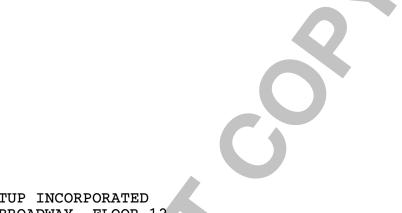
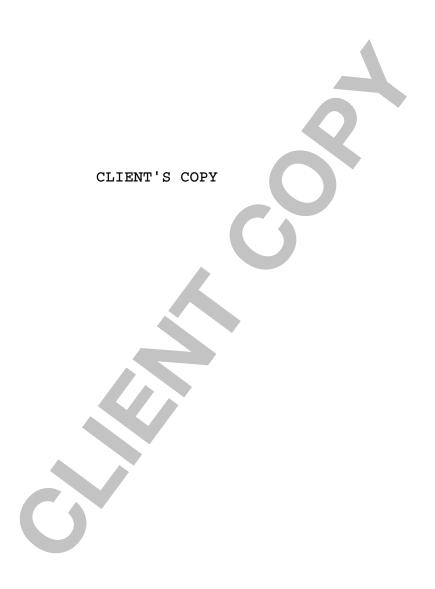
CITRIN COOPERMAN & COMPANY, LLP 290 W. MT. PLEASANT AVENUE #3310 LIVINGSTON, NJ 07039



SUITUP INCORPORATED 25 BROADWAY, FLOOR 12 NEW YORK, NY 10004

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Suitup Incorporated 25 Broadway, Floor 12 New York, NY 10004

Dear Lauren:

We have prepared the following tax returns:

2019 Form 990

2019 New York Form CHAR500

Instructions for filing the above are furnished for easy reference. The client copy of your return has been sent to you electronically. Please save the electronic copy to your computer for future reference. If you have not received the client copy of your return electronically, please contact our office.

A copy of the Organization's tax returns, e-filing authorizations and estimated tax vouchers, if applicable, are being provided to you via our encrypted email system to ensure proper protection of the Organization's information. Please download all enclosures and save them to your computer or print them for future reference.

The Organization's original tax data will be delivered to you by regular mail, messenger or overnight delivery service. If applicable, your package will include paper copies of tax returns required to be mailed directly by you to a taxing jurisdiction. Please follow the instructions provided for each return.

Please review the tax returns before filing to ensure there are no omissions or misstatements of material facts.

Please be sure to print, sign and return the e-filing authorization forms to us via email or fax upon receipt to ensure timely processing.

We prepared the tax returns from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve the Organization. Please contact us if you have any questions concerning the tax return.

Sincerely,

Paula Vuksic, CPA, MST

## TAX RETURN FILING INSTRUCTIONS

**FORM 990** 

#### FOR THE YEAR ENDING

December 31, 2019

Prepared F	For:
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Suitup Incorporated 25 Broadway, Floor 12 New York, NY 10004

### Prepared By:

Citrin Cooperman & Company, LLP 290 W. Mt. Pleasant Avenue #3310 Livingston, NJ 07039

#### **Amount Due or Refund:**

Not applicable

### Make Check Payable To:

Not applicable

### Mail Tax Return and Check (if applicable) To:

Not applicable

#### Return Must be Mailed On or Before:

Not applicable

#### **Special Instructions:**

This return has been prepared for electronic filing. Please sign, date, and return Form 8879-EO to our office via email to efilenj@citrincooperman.com, or fax (973)218-7176. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us as soon as possible.

Form 8879-EO

## IRS e-file Signature Authorization for an Exempt Organization

	OMB No. 1545-1878	
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For calendar year 2019, or fiscal year beginning , 2019, and ending

▶ Do not send to the IRS. Keep for your records.

