# Form **990** (Rev. January 2020)

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

_			enuing	1	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	SUMOFUS			
	Name change	Doing business as		45-25139	66
F	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 2443 FILLMORE ST #380-1279	Room/suite	E Telephone numbe	
	—Jreturn/ termin-				5,788,722.
	ated ☐Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	
F	return □ Applica	SAN FRANCISCO, CA 94113		H(a) Is this a group re	
	tion pendin	F Name and address of principal officer: EPIMA ROBI-SACHS		for subordinates	? Yes X No
_	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	icluded? Yes No
1	Tax-exe	mpt status: 501(c)(3) X 501(c) ( 4 ) (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
J	Websit	e:▶ SUMOFUS.ORG		H(c) Group exemptio	n number 🕨
K	Form of	organization: X Corporation Trust Association Other	<b>L</b> Year		A State of legal domicile; DC
		Summary	•	•	<u>v</u>
	1	Briefly describe the organization's mission or most significant activities: ${ t SEE  t}$	SCHEDU	LE O	
Governance					
nar	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
Š	3			3	6
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
∞	5	Fotal number of individuals employed in calendar year 2019 (Part V, line 2a)			20
ies				_	6
Activities &	6	Fotal number of volunteers (estimate if necessary)			0.
Aci	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 39			
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		5,598,398.	5,689,971.
	9	Program service revenue (Part VIII, line 2g)		0.	60,934.
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		16,420.	17,147.
Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	20,670.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,614,818.	5,788,722.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		232,079.	163,016.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	45 .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,082,148.	3,215,884.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Den	h.	Fotal fundraising expenses (Part IX, column (D), line 25)	57.		
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,875,288.	2,407,035.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,189,515.	5,785,935.
		Revenue less expenses. Subtract line 18 from line 12		-574,697.	2,787.
	2	nevertue less experises. Subtract line 16 front line 12		•	
Net Assets or	i	Fold conds (Dod V. Par 40)	DE	ginning of Current Year 1,701,293.	End of Year 1,714,304.
SSe	면 <b>20</b>	Fotal assets (Part X, line 16)		294,915.	302,384.
et A	21	Total liabilities (Part X, line 26)		1,406,378.	
	22	Net assets or fund balances. Subtract line 21 from line 20		1,400,370.	1,411,920.
	art II				
	-	ties of perjury, I declare that I have examined this return, including accompanying schedules		-	knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer		
				11/:	30/2020
Sig	ın	Signature of officer		Date	
He	re	JOHN CURRY, DIR. OF FINANCE AND OPERAT	IONS		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	DEREK FLANAGAN		self-employ	ed P01303468
Pre	parer	Firm's name GRASSI & CO. CPA'S, P.C.			11-3266576
	Only	Firm's address 488 MADISON AVENUE, 21ST FLOOR			
_		NEW YORK, NY 10022		Phone no 21	2-661-6166
Ma	v the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

45-2513966 Page 2 SUMOFUS Form 990 (2019) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SUMOFUS IS A GLOBAL ONLINE COMMUNITY OF CONSUMERS, INVESTORS, AND WORKERS HOLDING CORPORATIONS ACCOUNTABLE AND PUSHING THE GLOBAL ECONOMY IN THE DIRECTION OF EQUITY, SUSTAINABILITY, AND JUSTICE. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? \_\_\_\_\_\_\_ Yes X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code: \_\_\_\_\_\_) (Expenses \$ \_\_\_\_\_ 4 , 426 , 757 . including grants of \$ 163 , 016 . ) (Revenue \$ 60,934. SUMOFUS'S 2019 PROGRAM WORK CONSISTED OF A SINGLE PROGRAM IN WHICH WE MOBILIZED MILLIONS OF CONSUMERS AND CITIZENS AROUND THE WORLD AROUND ISSUES OF CORPORATE ACCOUNTABILITY. A FEW OF THE HIGHLIGHTS INCLUDE: PRESSURING PAYPAL TO STOP PROCESSING PAYMENTS FOR FAR RIGHT EXTREMIST GROUPS, PRESSURING PEPSICO TO CUT TIES WITH DESTRUCTIVE AND EXPLOITATIVE PALM OIL PRODUCER INDOFOOD, PRESSURING JP MORGAN CHASE TO STOP FUNDING PRIVATE PRISIONS AND DETENTION CENTERS, AND DEMANDING CREDIT SUISSE CHANGE ITS FUNDING TERMS AND STOP FUNDING COMPANIES THAT DUMP TOXIC WASTE INTO THE OCEAN AND DISRESPECT INDIGENOUS RIGHTS. \_\_\_\_ including grants of \$ ) (Revenue \$ (Code: ) (Expenses \$ (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$

