 3 3 3 3 3 3 3	J W	ebsit	te:► WW	W.STANDUPAMERICA.COM		ПС	Group exem	ption nur	nber 🟲		
Port Summary 1 Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 3 3 3 3 3 3 3						L Year of	f formation: 2	016 M	State of	legal domicile: DF	
Birding describe the organization's mission or most significant activities:	K Forr	n of o	rganization:	Corporation L Trust L Associ	ation Other					9	
B	Pa	art I	Sumi	mary							
2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)		1		*	most significant activities:						
4 Number of independent voting members of the governing body (Part VI, line 1b)	q.	1 2	SEE PART	III, LINE 1.							
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 5 5 7 7 7 7 7 7 7 7	<u> </u>	:									
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 5 5 7 7 7 7 7 7 7 7	Ĕ										
4 Number of independent voting members of the governing body (Part VI, line 1b)	9					more thar	1 25% of its	net asset	s.		
B Net unrelated business taxable income from Form 990-T, line 39 77b Current Year Current Year Current Year 76,740 5,283,74		3	Number o	f voting members of the governing	body (Part VI, line 1a)				3	1	
B Net unrelated business taxable income from Form 990-T, line 39 77b Current Year Current Year Current Year 76,740 5,283,74	20 დ	4	Number o	f independent voting members of t	the governing body (Part VI, line 1b)				4	1	
B Net unrelated business taxable income from Form 990-T, line 39 77b Current Year Current Year Current Year 76,740 5,283,74	ıtıe	5	Total num	ber of individuals employed in cale	endar year 2019 (Part V, line 2a) .				5	20	
B Net unrelated business taxable income from Form 990-T, line 39 77b Current Year Current Year Current Year 76,740 5,283,74	Ę	6	Total num	ber of volunteers (estimate if nece			6	501			
8 Contributions and grants (Part VIII, line 1h)	ď	l			* **				7a		
8 Contributions and grants (Part VIII, line 1h)		b	Net unrel	ated business taxable income from	Form 990-T, line 39				7b		
9 Program service revenue (Part VIII, line 2g)							Prior Yea	ar	С	urrent Year	
11 Other revenue (Part NIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	91	8	Contribut	ons and grants (Part VIII, line 1h)				76,740		5,283,74	
11 Other revenue (Part NIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	nuə	9	Program	service revenue (Part VIII, line 2g)			0		(
11 Other revenue (Part NIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Ρşν	10	Investme	nt income (Part VIII, column (A), lir			1,608		17,44		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	_	11	Other rev	enue (Part VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11e)			-9,387			
14 Benefits paid to or for members (Part IX, column (A), line 4)		12	Total reve	enue—add lines 8 through 11 (mus	t equal Part VIII, column (A), line 12)			68,961		5,303,79	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. (Part IX, column (A), lines 11a-11d, 11f-24e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 32 Net assets or fund balances. Subtract line 21 from line 20 33 January (Part II) 34 January (Part II) 35 January (Part IX, column (A), lines 11e) 36 January (Part IX, column (A), lines 11e) 37 January (Part IX, column (A), lines 11e) 37 January (Part IX, column (A), lines 11e) 38 January (Part IX, column (A), lines 11e) 39 January (Part IX, column (A), lines 11e) 40 January (Part IX, column (A), lines 11e) 41,110,078 1,441,522 2,143,7572 2,0631,857 2,143,7568 4,828,122 20 Total assets (Part X, line 16) 4,2143,7568 4,328,122 21 Total liabilities (Part X, line 26) 4,221,43,7568 4,328,122 22 Net assets or fund balances. Subtract line 21 from line 20 22 January (Part IX, column (A), lines 11e, line 12e) 30 January (Part IX, column (A), lines 11e, line 12e) 4,671,933 4,672,782 4 January (Part IX, column (A), lines 11e, line 12e) 4 January (Part IX, column (A), lines 11e, line 12e, line 12e		13	Grants ar	d similar amounts paid (Part IX, co			35,000		3,500		
16a Professional fundraising fees (Part IX, column (A), line 11e)		14	Benefits p	oaid to or for members (Part IX, col	umn (A), line 4)			0		(
17 Ottol expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 2 1,137,572 2 2,631,85 2 2,137,572 2 2,631,85 2 2,068,611 2 2,671,93 2 0 Total assets (Part X, line 16) 2 1 Total liabilities (Part X, line 26) 2 1 Total liabilities (Part X, line 26) 2 2 Net assets or fund balances. Subtract line 21 from line 20 2 Net assets or fund balances. Subtract line 21 from line 20 2 Net assets or fund balances. Subtract line 21 from line 20 3 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer SEAN ELDRIDGE PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Print/Sexiv > 52-1392008 BETHESDA, MD 208142930	&	15	Salaries,	other compensation, employee ben	efits (Part IX, column (A), lines 5-10)			692,494		1,186,830	
17 Ottol expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 2 1,137,572 2 2,631,85 2 2,137,572 2 2,631,85 2 2,068,611 2 2,671,93 2 0 Total assets (Part X, line 16) 2 1 Total liabilities (Part X, line 26) 2 1 Total liabilities (Part X, line 26) 2 2 Net assets or fund balances. Subtract line 21 from line 20 2 Net assets or fund balances. Subtract line 21 from line 20 2 Net assets or fund balances. Subtract line 21 from line 20 3 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer SEAN ELDRIDGE PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Print/Sexiv > 52-1392008 BETHESDA, MD 208142930	SUS	16a	Professio	nal fundraising fees (Part IX, colum	n (A), line 11e)			0		(
17 Ottol expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 2 1,137,572 2 2,631,85 2 2,137,572 2 2,631,85 2 2,068,611 2 2,671,93 2 0 Total assets (Part X, line 16) 2 1 Total liabilities (Part X, line 26) 2 1 Total liabilities (Part X, line 26) 2 2 Net assets or fund balances. Subtract line 21 from line 20 2 Net assets or fund balances. Subtract line 21 from line 20 2 Net assets or fund balances. Subtract line 21 from line 20 3 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer SEAN ELDRIDGE PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Print/Sexiv > 52-1392008 BETHESDA, MD 208142930	ğ	b	Total fundr	aising expenses (Part IX, column (D), lir	ne 25) ▶0						