Internal Revenue Service

Department of the Treasury

► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

SUITUP INCORPORATED

\*\*-\*\*\*1399

Name and title of officer

LAUREN REILLY

Name of exempt organization

EXECUTIVE DIRECTOR

#### Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here <b>X b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b	290,749.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here <b>b Balance Due</b> (Form 8868, line 3c)	5b	

#### **Declaration and Signature Authorization of Officer** Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

X Lauthorize CITRIN COOPERMAN	& COMPANY,	LLP	to enter my PIN 12345
as my signature on the organization's tax ye is being filed with a state agency(ies) regula enter my PIN on the return's disclosure con	ting charities as part o		. ,
As an officer of the organization, I will enter indicated within this return that a copy of the program, I will enter my PIN on the return's	e return is being filed	with a state agency(ies) regulating cha	•
Officer's signature		Date ▶	
Down III Contification and Authoriticat			

#### Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

22086912345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date -**ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

## (Rev. January 2020) Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No. 1545-0047

<u>A I</u>	For the	2019 calendar year, or tax year beginning and	ending		
	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	SUITUP INCORPORATED			
	Name change			**-***13	99
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe	r	
	□Final return/	25 BROADWAY, FLOOR 12		415-328-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	311,793.
X	Ameno			H(a) Is this a group re	
	Application pending	F Name and address of principal officer: LAOKEN KEILLI		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: $X = 501(c)(3) = 501(c)()$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	1	list. (see instructions)
		e: WWW.VOLUNTEERSUITUP.ORG	T	H(c) Group exemptio	
		organization: X Corporation	L Year	of formation: 2013  N	M State of legal domicile; NY
Pa	art I	Summary	TOD ELV O	E CAREER DE	ADTNEGG BOD
ě	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t IN}$			
an	_ '				
Governance	2	Check this box   if the organization discontinued its operations or dispos  Number of voting members of the governing body (Part VI, line 1a)			Sets.
် ဗ	3	Number of voting members of the governing body (Fart VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)			8
		Total number of individuals employed in calendar year 2019 (Part V, line 1a)			2
iţi	6	Total number of volunteers (estimate if necessary)			1390
Activities &	7 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			0.
				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)	79,521.	311,793.	
ng.	9	Program service revenue (Part VIII, line 2g)		55,921.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	-21,044.	
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		135,442.	290,749.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		61,529.	125,069.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ž	. b	Total fundraising expenses (Part IX, column (D), line 25)			0.5 .551
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		50,432.	96,651.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		111,961.	221,720.
		Revenue less expenses. Subtract line 18 from line 12		23,481.	69,029.
Net Assets or		T + 1 (D + 1 (F) + 10)		ginning of Current Year 70,848.	End of Year 140,556.
SSE	20	Total assets (Part X, line 16)		445.	1,124.
let A	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		70,403.	139,432.
	art II	Signature Block		70,403.	133,4326
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			intowiougo una bonoi, it io
	,	<b>\</b>			
Sig	n	Signature of officer		Date	
Her		LAUREN REILLY, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date 12/6/21   Check	PTIN
Paid	d	PAULA VUKSIC, CPA, MST		self-employ	
Pre	parer	Firm's name CITRIN COOPERMAN & COMPANY, LLP		Firm's EIN ▶	**-***8965
Use	Only	Firm's address 290 W. MT. PLEASANT AVENUE #3310			
		LIVINGSTON, NJ 07039		Phone no. 97	<u>3-218-0500</u>
May	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	t 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:
	TO INCREASE CAREER READINESS FOR ALL STUDENTS THROUGH INNOVATIVE
	BUSINESS PLAN COMPETITIONS. SUITUP'S VISION IS TO ALIGN THE INCENTIVES
	OF SCHOOLS AND CORPORATIONS TO ENSURE THAT ALL STUDENTS HAVE THE
	ACCESS AND AWARENESS TO PURSUE THE COLLEGE AND CAREER OF THEIR
2	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.
3	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.
4	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
4-	revenue, if any, for each program service reported.  (Code:) (Expenses \$ 130 , 706 • including grants of \$ ) (Revenue \$)
4a	(Code:) (Expenses \$130, 706. including grants of \$) (Revenue \$) SUITUP RUNS BUSINESS COMPETITIONS WITH STUDENTS FROM UNDERSERVED
	COMMUNITIES WITH THE SUPPORT OF CORPORATE VOLUNTEERS. IN 2019, SUITUP
	RAN 56 COMPETITIONS WITH 1390 VOLUNTEERS AND 2039 STUDENTS. 98% OF
	STUDENTS LIKED THEIR SUITUP COMPETITION, 93% LIKE LEARNING MORE (IN
	SCHOOL) AFTER PARTICIPATING IN SUITUP, AND 96% OF STUDENTS LEARNED
	SOMETHING NEW DURING THEIR COMPETITION. IN ADDITION, 88% OF STUDENTS
	COULD SEE THEMSELVES USING THE SKILLS THEY LEARNED DURING SUITUP IN A
	FUTURE CAREER.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
-tu	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses > 130,706.
	Form <b>990</b> (2019

