### EXTENDED TO NOVEMBER 15, 2021

## Return of Organization Exempt From Income Tax

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

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

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2020 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change SUMOFUS Name change 45-2513966 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 2443 FILLMORE ST 380-1279 (347) 826-4656 7,110,840. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 94115 SAN FRANCISCO , CA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: EMMA RUBY-SACHS for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status:  $\boxed{\phantom{0}}$  501(c)(3)  $\boxed{\mathbf{X}}$  501(c) ( ) **◄** (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► SUMOFUS.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2011 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: SUMOFUS IS A GLOBAL ONLINE **Activities & Governance** COMMUNITY OF CONSUMERS, INVESTORS, AND WORKERS HOLDING CORPORATIONS if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 5,689,971**.** 7,105,366. Contributions and grants (Part VIII, line 1h) 8 60,934. 0. Program service revenue (Part VIII, line 2g) 19,766. 3,133. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 20,670. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,341. 11 5,791,341. 7,110,840. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 163,016. 149,565. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,215,884. 3,504,433. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 497,257. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,407,035. 2,951,042. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  $6,283,\overline{192}$ 6,605,040. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -491,851. 505,800. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,716,800. 2,372,192. 20 Total assets (Part X, line 16) 302,474. 448,500. 21 Total liabilities (Part X, line 26) 三年 414,326. 923,692 22 Net assets or fund balances. Subtract line 21 from line 20 ..... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign EMMA RUBY-SACHS, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/16/21 self-employed DEREK FLANAGAN P01303648 Paid Firm's EIN  $\triangleright$  27 – 3263553 Firm's name GALLEROS ROBINSON CPAS, LLP Preparer Firm's address 488 MADISON AVENUE, 23RD FLR Use Only NEW YORK, NY 10022 Phone no. 646.921.0400

May the IRS discuss this return with the preparer shown above? See instructions

No

Yes

Form	n 990 (2020) SUMOFUS	45-2513966	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🖂
1	Briefly describe the organization's mission:		
	SUMOFUS IS A GLOBAL ONLINE COMMUNITY OF CONSUMERS, IN	VESTORS, AND	
	WORKERS HOLDING CORPORATIONS ACCOUNTABLE AND PUSHING '		
	ECONOMY IN THE DIRECTION OF EQUITY, SUSTAINABILITY AND		
2	Did the organization undertake any significant program services during the year which were not listed on the	na	
2			x X No
	prior Form 990 or 990-E∠?  If "Yes," describe these new services on Schedule O.	1 ex	5 <u>21</u> NO
_		0 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ces? Yes	S A NO
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 5,182,736 · including grants of \$ 149,565 · )		
	SUMOFUS'S 2020 PROGRAM WORK CONSISTED OF A SINGLE PROGRAM		
	MOBILIZED MILLIONS OF CONSUMERS AND CITIZENS AROUND TO	HE WORLD AROUNI	)
	ISSUES OF COPORATE ACCOUNTABILITY.		
4b	(Code:) (Expenses \$ including grants of \$)	(Royonya ¢	,
710	(Code:) (Expenses #	(Hevenue #	·
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{T = 1.0.0  7.3.6}	)	
4e	Total program service expenses ► 5,182,736.		

# Form 990 (2020) 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		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	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		X
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,			l
	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? If "Yes," complete			l
	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			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	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,			
	Part VI	11a	X	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3,7
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	v	X
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	446	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Λ	
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	4.5	Х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	77	
16		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<del>  ^</del>
	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	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	] <sub>04</sub>	Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	$\frac{\Delta}{\Omega}$	(2.2.2)

Part IV	Checklist of Required Schedules	(continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		77	
	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 of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		
_	Schedule K. If "No," go to line 25a	24a		X
	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 defease			
	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		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>2</b> 5a		12
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, , ,	25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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, and			
	Part V, line 1	34	Х	
	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 entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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			X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance	<u>ა</u>	77	
	Check if Schedule O contains a response or note to any line in this Part V			
	Chock is Constant to Contain to a recoporate of moto to any line in this rait v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number reported in Box 3 of Form 1090. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c	х	
	<u> </u>	<del></del>		(2020)

Form 990 (2020) SUMOFUS

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
<b>2</b> a	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	2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instructions	s)			
3а	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		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Ac				37
			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the control		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	-		Х	
	any contributions that were not tax deductible as charitable contributions?		6a	Λ	
D	If "Yes," did the organization include with every solicitation an express statement that such contribution are expressed and particles.	· ·	C.L.	Х	
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(s)		6b	21	
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
a h		vices provided to the payor:	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		10		
·	to file Form 8282?	•	7c		X
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1 1			
а		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
Ŋ	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	13b			
_	Enter the amount of reserves on hand	13c			
	Did the appropriation province and province for indeed to province and price the targets.	•	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	14b		T
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	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		х
	If "Yes," complete Form 4720, Schedule O.				