19 Revenue less expenses. Subtract line 18 from line 12 -2,068,611 2,671,93: 20 Total assets (Part X, line 16) -2,0143,568 4,828,12: 21 Total liabilities (Part X, line 26) -2,000,843 4,672,78: 22 Revenue less expenses. Subtract line 21 from line 20 -2,000,843 4,672,78: 21 Total liabilities (Part X, line 26) -2,000,843 4,672,78: 22 Revenue less expenses. Subtract line 21 from line 20 -2,000,843 4,672,78: 23 Total assets (Part X, line 26) -2,000,843 4,672,78: 24 Total liabilities (Part X, line 26) -2,000,843 4,672,78: 25 Total assets of fund balances. Subtract line 21 from line 20 -2,000,843 4,672,78: 26 Total assets of printy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer	ш	17	Other exp	enses (Part IX, column (A), lines 1	1a-11d, 11f-24e)		1,410,078			1,441,529	
Beginning of Current Year End of Year		18	Total exp	enses. Add lines 13–17 (must equa	l Part IX, column (A), line 25)		2,	,137,572		2,631,859	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer 2020-10-19 Signature of officer Date Print/Type or print name and title Paid Preparer Preparer's name Preparer's signature Date Check if self-employed Firm's name GELMAN ROSENBERG & FREEDMAN Firm's EIN 52-1392008 Firm's address 4550 MONTGOMERY AVE SUITE 800N Phone no. (301) 951-9090 BETHESDA, MD 208142930		19	Revenue	ess expenses. Subtract line 18 from	m line 12		-2,	,068,611		2,671,93	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer 2020-10-19 Signature of officer Date Print/Type or print name and title Paid Preparer Preparer's name Preparer's signature Date Check if self-employed Firm's name GELMAN ROSENBERG & FREEDMAN Firm's EIN 52-1392008 Firm's address 4550 MONTGOMERY AVE SUITE 800N Phone no. (301) 951-9090 BETHESDA, MD 208142930	Ce S					Begi	nning of Cur	rent Year		End of Year	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer 2020-10-19 Signature of officer Date Print/Type or print name and title Paid Preparer Preparer's name Preparer's signature Date Check if self-employed Firm's name GELMAN ROSENBERG & FREEDMAN Firm's EIN 52-1392008 Firm's address 4550 MONTGOMERY AVE SUITE 800N Phone no. (301) 951-9090 BETHESDA, MD 208142930	dan		T-+-1	A. (D. A.)		-		142.560		4 020 12	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer 2020-10-19 Signature of officer Date Print/Type or print name and title Paid Preparer Preparer's name Preparer's signature Date Check if self-employed Firm's name GELMAN ROSENBERG & FREEDMAN Firm's EIN 52-1392008 Firm's address 4550 MONTGOMERY AVE SUITE 800N Phone no. (301) 951-9090 BETHESDA, MD 208142930	Ass I B	l		, ,							
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here *******					t from line 20		2,	,000,843		4,6/2,/8	
knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign					ned this return, including accompanying	n schedule	es and state	ments ar	nd to th	e hest of my	
Sign Here ****** 2020-10-19 Date SEAN ELDRIDGE PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signatur	know	edge	and belie								
Signature of officer SEAN ELDRIDGE PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type prepa	any k	nowle	edge.								
Sign Here SEAN ELDRIDGE PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's			*****				2020-10-19	9			
Here SEAN ELDRIDGE PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check if self-employed Proparer Firm's name ► GELMAN ROSENBERG & FREEDMAN Firm's EIN ► 52-1392008 Firm's address ► 4550 MONTGOMERY AVE SUITE 800N Phone no. (301) 951-9090 BETHESDA, MD 208142930	Sian		Signatu	re of officer			Date				
Print/Type or print name and title Paid Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Check ☐ if self-employed Firm's name Firm's name GELMAN ROSENBERG & FREEDMAN Firm's EIN ► 52-1392008 Phone no. (301) 951-9090 BETHESDA, MD 208142930			SEAN E	LDRIDGE PRESIDENT							
Paid Preparer Use Only Firm's name ► GELMAN ROSENBERG & FREEDMAN Firm's eaddress ► 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 208142930 Phone no. (301) 951-9090											
Paid Preparer Use Only Firm's name ► GELMAN ROSENBERG & FREEDMAN Firm's EIN ► 52-1392008 Phone no. (301) 951-9090 BETHESDA, MD 208142930			P	int/Type preparer's name	Preparer's signature	Date	Chask \square				
Preparer Use Only Firm's name ► GELMAN ROSENBERG & FREEDMAN Firm's EIN ► 52-1392008 Phone no. (301) 951-9090 BETHESDA, MD 208142930	Paid	t					1	1.00	<u>აგ314</u>		
Use Only Firm's address ► 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 208142930 Phone no. (301) 951-9090			er F	rm's name F GELMAN ROSENBERG &	FREEDMAN						
BETHESDA, MD 208142930			<u> </u>	Firm's address ▶ 4550 MONTGOMERY AVE SUITE 800N Phone no. (301) 951-9090							
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Form	990 (2	019)				Page 2
Pa	rt III	Statement of Program Se	rvice Accomplisi	nments		
		Check if Schedule O contains a	response or note to a	any line in this Part III		🗸
1	Briefly	describe the organization's miss		,		
STRE VOTE JNRI	NGTHE	NING OUR DEMOCRACY BY HOLD TICIPATION AND ACCESS TO THE	ING OUR ELECTED C BALLOT BOX, ADVO	FFICIALS ACCOUNTAB CATING FOR POLICIES	RESSIVE AMERICANS. WE ARE FOC LE FOR CORRUPTION AND ABUSES THAT MAKE OUR ELECTIONS MORE OF WORKING PEOPLE AND BLOCKE	OF POWER, INCREASING SECURE, AND
2	Did th	e organization undertake any sig	nificant program serv	vices during the year w	hich were not listed on	
-		ior Form 990 or 990-EZ?		- ,		☐ Yes ☑ No
		s," describe these new services o				Lites Line
3		e organization cease conducting,		changes in how it condu	icts any program	
_		es?	-	-	acts, any program	☐ Yes ☑ No
		s," describe these changes on Scl				LICS LINO
4	Sectio		izations are required	to report the amount of	largest program services, as measu of grants and allocations to others, t	
4a	(Code:) (Expenses \$	2,277,601	including grants of \$	3,500) (Revenue \$)
	See Ad	lditional Data				
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other	program services (Describe in So	chedule O.)			
-		nses \$	including grants of	\$) (Revenue \$)
4e	Total	program service expenses ►	2,277,6	01		

