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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

Open to Public
InspectionDepartment 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/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning , and ending

B Check if applicable	C Name of organization	D Employer identification number
<input type="checkbox"/> Address change	STAND UP AMERICA US FOUNDATION Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 1596 City or town, state or province, country, and ZIP or foreign postal code BIGFORK MT 59911 04	26-1907502
<input checked="" type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		406-837-0888
<input type="checkbox"/> Final return/terminated		F Group Exemption Number
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: <u>standupamericaus.com</u>		
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 19,293		

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	19,265
	2 Program service revenue including government fees and contracts	2	16
	3 Membership dues and assessments	3	
	4 Investment income	4	12
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	19,293	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1,548
	14 Occupancy, rent, utilities, and maintenance	14	264
	15 Printing, publications, postage, and shipping	15	56
	16 Other expenses (describe in Schedule O)	16	17,106
	17 Total expenses. Add lines 10 through 16	17	18,974
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	319
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	3,980
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-169
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	4,130

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2019)

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Form 990-EZ (2019)

STAND UP AMERICA US FOUNDATION

26-1907502

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Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	6,694	22	7,048
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	935	24	431
25 Total assets	7,629	25	7,479
26 Total liabilities (describe in Schedule O)	3,649	26	3,349
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	3,980	27	4,130

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28	MULTI-MEDIA PROMOTION IS ACCOMPLISHED WITH PUBLISHING, RADIO, TELEVISION, SPEAKING ENGAGEMENTS, WEB SITE, WRITING ARTICLES FOR PUBLICATION AS WELL AS BOOKS.		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	12,165
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	12,165

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Paul Valley				
Chairman	15.00	0	0	0
Marian Valley				
Secretary	10.00	0	0	0
Billy Schnieders				
Director	2.00	0	0	0
Bert Arnlund				
Director	2.00	0	0	0
Ray DiLorenzo				
Director	2.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ None		
42a The organization's books are in care of ▶ Paul Vallyely Telephone no ▶ 406-837-0888 PO Box 1596 Located at ▶ Bigfork MT ZIP + 4 ▶ 59911		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ _____		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <input type="checkbox"/> 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

- b If "Yes," was the related organization a section 527 organization?

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

- f Total number of other employees paid over \$100,000 ▶

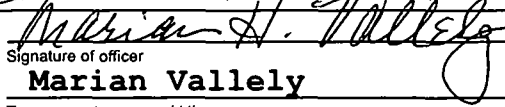
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- d Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☐ No

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		<u>4-15-2020</u>
	Signature of officer Marian Valley	Date Secretary
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Christian Shaeffer, CPA	Preparer's signature Christian Shaeffer, CPA	Date 02/11/20	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01458458
	Firm's name ▶ Mission Accounting PC	Firm's EIN ▶ 45-3058559			
	Firm's address ▶ 140 Aurora Dr Lakeside, MT 59922-9707	Phone no 406-890-6925			

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019**Open to Public
Inspection**

Name of the organization

STAND UP AMERICA US FOUNDATION

Employer identification number

26-1907502**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
BOOK SALES	
Cost of Goods Sold	\$ 182
Expenses	
ADVERTISING	\$ 85
OFFICE EXP	\$ 2,278
TRAVEL	\$ 2,040
CONFERENCES	\$ 92
WORK COMP	\$ 209
AUTO EXP	\$ 6,410
COMMUNICATION	\$ 2,762
COMPUTER	\$ 1,245
DONATION	\$ 150
VOLUNTEER APPRECIATION	\$ 1,424
BANK FEES	\$ 15
PAYPAL FEES	\$ 214
Total	\$ 17,106

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Book / Tax Depreciation Difference	\$ -169

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
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Name of the organization

Employer identification number

STAND UP AMERICA US FOUNDATION**26-1907502**

Inventories for Sale or Use	\$	75	\$	75
Prepaid Expenses and Deferred Charges	\$	335	\$	0
Equipment	\$	3,754	\$	3,754
Less Accumulated Depreciation	\$	3,229	\$	3,398
Total	\$	935	\$	431

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Payroll Tax Liability	\$ 0	\$ 0
Loan from Officer	\$ 3,649	\$ 3,349

Form 990-EZ, Part III - Primary Exempt Purpose

STAND UP AMERICA PROMOTES 1ST & 2ND AMENDMENT RIGHTS, STRONG NATIONAL DEFENSE & SECURE BORDERS, NATIONAL SOVEREIGNTY, SUPPORTING OUR UNIFORMED SERVICES, AND INDIVIDUAL LIBERTIES AND PERSONAL RESPONSIBILITY AS A MULTI-MEDIA ORGANIZATION. THIS PROMOTION IS ACCOMPLISHED WITH PUBLISHING, RADIO, TELEVISION, SPEAKING ENGAGEMENTS, WEB SITE, WRITING ARTICLES FOR PUBLICATION AS WELL AS BOOKS.