## Form 990 (2019) SUITUP INCORPORATED 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	X	
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		Х
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		X
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>			
	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	۰		
10	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.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
а	Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1110		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_		110		
C	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		x
a	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	110		125
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX			X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444	Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
	Schedule D, Parts XI and XII	12a		Α_
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	Did the constitution maintain on office and because of the state of the Helbert Oletes O	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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		x
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
40	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	4.	v	
40	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,"			<sub>V</sub>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			177
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

932003 01-20-20

Form **990** (2019)

Form 990 (2019) SUITUP INCORPORATED
Part IV Checklist of Required Schedules (continued)

			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			
	Schedule J	23		Х
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			
	Schedule K. If "No," go to line 25a	24a		Х
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 defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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			
	Schedule L, Part I	25b		х
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	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? If "Yes," complete Schedule L, Part III	27		x
00	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		21
28				
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	00-		х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7,7
	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		X
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		$\Box$
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		Гоина	aan	(0010)

932004 01-20-20

Form **990** (2019)

## Form 990 (2019) SUITUP INCORPORATED Part V 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	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	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		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
С	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	:			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
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 p	ayor?	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				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
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	3-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.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	- 1	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:				
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Gross income from members or shareholders 11a				
b	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	- 1	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	ı	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		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	Г	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		Х
	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.				
			Eorm	990	(2010)

SUITUP INCORPORATED Form 990 (2019) 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 Section A. Governing Body and Management Yes No 8 1a Enter the number of voting members of the governing body at the end of the tax year ..... 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. 8 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c in Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed  $\blacktriangleright NY$ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available

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)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website X Another's website Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

THE ORGANIZATION - 415-328-1830

25 BROADWAY, FLOOR 12, NEW YORK, NY 10004

Form **990** (2019)

## 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.

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

Check this box if neither the organization r		orga	IIIZa			nper	isati			/=\			
(A)	(B)			Pos	C) ition	1		(D)	(E)	(F)			
Name and title	Average			heck	more	than o		Reportable	Reportable	Estimated			
	hours per week	box offi	, unle cer ar	ss pei nd a d	rson i irecto	is both or/trus	n an tee)	compensation from	compensation from related	amount of other			
	(list any	tor						the	organizations	compensation			
	hours for	direc				, p					organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	,	organization			
	organizations	Itrus	nal tn		oyee	om of				and related			
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations			
(1) ZACH GRAUMANN	line) 2 • 0 0	lnd	lus	#0	Ke	E High	For						
BOARD CHAIR	2.00	Х		x				0.	0.	0.			
(2) WILLIAM GOUVEIA	2.00	Δ		^				0.	0.	0.			
SECRETARY	2.00	Х		x				0.	0.	0.			
(3) CASEY MILLER	2.00	Δ		^	9			0.	0.	0.			
VICE CHAIR	2.00	Х		X				0.	0.	0.			
(4) JORDAN GRAUMANN	2.00	22							0.	0.			
TREASURER	2.00	X	7	x				0.	0.	0.			
(5) ADAIR MUELLER	2.00	Ä		7						•			
MEMBER		х	M			1		0.	0.	0 .			
(6) MAYAOWA OYEBADEJO	2.00								-	-			
MEMBER		Х						0.	0.	0.			
(7) KERRI REILLY	2.00												
MEMBER		X						0.	0.	0.			
(8) MICHAEL CASTIGLIONE	2.00												
MEMBER		Х						0.	0.	0 .			
(9) LAUREN REILLY	40.00												
EXECUTIVE DIRECTOR				Х				95,517.	0.	7,325			
	1												
		-											
	1					_							
		-											
	+					┝							
		$\cdot$											
	+	-	-	-		$\vdash$							
		1											
						$\vdash$							
		1											
	+					$\vdash$							
	1	1			1	1	1	1					