Form	990 (2019)			Page 3
Par	tiV 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
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	Yes	
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? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III $\ref{20}$.	5		No
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? <i>If "Yes," complete Schedule D,</i> Part 3	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
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 2	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
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		No
	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 2	11c		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
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		No
	BILL 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		i	1

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Nο

Nο

Nο

Nο

Nο

Form **990** (2019)

17

18

19

20a

20b

21

18

19

Form	990 (2019)			Page 4
Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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 "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

12

0

1c

Yes

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	20		
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)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	er, a 4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF	₹).		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ——
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts v not tax deductible?	vere 6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	o file 7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Formula 1098-C?	erm 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	· 13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		140
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exparachute payment(s) during the year?	\vdash		No
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	. 16		No No
	in res, complete norm 4/20, schedule O.			

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines
Se	ction 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 1			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b		No
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	2.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
	ction 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 4550 MONTGOMERY AVE 800N BETHESDA, MD 20814 (301) 951-9090			

(F)

111 330 (2	1 990 (2019)												
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	ection 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, or highest compensated employees who received more than \$100,000
- List all of the organization's **former** officers, key employees, or 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.

(C)

(D)

(E)

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 nor any related organization compensated any current officer, director, or trustee.

(B)

Name and title	Average hours per week (list any hours		ne bo	ox, ι n of	unle: ficer	ss pers	son	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
1) SEAN ELDRIDGE	40.00									
RES/SEC/TREASURER/DIRECTOR	0.10	Х		Х				0	0	0
2) CHRISTINA HARVEY	40.00									
MANAGING DIRECTOR	0.00			Х				105,231	0	2,938
3) BRETT EDKINS POLITICAL DIRECTOR	40.00					x		103,385	0	8,336
					_					

293 CENTRAL PARK W APT 5E NEW YORK, NY 10024

compensation from the organization ▶ 5

Page 8

	(A) Name and title	(B) Average hours per week (list any hours for related	than o	one bo	oox, u an off ctor/t	ot che unles fficer trust	neck mo ess pers er and a etee)	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organization	n I s	(F) Estimated amount of other compensation from the organization and	
		organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensæed employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)		organizati relati organiza	ed
			 	-	+	-	<u> </u>	+-'					
		<u> </u>		+	+	\vdash	_	+					
		+		+	+	\vdash	 	+					
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		!	<u> </u>	<u> </u>	<u> </u>	\perp	<u> </u>	<u> </u>					
 		!	 	—	<u> </u>	\perp	<u> </u>	<u> </u>					
<u></u>	Code Takal			Щ	<u> </u>	\perp		<u>'</u>			\perp		
	Sub-Total						▶ _		-		+		
d	Total (add lines 1b and 1c)	<u> </u>	<u> </u>	<u></u>	<u></u>		<u> </u>		208,616		0		11,274
2	Total number of individuals (including of reportable compensation from the			e listo	.ed a	bov	e) who) rece	eived more than \$:	100,000			
												Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>									d employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual									m the	4		No
5	Did any person listed on line 1a receiv services rendered to the organization										5		No
S	ection B. Independent Contract	ors		<u> </u>	_	_		_					
1	Complete this table for your five higher from the organization. Report comper										mpen	nsation	
l	Name :	(A) and business addre	ess		_	_		_	Des	(B) scription of services		(C Compen	
	AND SOFTWARE INC				_	_			COMMUNIC		 -		338,289
AUST.	CONGRESS AVE SUITE 18540 TIN, TX 78701												
	MOVEMENT COOP			_	_	_	_	_	COMMUNIC	CATIONS	_		184,211
NEM.	27TH ST GREELEY SQ PO BOX 20 YORK, NY 10001								AAA DIZETINI				
FACEBOOK INC 1 HACKER WAY								G			174,529		
MENLO PARK, CA 94025													
	RCEN PARTNERS LLC LYTTON AVENUE SUITE 200								ACCOUNTI	NG & IAX			164,322
PALO	O ALTO, CA 94301 (ANAS STRATEGIES LLC								CONSULTI	NC.			110,865
PEIN	ANAS STRATEGIES LLC								CONSOLITI	NG			110,003