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

800						X
Sec	tion A. Governing Body and Management					
		1 . 1	ام		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	p 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 th	e direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		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 a					
	more members of the governing body?			7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			, u		
				7b		х
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year.			7.0		25
8				0-	Х	
	The governing body?		- 1	8a_	X	
b	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					v
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)				
			ſ		Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, 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 bod	y 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	e to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $ff$	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 approva	al 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 arrange	ment with a				
	taxable entity during the year?			16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		
	List the states with which a copy of this Form 990 is required to be filed ▶NY, CA					
17 19		nd 000 T (Sootion 501)	2/(3/-	only)	ava:la	hlc
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection, Indicate how you made those excilable. Check all that apply	110 990-1 (OCCIIOII 501(C	, <sub>J</sub> (3)S	orny)	avaliä	oie.
	for public inspection. Indicate how you made these available. Check all that apply.					
	· ,	n on Schedule O)		-		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy,	and	tinano	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 bo	oks and records   _				
	YOHANNA BRISCOE - 347-826-4656	=				
	2443 FILLMORE ST 380-1279, SAN FRANCISCO, CA 9411	b				

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# 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.

(A)	(B)	(C)						(D)	(E)	(F)	
Name and title	Average		Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated				
	hours per week					is both or/trus		compensation from	compensation from related	amount of other	
	(list any	ector						the	organizations (W-2/1099-MISC)	compensation	
	hours for	Individual trustee or director	e e			ated		organization		from the	
	related organizations	rustee	Institutional trustee		/ee	Highest compensated employee		(W-2/1099-MISC)		organization and related	
	below	idual t	utions	-a	Key employee	est co	er			organizations	
	line)	Indiv	Instit	Officer	Key 6	High	Former				
(1) EMMA RUBY-SACHS	40.00								_		
EXECUTIVE DIRECTOR				Х				192,407.	0.	39,029.	
(2) YOHANNA BRISCOE	40.00										
MANAGING DIRECTOR	1			Х		_		121,737.	0.	22,789.	
(3) VICKY WYATT	40.00	4				l		106.660		04 405	
CAMPAIGN DIRECTOR	40.00	<u> </u>				X	<u> </u>	106,669.	0.	21,195.	
(4) JOHN CURRY	40.00	4						110 050	0	0 710	
(5) TANYA JOSEPH	40 00			Х		$\vdash$		118,959.	0.	8,718.	
(5) TANYA JOSEPH DIRECTOR OF PRODUCT	40.00	-				x		112,151.	0.	12 020	
(6) EOIN DUBSKY	40.00					┢		112,131.	0.	12,938.	
CAMPAIGN MANAGER	40.00	1				x		117,328.	0.	0.	
(7) NABIL BERBOUR	40.00					1		117,520.	0.		
CAMPAIGN DIRECTOR	40.00	1				x		104,077.	0.	11,819.	
(8) FATAH SADAOUI	40.00					┢		202/0770			
CAMPAIGN MANAGER		1				x		103,016.	0.	11,662.	
(9) TATE HAUSMAN	2.00							, , , , , , ,	-	,	
BOARD CHAIR		Х		Х				0.	0.	0.	
(10) ISMAEL SAVADOGO	2.00										
BOARD TREASURER		Х		Х				0.	0.	0.	
(11) EMMA PREST	2.00										
BOARD SECRETARY		Х		Х				0.	0.	0.	
(12) PREETHI HERMAN	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(13) ZEINA ALHAJJ	2.00	1_						_	_	_	
BOARD MEMBER		Х						0.	0.	0.	
(14) TANYA O'CARROLL	2.00	ļ								_	
BOARD MEMBER		Х				_	<u> </u>	0.	0.	0.	
		4									
		<u> </u>				$\vdash$					
		1									
						$\vdash$					
		1									
		1						<u> </u>			