**4d** Other program services (Describe on Schedule O.)

(Expenses \$	including grants of \$	(Revenue \$	)
Total program service expenses	4.426.757.		

932002 01-20-20

45-2513966 Page **3** 

# Form 990 (2019) SUMOFUS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		<del></del>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		ا م		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		<sub>V</sub>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	_X_	<u> </u>
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		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	. <u> </u>		<u></u>
		19		x
20a	complete Schedule G, Part III	20a		X
20a b		20b		<del></del>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domoctio government on traitive, column (-y, interior in research) research series i and ii	41	22	<u> </u>

932003 01-20-20

	990 (2019) SUMOFUS 4 t IV Checklist of Required Schedules (continued)	<u>5-2513966</u>	Р	age
· ui	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	INC
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		l x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's cur			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as			
	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			X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeat	se		
	any tax-exempt bonds?	24c		
	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			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a	l l		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	· · · ·		١.,
	Schedule L, Part I	<u>25b</u>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			٠.
<b></b>	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employ	·		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% co			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expension of the following parties (see Schedule L, Part West the expens	rt III 27		_^
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):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If			
а		28a		x
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
Ŭ	"Yes," complete Schedule L, Part IV	28c		l x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	<b>I</b>		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, an	d		
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entering the state of the state o	tity		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.	nization?		
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
		37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	] .	177	
Par	Note: All Form 990 filers are required to complete Schedule O  t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı aı				
	Check if Schedule O contains a response or note to any line in this Part V		V	NI -
		_	Yes	No

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	25			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ole gaming			
	(gambling) winnings to prize winners?			10	x	

16461113 792240 008943000

45-2513966 Page 5

Form 990 (2019) SUMOFUS

Part V Statements Regarding Other IRS Filings and Tax Compliance

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a	Х	
b	If "Yes," enter the name of the foreign country ▶ IRELAND			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		_X_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		37	
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		\ \ <sub>\\\\</sub>	
_	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			77
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	+		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
t	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 Form 1098-C?	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.  Did the proposition proposition make any toyoble distributions under costion 40662	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
ь 10	Section 501(c)(7) organizations. Enter:	90		
	1 m n - c - 1 m - c - m n - c - c - c - c - c - c - c - c - c -			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	126		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019) SUMOFUS 45-2513966 Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	6		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY, CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finan	cial	
	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			
	JOHN CURRY - 347-826-4656			
	2443 FILLMORE ST #380-1279, SAN FRANCISCO, CA 94115			

Form 990 (2019) SUMOFUS 45-2513966 Page **7** 

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

<b>(A)</b> Name and title	(B) Average hours per	box	not cl	Pos heck i ss per	more rson i	than o	n an	( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated schl		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) TATE HAUSMAN	2.00	v		v				0.	0	_
CHAIR (2) ISMAEL SAVADOGO	2.00	Х		Х				0.	0.	0.
TREASURER	2.00	Х		х				0.	0.	0.
(3) EMMA PREST	2.00							0.	0.	<u></u>
SECRETARY	2.00	Х		х				0.	0.	0.
(4) ZEINA ALHAJJ	2.00									
DIRECTOR		Х						0.	0.	0.
(5) PREETHI HERMAN	2.00							-	-	
DIRECTOR		Х						0.	0.	0.
(6) TANYA O'CARROLL	2.00									
DIRECTOR FROM 11/19		Х						0.	0.	0.
(7) EMMA RUBY-SACHS	40.00									
EXECUTIVE DIRECTOR FROM 11/19				Х				35,313.	0.	0.
(8) YOHANNA BRISCOE	40.00									
MANAGING DIRECTOR				Х				108,127.	0.	8,519.
(9) CHINA BROTSKY	40.00									
DIRECTOR OF FIN & OP UNTIL 5/19	1			Х				25,584.	0.	2,889.
(10) HANNAH LOWNSBROUGH	40.00							104 044		
EXECUTIVE DIRECTOR UNTIL 11/19	40.00			Х				131,041.	0.	0.
(11) JOHN CURRY	40.00							111 771	0	270
DIRECTOR OF FINANCE & OPERATIONS				Х				111,771.	0.	372.
	1					_				
	1					_				
		1								
		<u> </u>		<u> </u>			l			Form <b>990</b> (2010)