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

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

		(2019)	- 6 5							Page 9				
Part	VII				resno	onse or note to any	ine in this Part VIII			🗖				
		CHECK II SCHO	duic	o contains e	тезре	wise of flote to diffy	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514				
1/	1	.a Federated campa	aigns	s	1 a			revenue		512 - 514				
Contributions, Gifts, Grants and Other Similar Amounts		b Membership due	s.	.	1 b									
<u> </u>		c Fundraising ever	nts .	[1c									
ifts, ar A		d Related organiza	ations	5	1 d									
1. <u>G</u>		e Government grants	(con	tributions)	1e									
ons		f All other contribution and similar amount			1f	5,283,746								
buti the		above g Noncash contribution	ons in	L Icluded in I		3,203,740								
n tri	! !	lines 1a - 1f:\$			1 g	5,105,242	5,105,242							
3		h Total. Add lines	1a-1	f			5,283,746							
	ľ					Business Code								
	2a	1												
ını														
Program Service Revenue														
ice	١,	c												
Serv	١,	d												
an	`													
rogr	•	e												
•	1	f All other program	serv	rice revenue.										
	g	J Total. Add lines	2a-2	f	. •					1				
		Investment income				nterest, and other	1,531			1,531				
		similar amounts) . Income from invest		 nt of tax-exe		ond proceeds	1,331			1,331				
		Royalties			-									
				(i) Rea	al	(ii) Personal								
	6	a Gross rents	6a											
		Less: rental												
		expenses	6b											
	С	Rental income or (loss)	6с											
		d Net rental income	e or i			<u> </u>								
	(i) Securitie			ities	(ii) Other									
	7a 	a Gross amount from sales of	7a	5,:	121,152	2								
		assets other than inventory												
	b	b Less: cost or other basis and 7b 5,105			105,242	2								
		sales expenses				-								
		Gain or (loss)	7 c		15,910)								
		d Net gain or (loss)			_	· · · •	15,910			15,910				
ne	8	a Gross income from for a continuity and		of										
€ E		contributions reporte See Part IV, line 18			8a									
Other Revenue		b Less: direct exper	nses		8b									
her		c Net income or (los			ing ev	ents •								
ŏ	92	Gross income from	aam	ing activities										
	Эa	See Part IV, line 19	9 .	• •	9a									
		b Less: direct exper	nses		9b									
		c Net income or (los	ss) fr	om gaming	activit	ies 🕨								
	10	aGross sales of inv	ento	ry, less										
		returns and allowa			10a									
		b Less: cost of good			10b									
		C Net income or (los Miscellaneo			invent	ory ► Business Code								
	1	1aMISCELLANEOUS		-		900099	2,282			2,282				
		b SALES REVENUE				900099	328			328				
		с												
		d All other revenue					<u> </u>							
		e Total. Add lines 1					2,610							
	1	2 Total revenue. S	ee ir	nstructions	• •	•	5,303,797	C		20,051				

Form 990 (2019) Page 10 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). $\overline{\mathbf{v}}$ Check if Schedule O contains a response or note to any line in this Part IX . (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and 3,500 3,500 domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 **4** Benefits paid to or for members Compensation of current officers, directors, trustees, and 108,169 92,384 15,785 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 884,471 882,748 1,723 7 Other salaries and wages . 8 Pension plan accruals and contributions (include section 401 15,927 15,927 (k) and 403(b) employer contributions) . . . 97,828 97,828 **9** Other employee benefits . . . 10 Payroll taxes . . 80,435 80,435 11 Fees for services (non-employees): a Management **b** Legal 44,929 44,929 155,653 155,653 c Accounting e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column 842,881 715,049 127,832 (A) amount, list line 11g expenses on Schedule O) 175,610 175,610 12 Advertising and promotion . . . 22,553 22,553 **13** Office expenses . . 6,406 6,406 14 Information technology . 15 Royalties . 16 Occupancy . 12,268 12,268 **17** Travel . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 19 Conferences, conventions, and meetings 2,214 2,214 **20** Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 Insurance . 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a EXCISE TAX 8,196 8,196 **b** MEMBERSHIP DUES 136.875 136,875 14,425 14,425 c SMALL EQUIPMENT d PROFESSIONAL DEV. 10,168 10,168 e All other expenses 9,351 9,211 140 25 Total functional expenses. Add lines 1 through 24e 2,631,859 2,277,601 354,258 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 (2019)

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4,668,289

150.000

9,834

4,828,123

147,341

8.000

155.341

4.672,782

4,672,782

4,828,123

Form 990 (2019)

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142.725

2,452

2,143,568

142,725

Page **11**

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

	Beginning of year		End of year
Cash-non-interest-bearing	2,141,116	1	4,
Savings and temporary cash investments		2	

28

31

32

33

ō 29

Assets 30 Pledges and grants receivable, net . Accounts receivable, net

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . .

Assets Inventories for sale or use . . Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation

Investments—publicly traded securities .

10a

10b Investments—other securities. See Part IV, line 11 . Investments—program-related. See Part IV, line 11 Intangible assets .

11 12 13 14 15 Other assets. See Part IV, line 11 . . .

16 **Total assets.** Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses

18 Grants payable . 19 Deferred revenue . .

20 Tax-exempt bond liabilities . 21 Escrow or custodial account liability. Complete Part IV of Schedule D

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity Secured mortgages and notes payable to unrelated third parties

Liabilities 22 23 24

Unsecured notes and loans payable to unrelated third parties . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D

26 Total liabilities. Add lines 17 through 25 . .

Fund Balances complete lines 27, 28, 32, and 33.

complete lines 29 through 33.

Total net assets or fund balances

27 Net assets without donor restrictions

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Organizations that follow FASB ASC 958, check here <a> \square and

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \end{and} \)

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Net assets with donor restrictions .

2,000,843 28

2,000,843

2,143,568

26 27

Form	990 (2019)				Page 12
Pa	Reconcilliation 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		5	,303,797
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	,631,859
3	Revenue less expenses. Subtract line 2 from line 1	3		2	,671,938
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	,000,843
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			1
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4	,672,782
Pa	rt XII Financial Statements and Reporting				
	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:				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	За		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requiaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b		

Additional Data

Software ID:

Software Version:

EIN: 32-0512546

Name: STAND UP AMERICA INC

Form 990 (2019)

Form 990, Part III, Line 4a:

STAND UP AMERICA ADVOCATES FOR PROGRESSIVE GOVERNMENT POLICIES THAT WILL STRENGTHEN OUR DEMOCRACY AND TO OPPOSE CONSERVATIVE POLICIES THAT ARE CONTRARY TO PROGRESSIVE VALUES. WE EDUCATE AND MOBILIZE OUR MEMBERS USING EMAIL, SMS, AND SOCIAL MEDIA COMMUNICATIONS, AS WELL AS