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	<u>j Hi</u>	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			((				(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable	ا ,	Es	timate	:d
	hours per					than o is both		compensation	compensation		l .	nount	
	week					or/trus		from	from related			other	
	(list any	ctor						the	organization	ıs	com	pensat	tion
	hours for	r dire				ped		organization	(W-2/1099-MI	SC)	fr	om the	)
	related	tee o	ustee			ensa		(W-2/1099-MISC)			org	anizati	on
	organizations	Il trus	nal tr		oyee	d mo					and	d relate	∍d
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	วทร
	line)	lnd	Inst	)#I	Key	Hig	P.						
						<u> </u>							
											<u> </u>		
											<u> </u>		
1b Subtotal	•						<b>▶</b>	976,344.		0.	125	8,15	50.
c Total from continuation sheets to Part V							<b>•</b>	0.		0.		-	0.
d Total (add lines 1b and 1c)							<b>•</b>	976,344.		0.	12	8,15	50.
2 Total number of individuals (including but r							o re	eceived more than \$100.	000 of reportable	—— е			
compensation from the organization						,			·				8
												Yes	No
3 Did the organization list any <b>former</b> officer	director, trust	ee. k	ev e	lame	ove	e. or	hia	hest compensated emp	lovee on				
line 1a? If "Yes," complete Schedule J for s	•	-	•	•	•		•		•		3		Х
4 For any individual listed on line 1a, is the si													
and related organizations greater than \$15											4	х	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes." con	•				,			· ·			5		Х
Section B. Independent Contractors	ipiete Scriedur	<del>- 0 /</del> (	JI SL	<i>i</i> CII į	Jers	OII .							
Complete this table for your five highest co	mnensated inc	lene	nder	nt co	ntra	acto	rs th	nat received more than \$	100 000 of com	nensa	tion fro	m	
the organization. Report compensation for	· ·	-											
(A)	trio odiciradi y	Jui C	, ridii	<u>19 W</u>	1011	J1 VV1	<u>:::::</u>	(B)	cur.		(C	:)	
Name and business	address	NC	ONE	3				Description of s	ervices	С	Comper		า
								<u>-</u>					
										l			
-													
										l			
							$\dashv$						
							$\dashv$						
2 Total number of independent contractors (i	ncludina but n	ot lin	niter	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi		J. 1111			(	)	.54	0.0, 1000W00 III					
+ 100,000 of compondation from the organi					`	-						~~~	

Form 990 (2020) SUMOFUS
Part VIII Statement of Revenue

			Check if Schedule O	onta	ins a re	sponse	or note to any lir	ne in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
ņν	1	а	Federated campaigns		1	а					
ant	-		Membership dues			b		1			
တ် မြ			Fundraising events			c		-			
fts,			Related organizations			d		-			
ig jë			Government grants (contri			e		-			
Contributions, Gifts, Grants and Other Similar Amounts			All other contributions, gifts,					-			
ie Ei		'	similar amounts not included			f 7,	105,366.				
흡		_					105,500.	-			
no D		_	Noncash contributions included in		_	g  \$		7,105,366.			
Oa		n	Total. Add lines 1a-1f				Business Code	7,103,300.			
	_						Business Code				
<u>ic</u>	2	a									
er Per		b									
n S		С									
lrar Sev		d									
Program Service Revenue		е									
۵ ا		f	All other program service	rever	nue						
	3		Investment income (include					2 4 2 2			2 4 2 2
			other similar amounts)					3,133.			3,133.
	4		Income from investment of		-	-					
	5		Royalties								
					(i) F	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)	·			<u></u>				
	7	а	Gross amount from sales of		(i) Sec	urities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
e			and sales expenses	7b							
ther Revenue		С	Gain or (loss)	7с							
Be			Net gain or (loss)								
ē	8		Gross income from fundraising								
₹			including \$		c	of					
			contributions reported on								
			Part IV, line 18			8a					
		b	Less: direct expenses								
			Net income or (loss) from				<b></b>				
	9		Gross income from gamin								
			Part IV, line 19								
		b	Less: direct expenses								
		С	Net income or (loss) from	gamii	ng activ	rities	<b>&gt;</b>				
			Gross sales of inventory, I								
			and allowances			10a	1				
		b	Less: cost of goods sold								
			Net income or (loss) from				<b>&gt;</b>				
		_	2. (			.,	Business Code				
Snc	11	а	MISCELLANEOUS				900099	2,341.			2,341.
Miscellaneous Revenue	•	b									-, ·
əlla		c									
Be			All other revenue								
Σ			Total. Add lines 11a-11d				<b>&gt;</b>	2,341.			
	12		Total revenue. See instruction					7,110,840.	0.	0.	5,474.
									. •		<del></del> •