932007 01-20-20 Form **990** (2019)

Form 990 (2019) SUMOFUS 45-2513966 Page 8

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

ı aı	Section A. Officers, Directors, Trus	tees, Key Emp	<u>اooy</u>	ees,	anc	<u>iH t</u>	ghes	st C	ompensated Employee	S (continued)				
	<b>(A)</b> Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	than of the state	n an	(D)  Reportable compensation from	(E)  Reportable compensation from relate	on	an	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI	าร	com fr org and	pensa om the anizati d relate anizatio	e ion ed
			$\vdash$											
			-											
			_											
			-											
	Subtotal								411,836.		0.	1	1,78	
	Total from continuation sheets to Part VI								0.		0.	1	1 0	0.
	Total (add lines 1b and 1c)							<u> </u>	411,836.	000 of war and all	0.		1,78	30.
	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ac	oove	e) wn	o re	eceived more than \$100,	UOU of reportable	e 			3
3	Did the organization list any <b>former</b> officer,	director, truste	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	oyee on	[		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		X
_	and related organizations greater than \$150			•								4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com										<u></u>	5		X
Sec 1	tion B. Independent Contractors  Complete this table for your five highest co	mnensated inc		nde	nt co	ontr	acto	re th	nat received more than \$	100 000 of com	nensai	tion fro		
	the organization. Report compensation for										r			
	(A) Name and business	address	NC	ONE	3				<b>(B)</b> Description of s	ervices	С	ompe	<b>;)</b> nsatior	า
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organization)		ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	, see e. eepeoaton nom the organi											_	000	

Page **9** 45-2513966

SUMOFUS

Form 990 (2019) SUMOFUS
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to anv lir	ne in this Part VIII			
			,,,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b		-			
ية ق		Fundraising events 1c		-			
ffs,		Related organizations 1d		-			
ig ig				-			
ons,		Government grants (contributions) 1e		-			
utic	T	All other contributions, gifts, grants, and	689,971.				
ë			009,911.	-			
o d		Noncash contributions included in lines 1a-1f	<b>•</b>	5,689,971.			
Oa	<u> </u>	Total. Add lines 1a-1f	Business Code	5,009,911.			
		CONCIL DING INCOME		60 024	60 024		
<u>ic</u> e		CONSULTING INCOME	900099	60,934.	60,934.		
erv	k	·					
n S	C	·					
ran 3ev	C	I					
Program Service Revenue	•						
Δ		All other program service revenue		50.004			
	ç	Total. Add lines 2a-2f		60,934.			
	3	Investment income (including dividends, intere					
		other similar amounts)		17,147.			17,147.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	(	Net rental income or (loss)	<b>&gt;</b>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
e		and sales expenses					
en		Gain or (loss) 7c					
Pe		Net gain or (loss)					
her Revenue		Gross income from fundraising events (not	,				
퉏		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	k	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	<b>•</b>				
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	<b>•</b>				
		Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	Less: cost of goods sold 10b		-			
		Net income or (loss) from sales of inventory					
			Business Code				
sn	11 -	MISCELLANEOUS REVENUE	090001	20,670.	20,670.		
Jeo Teo	ıı a		0,0001	20,070.	20,070.		
Miscellaneous Revenue							
Sce Be				1			
Ξ		All other revenue	<b></b>	20,670.			
	12	Total. Add lines 11a-11d  Total revenue. See instructions		5,788,722.	81,604.	0.	17,147.
	12	Total revenue. See instructions		0,100,122.	01,004.	•	/ <b>,</b> / •