MOBILIZE VOTERS OUTSIDE OUR COMMUNITY THROUGH PEER-TO-PEER TEXTING. IN 2019, STAND UP AMERICA DROVE 538,585 CONSTITUENT PHONE CALLS TO CONGRESS AND TO THE NEW YORK STATE LEGISLATURE, AT THE FEDERAL LEVEL, WE DROVE CONSTITUENT CALLS TO: SUPPORT ELECTION SECURITY FUNDING, AND THE FOR THE PEOPLE ACT OF 2019; OPPOSE PRESIDENT TRUMP'S NATIONAL EMERGENCY DECLARATION TO FUND A BORDER WALL; AND URGE CONGRESS TO OPEN AN IMPEACHMENT INVESTIGATION AND IMPEACH AND REMOVE THE PRESIDENT FOR HIS ABUSES OF POWER.WE ALSO MOBILIZED 25,000 PROTESTORS ACROSS THE

COUNTRY TO CALL ON THE SENATE TO REMOVE PRESIDENT TRUMP FROM OFFICE FOR HIS ABUSES OF POWER. IN NEW YORK, WE DROVE THOUSANDS OF CONSTITUENT CALLS AND OTHER ACTIONS URGING THE PASSAGE OF THE NEW YORK TRUST ACT. AUTOMATIC VOTER REGISTRATION, AND PUBLIC FINANCING OF CAMPAIGNS IN NEW MEXICO, OUR VOLUNTEER-LED PEER TO PEER TEXTING PROGRAM SENT 150,365 TEXT MESSAGES TO VOTERS IN ALBUQUERQUE URGING THEM TO VOTE FOR PROP 2, A BALLOT INITIATIVE THAT WOULD HAVE EXPANDED PUBLIC FINANCING OF CAMPAIGNS THROUGH DEMOCRACY DOLLARS.

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

DLN: 93493293008280

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶ 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.

Inspection

	section 527 organizations: Complet						
		n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s					R
		t have NOT filed Form 5768 (election un					
		n Form 990, Part IV, Line 5 (Proxy Tax	() (see separate i	nstructions) or	orm 990	-EZ, Part V, lir	ne 35c
(Pro	xy Tax) (see separate instruction Section 501(c)(4), (5), or (6) organiz	s), then zations: Complete Part III					
	ne of the organization	editoria. Complete i dit iii.		Empl	oyer ider	ntification nur	nber
STA	ND UP AMERIČA INC			22.05			
Par	t I-A Complete if the orga	nization is exempt under section	n 501(c) or is		12546 V organi	zation	
1	"political campaign activities")	ization's direct and indirect political car	npaign activities ir	n Part IV (see ins	tructions i	for definition of	•
2	Political campaign activity expend	litures (see instructions)			>	\$	38,789
3	Volunteer hours for political camp	paign activities (see instructions)					1,422
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).				
1	Enter the amount of any excise ta	ax incurred by the organization under se	ection 4955		>	\$	
2	Enter the amount of any excise ta	ax incurred by organization managers u	nder section 4955		>	\$	
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	:his year?			☐ Yes	□ No
4a	Was a correction made?					☐ Yes	□ No
L	If "Yes," describe in Part IV.					⊔ fes	□ NO
b Par		nization is exempt under sectio	n 501(c), exc	ept section 50	1(c)(3)).	
1		ed by the filing organization for section				\$	38,789
2	, ,	anization's funds contributed to other o	·			т	00,,00
						\$	0
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and or	n Form 1120-POL,	line 17b	>	\$	38,789
4	Did the filing organization file For	m 1120-POL for this year?				▼	□ No
5		, employer identification number (EIN) of					□ NO
5		each organization listed, enter the amo					e amount
		that were promptly and directly deliver			on, such a	as a separate s	egregated
	fund of a political action committee	ee (PAC). If additional space is needed,	provide information	on in Part IV.			
	(a) Name	(b) Address	(c) EIN	(d) Amount p		(e) Amount	
				filing organiz funds. If non-		contribution and prom	
				-0	z, criter	directly deli	vered to a
						separate organization	
						enter	
1							
2							
_							
3							
4							
						-	
5							
_							
6							
For P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	. No. 500845 Sc	hedule C (Form 990 or 99	0-EZ) 2019

Pa		nization is exempt under section 501(c)(3) and has NOT filunder section 501(h)).	ed				
For e		n 1i below, provide in Part IV a detailed description of the lobbying	(a) Yes No		A	(b) moun	 it
1		ration attempt to influence foreign, national, state or local legislation, blic opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?						
b	Paid staff or management (include co	mpensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?						
d		he public?					
е		st statements?					
f		ying purposes?					
g		taffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, co	nventions, speeches, lectures, or any similar means?					
i							
j	_						
2a		organization to be not described in section 501(c)(3)?					
b		incurred under section 4912					
С	•	incurred by organization managers under section 4912					
		ection 4912 tax, did it file Form 4720 for this year?					
Pai		nization is exempt under section 501(c)(4), section 501(c)	(5), o	r secti	on		
	501(c)(6).					Yes	No
1	Were substantially all (90% or more)	dues received nondeductible by members?		Г	1		-110
2		use lobbying expenditures of \$2,000 or less?		-	2		
3		ver lobbying and political expenditures from the prior year?		⊢	3		
Par		nization is exempt under section $501(c)(4)$, section $501(c)$			on 5	01(c)(6)
	and if either (a) BOTI	H Part III-A, lines 1 and 2, are answered "No" OR (b) Part				•	, ,
	answered "Yes."						
1	•	nts from members	1				
2	expenses for which the section 52		2a				
a b			2b				
c	•		2c				
3		n 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 excess does the reasonable estimate of nondeductible lobbying and political					
			4				
5	Taxable amount of lobbying and polit	ical expenditures (see instructions)	5				
P	art IV Supplemental Inform	ation					
		-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); implete this part for any additional information.	Part II-	A, lines	1 and	2 (se	e
	Return Reference	Explanation					
PAR		ILE STAND UP AMERICA PRIMARILY FOCUSES ON ITS LOBBYING AND EDI	JCATIO	NAL EFF	ORTS		
•	DES CLA COI PEE	SIGNED TO PROMOTE SOCIAL WELFARE, A MINOR PORTION OF ITS ACTIVANCE AS POLITICAL CAMPAIGN INTERVENTION, SPECIFICALLY COMMINAMENTY MEMBERS IN VIRGINIA URGING THEM TO VOTE IN THE STATE LER-TO-PEER TEXTING URGING OTHER VIRGINIANS TO VOTE AND PROVIDULING LOCATION.	ITIES I JNICAT EGISLA	N 2019 IONS W TIVE EL	ARE ITH IT .ECTIO	S DNS, A	AND

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493293008280

OMB No. 1545-0047

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

2019

Department of the Treasury Internal Revenue Service

(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.