# Form 990 (2020) SUMOFUS Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	31,800.	31,800.		
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				
	individuals. See Part IV, lines 15 and 16	117,765.	117,765.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	503,639.	402,912.	80,582.	20,145.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.000.455	4 888 848	242 254	
7	Other salaries and wages	2,228,175.	1,775,515.	343,954.	108,706.
8	Pension plan accruals and contributions (include	EE 564	45 004	2 222	0 000
	section 401(k) and 403(b) employer contributions)	57,761. 538,817.	45,984. 429,518.	8,839.	2,938. 25,833.
9	Other employee benefits	538,817.	429,518.	83,466.	25,833.
10	Payroll taxes	176,041.	140,368.	27,336.	8,337.
11	Fees for services (nonemployees):				
а	Management	26 726		26 726	
b	Legal	36,726.		36,726.	
С	Accounting	36,596.		36,596.	
d	Lobbying				
е	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 0.)	840,846.	798,662.		42,184.
12	Advertising and promotion				
13	Office expenses	116,536.	25,472.	85,226.	5,838.
14	Information technology	390,249.	322,863.	67,386.	
15	Royalties	47.004	27 722		
16	Occupancy	47,384.	37,782.	7,358.	2,244.
17	Travel	8,898.	1,845.	7,053.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,075.		5,075.	
23	Insurance	18,557.		18,557.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
9	amount, list line 24e expenses on Schedule 0.)  CAMPAIGN COST AND MEDIA	905,376.	905,376.		
a h	PROCESSING AND FISCAL S	341,518.	203,3104		341,518.
D	CAMPAIGN RELATED CONFER	141,746.	141,746.		<u> </u>
d	TELECOMMUNICATION	29,173.	,,	29,173.	
-	All other expenses	32,362.	5,128.	27,234.	
25	Total functional expenses. Add lines 1 through 24e	6,605,040.	5,182,736.	864,561.	557,743.
26	Joint costs. Complete this line only if the organization	.,,	.,,		
_•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	· · · · · · · · · · · · · · · · · · ·				<b>5 000</b> (2222)

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# Form 990 (2020) Part X Balance Sheet

Pal	rt X	Balance Sneet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			471,298.	1	1,159,093.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			251,472.	3	243,925.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	B			41,072.	9	11,473.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	108,562.			
	b	Less: accumulated depreciation	10b	104,605.	4,468.	10c	3,957. 951,931.
	11	Investments - publicly traded securities		945,532.	11	951,931.	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			2,958.	15	1,813.
	16	Total assets. Add lines 1 through 15 (must eq			1,716,800.	16	2,372,192.
	17	Accounts payable and accrued expenses			298,724.	17	448,500.
	18	Grants payable	3,750.	18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		1		20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Ħ		trustee, key employee, creator or founder, sub-					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line of Schedule D	es 17-24)	. Complete Part X		25	
	06	Total liabilities. Add lines 17 through 25		·····	302,474.	26	448,500.
	26	Organizations that follow FASB ASC 958, ch	ook bor	× ¥	302,474	20	440,500
S		and complete lines 27, 28, 32, and 33.	ieck liel				
ğ	27				1,207,776.	27	1,595,382.
Sala	28	Net assets with donor restrictions			206,550.	28	328,310.
Ā		Organizations that do not follow FASB ASC					020,020
Ē		and complete lines 29 through 33.	000, 0110	JOK HOTO P			
ō	29	Capital stock or trust principal, or current fund	s			29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,414,326.	32	1,923,692.
~	33	Total liabilities and net assets/fund balances			1,716,800.	33	2,372,192.
-		nas and not according balances			, : = : , : : : :	-55	, = , = , = , = ,

Form **990** (2020)

Form 990 (2020) SUMOFUS 45-2513966 Page **12** 

Pai	TXI 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	7,11				
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,60				
3	Revenue less expenses. Subtract line 2 from line 1	3	505,80				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,414,32				
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	1,92	3,6	92.		
Pai	t 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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	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	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	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		_ X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
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		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		<u> </u>		
			Form	990	(2020)		

