

Form **990**

OMB No. 1545-0047

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning , 2024, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C STANDUPGIRL.COM FOUNDATION INC 215 N MERIDIAN ST #206 NEWBERG, OR 97132 F Name and address of principal officer: DAWN MARIE PEREZ Same As C Above H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number
D Employer identification number 93-1320700	E Telephone number (503) 554-5683
G Gross receipts \$ 417,523.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.STANDUPGIRL.COM
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 2001 M State of legal domicile: OR

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE EDUCATION TO THE PULBIC ON ISSUES OF PRE-BIRTH.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 8
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 4
	6 Total number of volunteers (estimate if necessary) 6 35
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 441,081. Current Year 383,172.
	9 Program service revenue (Part VIII, line 2g) 4,425. 33,867.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9. 213.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -34,797. -53,459.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 410,718. 363,793.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 167,696. 141,669.
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) 16,998.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 206,971. 229,531.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 374,667. 371,200.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12 36,051. -7,407.
	20 Total assets (Part X, line 16) Beginning of Current Year 114,121. End of Year 107,505.
	21 Total liabilities (Part X, line 26) 757. 1,050.
	22 Net assets or fund balances. Subtract line 21 from line 20. 113,364. 106,455.

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 Here	Signature of officer DAWN MARIE PEREZ Type or print name and title Executive Director
	Date
Paid Preparer Use Only	Preparer's name Michael Dairy, EA
	Preparer's signature Michael Dairy, EA
	Date
	Check <input type="checkbox"/> if self-employed PTIN P00459585
Firm's name TICE TAX SERVICES INC	
Firm's address 4001 MAIN ST STE 310 VANCOUVER, WA 98663	
Firm's EIN 84-3763085	
Phone no. 360-360-4877	
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	