Open to Public Inspection

		he organization MERICA INC			Emp	loyer identification number
		IEI CENT AITE			32-0	512546
Pa	rt I	Organizations Maintaining Donor Advi			or Acc	ounts.
		Complete if the organization answered "Ye		Part IV, line 6. advised funds	1	(b) Funds and other accounts
ı	Total n	umber at end of year.........	(a) Donor	advised fullus	+	(b) Funds and other accounts
L >		ate value of contributions to (during year)			+	
<u>-</u>		ate value of grants from (during year)			+	
, 1		ate value at end of year			+	
5	Did the	e organization inform all donors and donor adviso				funds are the
5	Did the	zation's property, subject to the organization's ex e organization inform all grantees, donors, and do able purposes and not for the benefit of the donor	onor advisors in writi	ng that grant funds ca	an be use	d only for ing impermissible
		e benefit?				☐ Yes ☐ No
Pa	rt II	Conservation Easements. Complete if the organization answered "Ye	es" on Form 990. F	Part IV, line 7.		
L	Purpos	se(s) of conservation easements held by the orga	•			
		Preservation of land for public use (e.g., recreation	n or education)	☐ Preservation of	an histori	ically important land area
		Protection of natural habitat	,			d historic structure
				Freservation of	a certified	a mistorie structure
		Preservation of open space	11.00			
2	easem	ete lines 2a through 2d if the organization held a ent on the last day of the tax year.	qualified conservation	on contribution in the	form of a	Held at the End of the Year
а		umber of conservation easements			2a	ricid at the End of the Tear
b	Total a	creage restricted by conservation easements			2b	
С	Numbe	er of conservation easements on a certified histori	ic structure included	in (a)	2c	
d	Numbe	er of conservation easements included in (c) acqu are listed in the National Register		` '	2d	
3		er of conservation easements modified, transferre	ed, released, extingu	ished, or terminated b	by the org	ganization during the
ı	•	er of states where property subject to conservation	on easement is locate	ed ▶		
5		the organization have a written policy regarding the officement of the conservation easements it hold			ng of viola	etions,
5	Staff a	and volunteer hours devoted to monitoring, inspec	cting, handling of vio	lations, and enforcing	conserva	ation easements during the year
7	Amour ► \$	nt of expenses incurred in monitoring, inspecting,	handling of violation	ns, and enforcing cons	servation	easements during the year
3		each conservation easement reported on line 2(d) ection 170(h)(4)(B)(ii)?			170(h)(4)(B)(i) ☐ Y es ☐ N o
)	balanc	t XIII, describe how the organization reports cons ie sheet, and include, if applicable, the text of the ganization's accounting for conservation easemer	footnote to the orga			
ar	t III	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historica		ther Sir	milar Assets.
La	art, his	organization elected, as permitted under SFAS 11 storical treasures, or other similar assets held for e, in Part XIII, the text of the footnote to its finar	.6 (ASC 958), not to public exhibition, ed	report in its revenue lucation, or research i	n further	
b	If the histori	organization elected, as permitted under SFAS 11 cal treasures, or other similar assets held for pub ng amounts relating to these items:	.6 (ASC 958), to rep	ort in its revenue stat	ement an	
(nue included on Form 990, Part VIII, line 1				▶ \$
		s included in Form 990, Part X				
2	If the	organization received or held works of art, historing amounts required to be reported under SFAS	cal treasures, or oth	er similar assets for fi		
а		ue included on Form 990, Part VIII, line 1	,	-		. ▶\$
b	Assets	included in Form 990, Part X				. ▶\$

Part	=	Organizations Ma	intaining Col	lections of Ar	t, Histor	ical Tı	reası	ures, o	r Other	Similar A	Assets	(continued)
3		the organization's acqu (check all that apply):	isition, accessio	n, and other reco	rds, check	any of	the fo	llowing	that are a	significant	use of it	ts collection	n
а		Public exhibition			d		Loan	or exch	ange prog	grams			
b		Scholarly research			е		Othe	er					
c		Preservation for future	generations										
4	Provide Part >	de a description of the o	rganization's co	lections and expl	ain how th	ey furth	her th	e organi:	zation's e	xempt purp	oose in		
5		ng the year, did the organ s to be sold to raise fund									□ Y	es 🗆	No
Part	: IV	Escrow and Custo Complete if the org X, line 21.			Form 990), Part	IV, I	ine 9, o	r reporte	ed an amo	ount on	Form 990), Part
1a		e organization an agent, ded on Form 990, Part X									□ Y	es 🗆	No
b	If "Y∈	es," explain the arranger	ment in Part XIII	and complete th	ne following	ı table:					Amount	<u> </u>	
c		nning balance		•	-				1c				
d	_	ions during the year							1d				
e		butions during the year							1e				
f		ng balance							1f				
2-		-								- Lilibura		es 🗆	
2a		he organization include a								•		es 🗀	No
		es," explain the arrangen		. Check here if th	ne explanat	ion has	been	provide	d in Part	XIII	. ⊔		
Par	tν	Endowment Fund Complete if the org		vered "Yes" on	Form 990) Part	TV/ li	ine 1∩					
		complete if the org	anización ansv	(a) Current yea	r (b)	Prior yea	ar		ears back	(d) Three y	ears back	(e) Four y	ears back
1a E	Beginn	ing of year balance .											
b	ontrib	outions											
c N	let inv	estment earnings, gains	s, and losses										
d (arants	or scholarships											
		expenditures for facilities	5										
f A	dmini	istrative expenses .											
g E	nd of	year balance											
2	Provid	de the estimated percen	tage of the curr	ent year end bala	nce (line 1	.g, colu	mn (a)) held a	as:				
а	Board	d designated or quasi-en	dowment 🟲										
b	Perm	anent endowment ►											
С	Temp	oorarily restricted endow	ment 🟲										
	The p	percentages on lines 2a,	2b, and 2c shou	ıld equal 100%.									
3a		here endowment funds n nization by:	not in the posses	ssion of the orgar	nization tha	nt are h	eld ar	nd admin	istered fo	r the		Yes	s No
	(i) ur	nrelated organizations										Ba(i)	
		elated organizations .									3	a(ii)	
		es" on 3a(ii), are the rela					.? .			• • •		3b	
4		ribe in Part XIII the inter			ndowment	funds.							
Part	:VI	Land, Buildings, a Complete if the org			Form 990) Dart	TV/ II	ino 11a	Soo Eo	rm 000 D	Dart V li	no 10	
	Descri	iption of property	(a) Cost or ot (investme	ner basis (b)	Cost or othe					depreciation	1	(d) Book va	alue
1 a L	and.												
		gs									†		
		nold improvements									1		
				ı				1			1		
d F	auinm	nent											
		nent											

Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security)	(b) Book	(c) ¹	990, Part X, line 12. Method of valuation: nd-of-year market value
1) Financial derivatives	value		
2) Closely-held equity interests			
3)Other			
A)			
3)			
)) 			
)			
5)			
H) 			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) art VIII Investments—Program Related.	•		
Complete if the organization answered 'Yes' on Form 990,	Part IV, lii		
(a) Description of investment		(b) Book va	(c) Method of valuation: Cost or end-of-year market value
)			
2)			
	-		
)			
)			
)			
)			
2)			
Part IX Other Assets.		•	
Complete if the organization answered 'Yes' on Form 990, (a) Description	Part IV, lin	e 11d. See Form 99	0, Part X, line 15. (b) Book value
1)			
2)			
3)			
)			
5)			
5)			
7)			
3)			
9)			
otal. (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, lin	e 11e or 11f.See F	
(a) Description of liability			(b) Book
.) Federal income taxes			value
) EXCISE TAX PAYABLE)			8,000
)			
)			
)			
') ')			
3)			
9)			
10)			
otal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			N 0000
tal. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnotes.	ote to the or	ganization's financial	▶ 8,000 statements that reports the organization

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Schedule D (Form 990) 2019

1

d Other (Describe in Part XIII.) 2d 373,298 e 2e Subtract line **2e** from line **1** 3 3

2c

Page 4

5,677,095

Schedule D (Form 990) 2019

5,303,797 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b

Add lines **4a** and **4b** 4c C 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

5,303,797 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 3,005,157 2

Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . . . 2a 373,298 2b Prior year adjustments 2c

C 2d d Other (Describe in Part XIII.) . . .

Add lines 2a through 2d . 2e 373,298 Subtract line 2e from line 1 3 2,631,859 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a

4b b

Add lines **4a** and **4b** 4c

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 2.631.859

Supplemental Information

Part XIII 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.

Return Reference Explanation

See Additional Data Table

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software Version:

EIN: 32-0512546

Name: STAND UP AMERICA INC

Supplemental Information

on _____

Software ID:

Return Reference

Explanation

GNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART X, LINE 2:

FOR THE YEAR ENDED DECEMBER 31, 2019, THE ORGANIZATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECO

DLN: 93493293008280 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** STAND UP AMERIČA INC 32-0512546 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures **3** Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 5,105,242 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ► (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2								
is reporting in Part I, col	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.								
Return Reference	Explanation								
PART I, COLUMN (B):	COLUMN (B) REFLECTS THE NUMBER OF CONTRIBUTIONS MADE.								
	Schedule M (Form 990) (2019)								

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -		DI	LN: 93493293008280	
SCHEDULE O (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. Solvential 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. Solvential Information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.					ons on	OMB No. 1545-0047 2019 Open to Public Inspection	
Namel Setherofe STAND UP AMERIC 990 Schedul	EA INC	emental Informatio	n		Employer ide 32-0512546	entification number	
Return Reference			E	Explanation			
FORM 990, PART VI, SECTION A, LINE 8B	THE ORGA	THE ORGANIZATION DID NOT HAVE ANY COMMITTEES DURING THE YEAR.					

Return Explanation
Reference

FORM 990,	FORM 990 WAS PREPARED BY AUTHORIZED AGENTS OF THE ORGANIZATION AND REVIEWED BY THE PRESIDE
PART VI,	NT AND OUTSIDE COUNSEL. FORM 990 IS PROVIDED TO EACH DIRECTOR BEFORE BEING FILED.
SECTION B,	
LINE 11B	ļ ,