## **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

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised 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 v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreated	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		6 1/ 1/ 7/ 7
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 footn	ote to the organization's financial statem	ents that describes the
Pai	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Treasures or Of	ther Similar Assets
	Complete if the organization answered "Yes" on Form		aror ommar 7,000tor
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıa	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
h	If the organization elected, as permitted under FASB ASC 95		
D	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:	exhibition, education, or research in furti	lerance of public service,
			<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical trea	acurae or other cimilar accets for financia	
2	the following amounts required to be reported under FASB A		ıı gairi, provide
_	Revenue included on Form 990, Part VIII, line 1	3	•
a	Accepts included in Form 990, Part V		

	rt III Organizations Maintaining Co	ollections of Ar	t. Historical 1	reasures, or	Other \$	Similai		(continu		ge Z	
3	Using the organization's acquisition, accession							<u>(COITIII)C</u>	eu)		
•	collection items (check all that apply):										
а	Public exhibition	ď	l oan or e	exchange prograi	m						
b											
c	Preservation for future generations	`									
4	Provide a description of the organization's co	Illections and explain	n how they furthe	r the organization	n's exemn	nt nurno	se in Part	XIII			
5	During the year, did the organization solicit or						oo iirr art	/			
•	to be sold to raise funds rather than to be ma		·	•				Yes		No	
Par	rt IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Par		·· ···· <b>9-</b> ··				, , .	,			
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribut	ons or other asse	ets not inc	cluded					
	on Form 990, Part X?							Yes		No	
b	If "Yes," explain the arrangement in Part XIII a										
	, 1	,	3					Amount			
С	Beginning balance					1c					
	Additions during the year					1d					
	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amount on Fo					?		Yes		No	
	If "Yes," explain the arrangement in Part XIII.				•			_			
Pai	rt V Endowment Funds. Complete if	f the organization ar	nswered "Yes" on	Form 990, Part I	V, line 10						
		(a) Current year	(b) Prior year				ears back	(e) Four y	ears b	ack	
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g, columr	(a)) held as:							
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.									
3а	Are there endowment funds not in the posses	ssion of the organiza	ation that are held	l and administere	ed for the	organiza	ation	_			
	by:							\	/es	No	
	(i) Unrelated organizations							3a(i)			
	(ii) Related organizations							3a(ii)			
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as requir	red on Schedule I	₹?				3b			
4	Describe in Part XIII the intended uses of the		wment funds.								
Pai	rt VI Land, Buildings, and Equipme										
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11a	a. See Form 990,							
	Description of property	(a) Cost or o		ost or other	` '	umulate	ed	(d) Book	value		
		basis (investr	nent) ba	sis (other)	depr	eciation					
	Land										
	Buildings										
	Leasehold improvements			100 500		0.4. 6	<u> </u>				
	1 1			L08,562.	10	04,60	05.	3	<u>, 95</u>	7.	
	Other						_	2	9.5	7	
Fate!	I Add lines to through to (O. I (1) I		V I /D\ "	. 10.1				٠.	45		

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part	X	Otk	er I	iał	oilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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 (h) must equal Form 990 Part X col. (R) line 25.)	_

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that 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