45-2513966 Page **10** 

# Form 990 (2019) SUMOFUS Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(0)	<u>X</u>
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	100 766	100 766		
	and domestic governments. See Part IV, line 21	128,766.	128,766.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	34,250.	34,250.		
4	individuals. See Part IV, lines 15 and 16	34,230.	34,230.		
4 5	Benefits paid to or for members  Compensation of current officers, directors,		+		
3	trustees, and key employees	540,899.	443,537.	81,135.	16,227
6	Compensation not included above to disqualified	340,000.	113,337.	01,133.	10,227
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,593,895.	1,306,994.	239,084.	47,817
8	Pension plan accruals and contributions (include	,,	, ,	,	=: , -= -
_	section 401(k) and 403(b) employer contributions)	23,805.	19,521.	3,570.	714
9	Other employee benefits	960,925.	787,958.	144,139.	714 28,828
0	Payroll taxes	96,360.	79,015.	14,454.	2,891
1	Fees for services (nonemployees):	·	,		•
а	Management				
	Legal	102,566.		102,566.	
	Accounting	42,065.		42,065.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	783,278.	726,138.		57,140
2	Advertising and promotion				
3	Office expenses	58,394.	12,307.	38,825.	7,262
4	Information technology	418,256.	359,213.	59,043.	
5	Royalties	4- 44-			
6	Occupancy	65,195.	53,460.	9,779.	1,956
7	Travel	73,145.	57,910.	9,529.	5,706
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	10,873.		10,873.	
3	Insurance	18,804.		18,804.	
<u>'</u> 4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)  PROCESSSING AND FISCAL	328,716.			328,716
a	CAMPAIGN COSTS AND MEDI	309,773.	309,773.		340,110
b	CAMPAIGN COSIS AND MEDI CAMPAIGN RELATED CONFER	102,058.	102,058.		
d	RECRUITMENT	49,505.	102,030.	49,505.	
	All other expenses	44,407.	5,857.	38,550.	
	Total functional expenses. Add lines 1 through 24e	5,785,935.	4,426,757.	861,921.	497,257
: <u>5</u> :6	Joint costs. Complete this line only if the organization	3,,03,,555	±, ±40, 131•	001,0210	±21,431
J	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

45-2513966 Page **11** 

SUMOFUS

# Form 990 (2019) Part X Balance Sheet

Fai	ιλ	Balance Sneet					
		Check if Schedule O contains a response or r	note to any	/ line in this Part X I			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	475,621.	1	468,802.		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	238,154.	3	251,472.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	ostantial c	ontributor, or 35%			
		controlled entity or family member of any of the	nese perso	ons		5	
	6	Loans and other receivables from other disqu	alified pers	sons (as defined			
		under section 4958(f)(1)), and persons describ		6			
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			32,898.	9	41,072.
	10a	Land, buildings, and equipment: cost or othe		400 000			
		basis. Complete Part VI of Schedule D	10a	103,998.	45.044		
	b	Less: accumulated depreciation		99,530.	15,341.	10c	4,468.
	11	Investments - publicly traded securities		926,068.	11	945,532.	
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		12 011	14	0.050	
	15	Other assets. See Part IV, line 11			13,211.	15	2,958.
	16	Total assets. Add lines 1 through 15 (must e			1,701,293.	16	1,714,304.
	17	Accounts payable and accrued expenses	271,200.	17	298,634.		
	18	Grants payable	23,715.	18	3,750.		
	19	Deferred revenue	1		19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su				00	
Lial		controlled entity or family member of any of the				22	
	23 24	Secured mortgages and notes payable to unrule Unsecured notes and loans payable to unrelated to		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on lin					
		of Schedule D	163 17-24).	Complete Falt X		25	
	26	Total liabilities. Add lines 17 through 25			294,915.	26	302,384.
	20	Organizations that follow FASB ASC 958, or			231,3131	20	302,3010
es		and complete lines 27, 28, 32, and 33.					
anc	27				985,578.	27	991,120.
3ala	28	Net assets with donor restrictions			420,800.	28	420,800.
μ		Organizations that do not follow FASB ASC			,		
Fu		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fun			29		
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,406,378.	32	1,411,920.
~	33	Total liabilities and net assets/fund balances		1	1,701,293.	33	1,714,304.

