

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" 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 Name of organization STANDUPGIRL.COM FOUNDATION, INC. Doing business as		D Employer identification number 93-1320700
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 215 N MERIDAN STREET 206		E Telephone number 503-554-5683
	City or town, state or province, country, and ZIP or foreign postal code NEWBERG, OR 97132		G Gross receipts \$ 386,134.
	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

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.STANDUPGIRL.COM**

K Form of organization: Corporation Trust Association 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 PUBLIC 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)	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	7
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	4
	6	Total number of volunteers (estimate if necessary)	10
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 302,340. Current Year: 372,400.
	9	Program service revenue (Part VIII, line 2g)	4,550. 4,225.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0. 0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,361. -6,519.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	309,251. 370,106.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	140,094. 139,025.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	910. 0.
		b Total fundraising expenses (Part IX, column (D), line 25)	40,298.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	191,510. 170,003.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	332,514. 309,028.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-23,263. 61,078.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 7,846. End of Year: 69,270.
	21	Total liabilities (Part X, line 26)	0. 346.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,846. 68,924.

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	Date			
	DAWN MARIE PEREZ, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name PATRICIA M. MORRIS, CPA	Preparer's signature <i>Patricia Morris</i>	Date 10/18/21	Check if self-employed <input type="checkbox"/>	PTIN P00648135
	Firm's name GROVE, MUELLER & SWANK, P.C.	Firm's EIN 93-0874157	Firm's address 475 COTTAGE STREET NE, SUITE 200 SALEM, OR 97301	Phone no. (503) 581-7788	

May the IRS discuss this return with the preparer shown above? See instructions Yes No