Pai	t XI	Reconciliation of Revenue per Audited Financial Stat	tements With Re	evenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total re	evenue, gains, and other support per audited financial statements			1	7,114,406.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а		realized gains (losses) on investments		3,566.		
b		ed services and use of facilities				
С	Recov	eries of prior year grants	2c			
d	Other (	Describe in Part XIII.)	2d			
е		es 2a through 2d			2e	3,566.
3	Subtra	ct line <b>2e</b> from line <b>1</b>			3	7,110,840.
4		its included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а		nent expenses not included on Form 990, Part VIII, line 7b				
b	Other (	Describe in Part XIII.)	4b			_
С		es <b>4a</b> and <b>4b</b>			4c	0.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. Reconciliation of Expenses per Audited Financial Sta	)		5	7,110,840.
Pa				xpenses per H	keturr	<b>).</b>
		Complete if the organization answered "Yes" on Form 990, Part IV, lin				
1		xpenses and losses per audited financial statements			1	6,605,040.
2		its included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donate	ed services and use of facilities	2a			
b		ear adjustments				
С	Other I	osses	2c			
d	Other (	Describe in Part XIII.)	2d			•
е		es 2a through 2d			2e	0.
3	Subtra	ct line 2e from line 1			3	6,605,040.
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а		nent expenses not included on Form 990, Part VIII, line 7b				
b	Other (	Describe in Part XIII.)	4b			•
		es <b>4a</b> and <b>4b</b>			4c	0.
5	Total e	xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)		5	6,605,040.
		Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			; Part X	X, line 2; Part XI,
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional informat	tion.		
		T TATE 0				
PAF	RT X	, LINE 2:				
		NAMES AND ADDITION OF THE PROJECTIONS DE		OD INIGEDE	3 T3T	m 3 37
THE	S ORC	GANIZATION APPLIES THE PROVISIONS PROPERTY OF THE PROPERT	ERTAINING F	OR UNCERT	AIN	TAX
DD (	\\ T T C -	CONG (FROD ROOM BOOK GRAND HAG DI			3 D.T	1 110
PRC	DVIS.	IONS (FASB ASC TOPIC 740) AND HAS DI	ELEKMINED I	HAT THERE	ARE	E NO
M 7 1	1 TO T	AT TIMOTED MATE MAY DOCUMED NO MITAM DEOL	TTDE DECOCN	TENTON OD	DTCC	TOCIDE IN
MA.	EKI	AL UNCERTAIN TAX POSITIONS THAT REQU	JIRE RECOGN	ITTION OR	DISC	LUSURE IN
mttt	. aa	ICOLTDANED ETNANCIAL CHANDEMENTO MIL		ITOM DELTE	7777	TM TC NO
THE	i COI	SOLIDATED FINANCIAL STATEMENTS. THE	E ORGANIZAT	JON RELIE	VES	IT IS NO
T ()	ממס	CUDITECE EO INCOME EN EVANTNAETONO	EOD VENDO	DDIOD MO	2015	7
LOI	NGER	SUBJECT TO INCOME TAX EXAMINATIONS	FOR YEARS	PRIOR TO	ZUI /	<u> </u>

## 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.

2020
Open to Public Inspection

Name of the organization

**Employer identification number** 

SUMOFUS					45-251396	6
	rmation on A	ctivities Out	side the United States. Compl	lete if the organi		
Form 990, Part I			oraco arro oraco oraco oraco oraco	icte ii tric organi.	zation answered T	C3 011
		n maintain record	ds to substantiate the amount of its gra	ants and other a	ssistance,	
the grantees' eligibility f	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assist	tance?	Yes X No
	=					
2 For grantmakers. Description United States.	cribe in Part V the	e organization's <sub>l</sub>	orocedures for monitoring the use of it	s grants and oth	ier assistance outsi	de the
	he following Part	· L line 3 table ca	an be duplicated if additional space is r	needed )		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activ	ity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		specific type s) in the region	investments
		in the region	recipients located in the region)	Of Service(s	s) in the region	in the region
EUROPE (INCLUDING						
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	29	CAMDATCHING CDANMMARING	DBOCDAM CEDI	TTCEC CDANMC	2 356 348
AUSTRIA, BELGIUM	-	29	CAMPAIGNING, GRANTMAKING	PROGRAM SERV	VICES, GRANTS	2,356,348.
NORTH AMERICA	0	6	CAMPAIGNING	PROGRAM SERV	VICES	302,170.
EAST ASIA AND THE	0		GAMPA LONING	DDOGDIN GEDI	T ODG	125 622
PACIFIC		1	CAMPAIGNING	PROGRAM SERV	VICES	135,632.
SOUTH AMERICA	0	1	CAMPAIGNING	PROGRAM SERV	VICES	18,897.
COLUMN ACTA	0	3	CAMPAIGNING	PROGRAM SERV	TORG	110 600
SOUTH ASIA	-	3	CAMPAIGNING	PROGRAM SERV	VICES	119,608.
CENTRAL AMERICA AND						
THE CARIBBEAN	0	1	CAMPAIGNING	PROGRAM SERV	VICES	0.
3 a Subtotal	0	41				2,932,655.
<b>b</b> Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a	1	I				i

2,932,655.

and 3b)