Form 990 (2019) SUMOFUS 45-2513966 Page **12** 

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,78		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,78		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,40	6,3	<u>78.</u>
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			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,40	9,1	65.
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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X 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		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
	Act and OMB Circular A-133?	-	. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		**		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	<del>`</del>		Form	990	(2019)

## Schedule B

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Name of the organization	Employer identification number
SUMOFUS	45-2513966
Organization type (check one):	

Filers of:		Section:
Form 990 or 99	0-EZ	X 501(c)( 4 ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 990-PF		501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Note: Only a se	-	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  ), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule		
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules		
sectio any or	ns 509(a)(1) ai ne contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; ine 1. Complete Parts I and II.
year, t	otal contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ons of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the or children or animals. Complete Parts I, II, and III.
year, o is che purpo	contributions of cked, enter he se. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box are the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
	-	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

\$UMOFUS

45-2513966

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b)	(c) Total contributions	(d)
1	Name, address, and ZIP + 4  N/A	- \$ 271,078.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	- - \$ 76,362.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	- \$\$10,966.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	- \$ 7,747.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	- - \$ 7,163.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	- \$\$5,922.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

45-2513966

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	N/A	\$\$, 5,452.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4  N/A	\$ 5,038.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$\$	Person Payroll Complete Part II for noncash contributions.

Name of organization

Employer identification number

45-2513966

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	(b) Description of noncash property given  (b) Description of noncash property given	(b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) FMV (or estimate) (See instructions.)  (e) FMV (or estimate) (See instructions.)  (f) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (g) FMV (or estimate) (See instructions.)				

Name of organization **Employer identification number** SUMOFUS 45-2513966 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SUMOFUS

**Employer identification number** 45-2513966

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds (	or Accounts. Complete if the
	Organization answered Tes Off Offi 990,1 art 14, line	(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advise	ed funds
	are the organization's property, subject to the organization's e	~		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes N
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Ye	es" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a	a historically important land area
	Protection of natural habitat		Preservation of a	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	oution in the form o	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Ye
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic structure	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	fter 7/25/06, and not or	n a historic structur	re
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the o	organization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspec	tion, handling of	
	violations, and enforcement of the conservation easements it l	holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	nd enforcing conse	ervation easements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservation	on easements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above		` '	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization'	s financial statemer	nts that describes the
Da	organization's accounting for conservation easements.	Aut Historiaal Tus	A CALLERON OF OTH	as Cimilar Assats
Pal	T III Organizations Maintaining Collections of		easures, or Our	ier Similar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958	, ,		
	of art, historical treasures, or other similar assets held for publ	•		•
	service, provide in Part XIII the text of the footnote to its finance			
b	, .	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, o	or research in furthe	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
_				
2	If the organization received or held works of art, historical trea			gain, provide
	the following amounts required to be reported under FASB AS	-		<b>.</b> .
	, , , , , , , , , , , , , , , , , , , ,			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	τοr ⊦orm 990.		Schedule D (Form 990) 20

SUMOFUS 45-2513966 Page 2 Schedule D (Form 990) 2019 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year 1e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year (e) Four years back **1a** Beginning of year balance **b** Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs f Administrative expenses ..... End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment **b** Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes Nο (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds.

## Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment		103,998.	99,530.	4,468.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	4,468.			

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(h) Deele velve
	Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15)	•	
Part X Other Liabilities.	10./		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<del></del>	
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements th	at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2019

45-2513966 Page 4 SUMOFUS Schedule D (Form 990) 2019 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. 5,791,341. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 2,619. 2a Donated services and use of facilities Recoveries of prior year grants 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 5.788.722. 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. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,785,937. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other losses d Other (Describe in Part XIII.) Add lines 2a through 2d 2e 5,785,937. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 139. 4c c Add lines 4a and 4b 5,786,076. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

THE ORGANIZATION APPLIES THE PROVISIONS PERTAINING FOR UNCERTAIN TAX

PROVISIONS (FASB ASC TOPIC 740) AND, HAVE DETERMINED THAT THERE ARE NO

MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS. THE ORGANIZATION BELIEVES IT IS NO LONGER

SUBJECT TO INCOME TAX EXAMINATIONS PRIOR TO 2016.