FORM 990, PART VI, SECTION B, LINE 12C THE CONFLICT OF INTEREST POLICY COVERS DIRECTORS, OFFICERS, AND KEY EMPLOYEES OF THE CORPO RATION ("COVERED PERSONS"). A COPY OF THE CONFLICT OF INTEREST POLICY IS FURNISHED ANNUALL Y TO EACH COVERED PERSON. EACH COVERED PERSON ANNUALLY SIGNS A STATEMENT THAT AFFIRMS THAT HE OR SHE HAS RECEIVED A COPY OF THE POLICY; HAS READ AND UNDERSTANDS THE POLICY; AND HAS AGREED TO COMPLY WITH THE POLICY. COVERED PERSONS ANNUALLY FILE A STATEMENT WITH THE BOAR D OF DIRECTORS THAT LISTS ANY OUTSIDE EMPLOYMENT OR CONSULTING WORK OR ANY BOARD MEMBERSHI P OR AFFILIATION WITH OTHER ORGANIZATIONS THAT COULD CONSTITUTE A CONFLICT, ALONG WITH A L ISTING OF SIGNIFICANT INVESTMENTS THEY OWN AS DEFINED IN THE POLICY. ALL MATERIAL FACTS CO NCERNING ANY SITUATION THAT MIGHT BE VIEWED AS A CONFLICT ARE DISCLOSED TO THE BOARD OF DI RECTORS BY THE COVERED PERSON CONCERNED. NO COVERED PERSON IS PRESENT FOR A VOTE BY THE BO ARD OF DIRECTORS ON ANY DECISION OR ACTION BY THE COPPORATION THAT WOULD DIRECTLY OR INDIR	Return Reference	Explanation
ECTLY BENEFIT THAT PERSON, ALTHOUGH THAT PERSON MAY ANSWER QUESTIONS OR RESPOND TO REQUEST S 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.	PART VI, SECTION B,	RATION ("COVERED PERSONS"). A COPY OF THE CONFLICT OF INTEREST POLICY IS FURNISHED ANNUALL Y TO EACH COVERED PERSON. EACH COVERED PERSON ANNUALLY SIGNS A STATEMENT THAT AFFIRMS THAT HE OR SHE HAS RECEIVED A COPY OF THE POLICY; HAS READ AND UNDERSTANDS THE POLICY; AND HAS AGREED TO COMPLY WITH THE POLICY. COVERED PERSONS ANNUALLY FILE A STATEMENT WITH THE BOAR D OF DIRECTORS THAT LISTS ANY OUTSIDE EMPLOYMENT OR CONSULTING WORK OR ANY BOARD MEMBERSHI P OR AFFILIATION WITH OTHER ORGANIZATIONS THAT COULD CONSTITUTE A CONFLICT, ALONG WITH A L ISTING OF SIGNIFICANT INVESTMENTS THEY OWN AS DEFINED IN THE POLICY. ALL MATERIAL FACTS CO NCERNING ANY SITUATION THAT MIGHT BE VIEWED AS A CONFLICT ARE DISCLOSED TO THE BOARD OF DI RECTORS BY THE COVERED PERSON CONCERNED. NO COVERED PERSON IS PRESENT FOR A VOTE BY THE BO ARD OF DIRECTORS ON ANY DECISION OR ACTION BY THE CORPORATION THAT WOULD DIRECTLY OR INDIR ECTLY BENEFIT THAT PERSON, ALTHOUGH THAT PERSON MAY ANSWER QUESTIONS OR RESPOND TO REQUEST S 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 TR

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

990 Schedule O, Supplemental Information

PART IX.

Explanation Return Reference FORM 990. RESEARCH: PROGRAM SERVICE EXPENSES 62.260. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 62.260. CONSULTING FEES: PROGRAM SERVICE EXPENSES 195.000. MANA GEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 195.000. RECRUITING SERVICES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 127.832. FUNDRAISING

LINE 11G EXPENSES 0. TOTAL EXPENSES 127,832. OTHER PROF. FEES: PROGRAM SERVICE EXPENSES 125,971. M ANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 125.971. COMMUNIC ATIONS: PROGRAM SERVICE EXPENSES 331.818. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING E. XPENSES 0. TOTAL EXPENSES 331.818.

Return Explanation

Reference	
,	WHILE THE ORGANIZATION DOES NOT HAVE AN AUDIT COMMITTEE, THE PRESIDENT AND MANAGING DIRECT
PART XII,	OR TOOK RESPONSIBILITY IN OVERSEEING THE AUDIT SELECTION PROCESS.
LINE 2C	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 2019

DLN: 93493293008280

Open to Public Inspection

TAND UP AMERIČA INC								Employer identification number					
Part I Identification of Disregarded Entities. Complete if	the orgar	nization answ	ered "Ye:	s" on Form	990, Part	IV, line 3	32-051254 3.	46					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary act	iivity	(c) Legal domic or foreign o	ile (state country)	(d) Total inco	ome End-	(e) of-year assets		f) ontrolling tity			
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	is. Compl	ete if the orga	anization	answered '	"Yes" on F	orm 990,	Part IV, lir	ne 34 becaus	e it had one or	· more			
(a) Name, address, and EIN of related organization	Prima	(b) ary activity	Legal do	(c) micile (state gn country)	Exempt Co	de section	(e) Public charity (if section 50:	r status 1(c)(3))	(f) Direct controlling entity	Section (13) co	(g) n 512(b ontrolleatity?		
(1)TELOS FOUNDATION PO BOX 524	FOUNDATIO	DN		DE 501(C)(3)		PF				Yes	No No		
GARRISON, NY 10524 45-4434298											_		
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For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.		Ca	t. No. 50135	Υ			Sc	hedule R (Form	990) 2	.019		

(a) Name, address, and EIN of related organization	:	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percenta ownersh
			\perp		,			Yes	No		Yes	No	
Identification of Related Organ because it had one or more related						ization ans	wered "Yes	s" on F	orm 9	990, Part IV	, line	34	
(a) Name, address, and EIN of	(b) Primary activity	L do	(c) egal micile or foreign	Direct	entity (C co	(e) e of entity orp, S corp, r trust)	(f) Share of total income		(g) of end- year assets	-of- Perce owne	1) ntage ership	(13	(i) tion 5:) contr entity
related organization					"	,		1					C3
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Page **3**

V	Transactions with Related Organizations. Complete if the organization answered	162	of Form 950, Part IV, line 54, 550, or 50.
-	0 1 1 1 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b		No
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1 d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1 s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of determining an	nount ir	nvolved	

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 partne was not a related organization. See instructions regarding exclusions	rship through w	hich the ovestment p	rganization co artnerships.	nduc	ted more thar	five perce	ent of its acti	vities (measur	red b	oy total assets	or gross	rever	nue) that
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar oı	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												H	
												Ш	
										Schedul	e R (Forn	n 99	0) 2019

Schedule R (Form 990) 2019							
Part VII	Supplemental Information						
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).					
Retu	ırn Reference	Explanation					