Schedule F (Form 990) 2020

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

1 (a) Name of organization	<b>(b)</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 &	SUPPORT SAVE THE BEES					
		GREENLAND)	WORK	28,081.	WIRE	0.		
		EUROPE (INCLUDING	SUPPORT LEGAL FEES					
			FOR PLANNING REFORM					
		GREENLAND)	FOR PLANNING REFORM CAMPAIGN	9,340.	MIDE	0.		
			SUPPORT EXPENSES	9,340.	WIKE	0.		
			RELATED TO THE					
		ICELAND &	SELF-DEMARCATION					
		GREENLAND)	PROCESS	10,000.	WIRE	0.		
		,		20,000				
			SUPPORT FOR LEGAL					
			FEES FOR GLYPHOSATE					
		NORTH AMERICA	CAMPAIGN	15,393.	WIRE	0.		
			SUPPORT FOR LEGAL					
		ICELAND &	FEES FOR GLYPHOSATE	05.000	L			
		GREENLAND)	CAMPAIGN	25,000.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &	SUPPORT FOR WATER					
		GREENLAND)	RIGHTS CAMPAIGN	5,878.	WIRE	0.		
		ondania,	KIOHID CHIIIIION	3,070.	, , , , , , , , , , , , , , , , , , ,	٠.		
		EUROPE (INCLUDING						
			SUPPORT TO PURCHASE					
		GREENLAND)	MONITORING EQUIPMENT	7,203.	WIRE	0.		
			SUPPORT TO STUDY THE	,				
			EFFECTS OF					
		SUB-SAHARAN	NEONICOTINOIDS ON THE					
		AFRICA	LOCAL INSECT	16,500.	WIRE	0.		

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

Page 2

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Schedule F (Form 990) 2020 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

	dule F (Form 990) 2020 SUMOFUS	45-2513966	Page <b>4</b>
Par	t IV   Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	□ Vos 「	X No

	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
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 Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
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		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
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 (see Instructions for Form 8621)	Yes	X No
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		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	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)	Yes	X No

Schedule F (Form 990) 2020

T dit	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.										
PAR	r II, C	COLUMN	(D):								
REG:	ION: SU	JB-SAH.	ARAN A	FRICA							
(D)	PURPOS	SE OF	GRANT:	SUPPOR	RT TC	STU	JDY TH	E EFFEC	TS OF	NEONICOTINOIDS	ON
THE	LOCAL	INSEC	T POPU	LATION	AND	THE	COCOA	INDUST	RY IN	GHANA	

### SCHEDULE I (Form 990)

# **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.

2020 Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

SUMOFUS							45-2513966
Part I General Information on Grants a	nd Assistance					•	
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	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	ocedures 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 need	ed.			
Name and address of organization or government	<b>(b)</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
EARTHWORKS							SUPPORT LEGAL COSTS FOR A
1612 K ST NW. SUITE 904							LAWSUIT AGAINST MINING
WASHINGTON, DC 20006	52-1557765	501(C)(3)	5,000.	0.			COMPANY
WASHINGTON, DC 20000	32 1337703	501(0)(5)	3,000.	0.			COMPANI
INTERNATIONAL RIGHTS ADVOCATES							SUPPORT LEGAL COSTS FOR A
621 MARYLAND AVENUE NE							LAWSUIT AGAINST TECH
WASHINGTON, DC 20002	20-8902110	501(C)(3)	20,000.	0.			COMPANIES
,			,				
PESTICIDE ACTION NETWORK NORTH							
AMERICA - 2029 UNIVERSITY AVE							SUPPORT LEGAL COSTS FOR
SUITE 200 - BERKELEY, CA 94704	94-2949686	501(C)(3)	6,800.	0.			GLYPHOSATE CAMPAIGN
2 Enter total number of section 501(c)(3) a	nd government or	ganizations listed in the	e line 1 table				<b>&gt;</b>
3 Enter total number of other organization	s listed in the line	1 table					<b>•</b>

(a) Type of grant or assistance	<b>(b)</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
rt IV Supplemental Information. Provide the information	n required in Part I, line	e 2; Part III, column	n (b); and any other ac	ditional information.	
RT I, LINE 2:					
MOFUS' STAFF DOES THEIR DUE	DILIGENCE	ON GRAI	NTEES. SUM	OFUS	
QUIRES SIGNED GRANT AGREEME	NTS WITH	ALL RECII	PIENTS, WH	ICH ARE	
PT ON FILE. THE ORGANIZATIO	N'S STAFF	REQUESTS	NARRATIVE	REPORTS	
	N D DIAII	KIQOIDID	MMMMTTVD	KHIOKID	
HOW FUNDS WERE SPENT.					