PART XII,	LINE	4B -	- OTHER	ADJUSTMENTS:

EXPENSES OF AFFILIATE 139.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 SUMOFUS	45-2513966 Page 5
Schedule D (Form 990) 2019 SUMOFUS  Part XIII   Supplemental Information (continued)	*
(STATISTAL)	
-	

### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

### **Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

Employer identification number

SUMOFUS

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

Por grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

United States.	ha fallassinas Dast	l line O telele ee		d-d \	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	in be duplicated if additional space is r (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM	2	14	PROGRAM SERVICES, GRANTS	CAMPAIGNING, GRANTMAKING	2,157,730
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES	1	2	PROGRAM SERVICES	CAMPAIGNING	249,171.
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,					
CAMBODIA,	1	1	PROGRAM SERVICES	CAMPAIGNING	161,260
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,					
COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	CAMPAIGNING	7,398.
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,					
INDIA, MALDIVES,	0	3	PROGRAM SERVICES	CAMPAIGNING	96,281.
3 a Subtotal	4	20			2,671,840
<b>b</b> Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	4	20			2,671,840

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

Schedule F (Form 990) 2019

Scriedule F (Form 990) 2019

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	TO PROTECT THE BEES	32,621.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	WORK AGAINST DANGERS					
		ALBANIA, ANDORRA,	USE OF PESTICIDES	13,532.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	TO SUPPORT BAN OF					
		ALBANIA, ANDORRA,	PESTICIDES	12,159.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &	TO SUPPORT CAMPAIGN					
		GREENLAND) -	TO PREVENT FRACKING					
		ALBANIA, ANDORRA,	IN UPTON	5,826.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &	TO SUPPORT CAMPAIGN					
		GREENLAND) -	TO PREVENT FRACKING					
		ALBANIA, ANDORRA,	IN WOODSETTS	5,173.	WIRE	0.		FMV
		EUROPE (INCLUDING	TO SUPPORT LEGAL					
		ICELAND &	EXPENSES RELATED TO					
		GREENLAND) -	CAMPAIGN AGAINST HATE					
		ALBANIA, ANDORRA,	SPEECH	5,071.	WIRE	0.		FMV
			TO SUPPORT THE					
			CAMPAIGN AGAINST					
		NORTH AMERICA	GLYPHOSATE SPRAYING	11,555.	WIRE	0.		FMV

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	<b>&gt;</b>
3	Enter total number of other organizations or entities	•

Schedule F (Form 990) 2019 SUMOFUS 45-2513966 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of cash disbursement (c) Number of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2019 SUMOFUS 45-2513966 Page 4

### Part IV | Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the 1 organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Yes X No Corporation (see Instructions for Form 926) 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes." the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Yes X No Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes." the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Yes X No Certain Foreign Corporations (see Instructions for Form 5471) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund Yes X No (see Instructions for Form 8621) 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes." the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Yes X No Foreign Partnerships (see Instructions for Form 8865)

Did the organization have any operations in or related to any boycotting countries during the tax year? *If* "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2019

Yes X No

6

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
SUMOFUS PERFORMS DUE DILIGENCE ON INTERNATIONAL GRANTEES. THE
ORGANIZATION REQUIRES SIGNED GRANT AGREEMENTS WITH ALL RECIPIENTS, WHICH
ARE KEPT ON FILE. SUMOFUS REQUESTS REPORTS FROM GRANTEES ON HOW FUNDS
WERE SPENT.