### **SCHEDULE J** (Form 990)

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Open to Public

Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

SUMOFUS

Part I Questions Regarding Compensation

Employer identification number 45-2513966

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	4-		~
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

<u>Schedule</u> J (Form 990) 2020 **SUMOFUS** 45-2513966 Page **2** 

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) EMMA RUBY-SACHS	(i)	192,407.	0.	0.	5,763.	33,266.	231,436.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)							-	
	(i) (ii)								
-	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2020	SUMOFUS	45-2513966	Page 3
Part III Supplemental Informa			
Provide the information, explana	ion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6	b, 7, and 8, and for Part II. Also complete this part for any additional information	on.

#### **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.

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:
ACCOUNTABLE AND PUSHING THE GLOBAL ECONOMY IN THE DIRECTION OF EQUITY,
SUSTAINABILITY AND JUSTICE.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF FORM 990 WILL BE PROVIDED TO THE ORGANIZATION'S GOVERNING BODY
BEFORE IT WILL BE FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
DIRECTORS SUBMIT A CONFLICT OF INTEREST FORM IN WRITING ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE DIRECTOR'S COMPENSATION IS SET BY THE BOARD OF DIRECTORS
USING COMPARABILITY DATA.
COMPENSATION FOR KEY EMPLOYEES IS SET USING COMPARABILITY DATA AND REVIEWED
BY AN INDEPENDENT CONSULTANT.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST
FORM 990, PART IX, LINE 11G, OTHER FEES:
CONSULTED AND CONTRACTED SERVICES:
PROGRAM SERVICE EXPENSES 798,662.
MANAGEMENT AND GENERAL EXPENSES 0.
FUNDRAISING EXPENSES 42,184.
MOMAI EVDENCEC 940 846

Schedule (	O (Form 990	or 990-EZ	Z) 2020	)								Page <b>2</b>			
	SUMOFUS  FOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A										Employer identification numbe 45-2513966				
TOTAL	OTHER	FEES	ON	FORM	990,	PART	IX,	LINE	11G,	COL	A	840,846.			
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### **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						<u>45-25139</u>	66	
Part I Identification of Disregarded Entities. Comp	lete if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	(e) me End-of-year		(f) Direct contro entity		g
Part II Identification of Related Tax-Exempt Organic organizations during the tax year.	zations. Complete if the organizatio	n answered "Yes" on Form 990	0, Part IV, line 34, t	ecause it had one	or more	related tax-exer	npt	
(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	contr	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
SUMOFUS CANADA SOCIETY - 81-0466763 805 207 WEST HASTING ST	_							
, 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.

(a) Name, address, and EIN of related organization  (b) Primary activity Primary activity Of related organization  (c) Legal domicile (state or foreign country)  Primary activity Of related organization  (d) Predominant income (related, unrelated, excluded from tax under sections 512-514)  Share of total income Of related, unrelated, excluded from tax under sections 512-514)  (g) Share of total income Of rend-of-year assets  (h) Disproportionate allocations?  Yes No  (i) General or managing partner? Yes No
Name, address, and EIN of related organization  Primary activity  Primary activity  Primary activity  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Percentage ownership  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)
toreign country)    State of foreign country   excluded from tax under sections 512-514)   assets   20 of Schedule   Factor   Yes   No   Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No   Yes   No   Yes   No   Yes   Yes
Country   Sections 512-514)   Yes   No   K-1 (Form 1065)   Yes   No

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

Page 2

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

Yes No

1a

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	Χ				
С	Gift, grant, or capital contribution from related organization(s)				1c		X			
							X			
е	Loans or loan guarantees by related organization(s)				1e		X			
f	Dividends from related organization(s)				1f		X			
g	Sale of assets to related organization(s)				1g		X			
	Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)				1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		_X_			
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	( )					X			
	m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
o Sharing of paid employees with related organization(s)										
	Reimbursement paid to related organization(s) for expenses				1p		<u>X</u>			
q	Reimbursement paid by related organization(s) for expenses				1q		_X_			
					1r		<u>X</u>			
	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	tionships and transaction thresholds.						
	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction	(c) Amount involved	(d) Method of determining amount i	nvolved					
		type (a-s)								
(1)										
(2)										
(3)										
(4)										
<i>(</i> -\										
(5)										
(6)										
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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
	-									