Schedule F (Form 990) 2019

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SUMOFUS							45-2513966
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or assi	stance, and the selection	on
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organia	zations and Domestic	Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	onal space is neede	ed.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MICHIGAN CITIZENS FOR WATER CONSERVATION - P.O. BOX 1 - MECOSTA, MI 49332	91-2091162	501(C)3	13,750.	0.	FMV		TO SUPPORT WATER CONSERVATION
EARTHWORKS 1612 K ST., NW, SUITE 904 WASHINGTON, DC 20006	52-1557765	501(C)3	10,000.	0.	FMV		TO SUPPORT ENVIRONMENTAL
POLLINATOR STEWARDSHIP COUNCIL 1624 IDLEWOOD AVE. AKRON, OH 44313	46-0811836	501(C)3	10,000.	0.	FMV		TO SUPPORT THE EFFORTS TO SAVE THE BEES.
2 Enter total number of section 501(c)(3) an	nd government or	uanizations listed in the	e line 1 table	<u> </u>	I.	ı	•
3 Enter total number of other organizations	-						

Part III	Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV	Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	ı (b); and any other ac	Iditional information.	
PART	I, LINE 2:					
SUMOF	US' STAFF DOES THEIR DUE DILIC	GENCE ON	GRANTEES.	SUMOFUS RE	QUIRES	
SIGNE	D GRANT AGREEMENTS WITH ALL R	ECIPIENTS	, WHICH AF	RE KEPT ON	FILE. THE	
ORGAN	IZATION'S STAFF REQUESTS NARRA	ATIVE REP	ORTS ON HO	OW FUNDS WE	RE SPENT.	

### **SCHEDULE 0**

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

SUMOFUS

**Employer identification number** 45-2513966

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SUMOFUS IS A GLOBAL ONLINE COMMUNITY OF CONSUMERS, INVESTORS, AND
WORKERS HOLDING CORPORATIONS ACCOUNTABLE AND PUSHING THE GLOBAL ECONOMY
IN THE DIRECTION OF EQUITY, SUSTAINABILITY, AND JUSTICE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS WILL REVIEW AND APPROVE THE 990 BEFORE FILING THE
RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS, CONSISTENT WITH THE ORGANIZATION'S CONFLICT OF INTEREST
POLICY, ARE REQUIRED TO DISCLOSE CONFLICTS AT THE ANNUAL BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 15A:
BOARD COLLECTED INFORMATION ON SALARIES OF COMPARABLE POSITIONS AND
DISCUSSED AND DECIDED ON NEW EXECUTIVE DIRECTOR SALARY.
FORM 990, PART VI, SECTION C, LINE 19:
THE 990 IS ALSO AVAILABLE ON WWW.GUIDESTAR.ORG
FORM 990, PART IX, LINE 11G, OTHER FEES:
CONSULTING AND CONTRACTED SERVICES:
PROGRAM SERVICE EXPENSES 726,138.
MANAGEMENT AND GENERAL EXPENSES 0.
FUNDRAISING EXPENSES 57,140.
TOTAL EXPENSES 783,278.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

	ne organizati	on	MOF									Employer identification number 45-2513966
TOTAL	OTHER	FEES	ON	FORM	990,	PART	IX,	LINE	11G,	COL	A	783,278.

### **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

SUMOFUS						45-25139	166	
Part I Identification of Disregarded Entities. Con	mplete if the organization answered "	Yes" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-year		ets Direct control entity		9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	anizations. Complete if the organiza	tion answered "Yes" on Form 990	0, Part IV, line 34, I	pecause it had one	or more	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ct controlling entity		<b>g)</b> 512(b)(13) rolled :ity?
SUMOFUS CANADA SOCIETY - 81-0466763 805 207 WEST HASTINGS ST.				501(c)(3))			Yes	No
VANCOUVER, B.C., CANADA	CAMPAIGNING	CANADA	501(C)(4)					х

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizations treated as a partitioning title tax year.												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule	General of managing partner?	Percentage ownership	
		country)		sections 512-514)		4,000,00	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>	
											<del>                                     </del>	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Page 2

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	X	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
					1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		<u>X</u>
	Sale of assets to related organization(s)				1g		<u>X</u>
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		<u> </u>
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		<u>X</u>
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organ				11		X
	Performance of services or membership or fundraising solicitations by related organ				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X
					10		X
Ū	Chairing of paid employees with related organization(s)				10		
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered rela	ationships and transaction thresholds.			
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount ir	volved		
(1)							
(2)							
(2)							
(3)							
(υ)							
(4)							
,							
(5)							
(6)							
32163	09-10-19			Schedule	R (For	n 990)	2019

Schedule R (Form 990) 2019 SUMOFUS 45-2513966 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership
	-									