Form 990 (2019)

\*\*-\*\*\*1399

ı aı	Section A. Officers, Directors, Trus	tees, Key Emp	<u>loy•</u>	<u>ees,</u>	and	l Hig	ghes	st C	ompensated Employee	S (continued)				
	(A) Name and title	(B) Average hours per	box,	not cl	Posi check ress per ess per	ition more rson i	than dis both	n an	<b>(D)</b> Reportable compensation	(E) Reportable compensation		am	(F) timate ount o	
		week (list any hours for related organizations below	tee or director	Institutional trustee	lu a ui		Highest compensated 5 employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS0		comp fro orga and	other pensatom the anizati I relate	e on ed
		line)	Individu	Instituti	Officer	Key employee	Highest employe	Former				orga	nizatio	ons
										5				
									4		$\perp$			
											$\perp$			
											$\perp$			
											$\perp$			
											$\perp$			
							4				$\perp$			
											$\perp$			
	Subtotal Total from continuation sheets to Part VI								95,517. 0.		0.		7,32	0.
d 2	Total (add lines 1b and 1c)							o re	95,517.		0.	7	7,32	25.
	compensation from the organization		4										Yes	0 <b>N</b> o
3	Did the organization list any <b>former</b> officer				_								103	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a			•								4		X
	rendered to the organization?  f "Yes," contion B. Independent Contractors		_									5		Х
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt cc	ontra	acto	rs th	at received more than \$	100,000 of compe	 ensatio	on fro	m	
	the organization. Report compensation for (A)	the calendar ye	ear e	ndin	ng w	ith c	or wi	thin 	the organization's tax y (B)	ear.		(C	)	
	Name and business	address	NC	ONE	<u> </u>				Description of s	ervices	Co	mpen		1
2	Total number of independent contractors (i	ncluding but n	 ot lin	 nited		thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation 🕨				(	)				F	orm <b>S</b>	990 c	2019)
												J. 111	- 12	( , , ,

932008 01-20-20

Form	n 990	0 (2019) SUITUP INCO	RPORATED			**-***1	399 Page <b>9</b>
	rt V		-				<u> </u>
		Check if Schedule O contains a respo	onse or note to any lin	a in this Part VIII			
		Criccit ii Ocricadic O coritairis a respe	insc or note to any in	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1	a Federated campaigns 1a					
z a		b Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		c Fundraising events1c	87,884.				
		d Related organizations 1d					
		e Government grants (contributions) 1e					
		f All other contributions, gifts, grants, and					
		similar amounts not included above <b>1f</b>	223,909.				
ë.≢							
p p		g Noncash contributions included in lines 1a-1f		211 702	4		
O g		h Total. Add lines 1a-1f		311,793.			
			Business Code				
မွ	2	a					
ē Ž		b					
Se		c					
Program Service Revenue		d					
Pg		е					
Pro		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3						
	3						
	_	other similar amounts)					
	4	· · · · · · · · · · · · · · · · · · ·					
	5						
		(i) Rea	l (ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securit	ies (ii) Other				
	·	assets other than inventory <b>7a</b>					
		b Less: cost or other basis					
Φ.							
venue		and sales expenses					
š		c Gain or (loss) 7c	<u> </u>				
æ		d Net gain or (loss)	<u> </u>				
Other	8	a Gross income from fundraising events (not					
₫		including \$ 87 , 884 . of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a 0.				
		<b>b</b> Less: direct expenses	8b 21,044.				
		c Net income or (loss) from fundraising ever		-21,044.			-21,044.
		a Gross income from gaming activities. See					
	_	Part IV, line 19	9a				
		b Less: direct expenses					
		c Net income or (loss) from gaming activitie	s				
	10	a Gross sales of inventory, less returns					
		and allowances	10a				
		<b>b</b> Less: cost of goods sold	10b				
		c Net income or (loss) from sales of invento	ry				
			Business Code				
Miscellaneous Revenue	11	a					
ne Suc		b					
ella		c					
Sce		d All other revenue				1	
Ξ		a Total Add lines 11a 11d					

290,749.

**12 Total revenue**. See instructions

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

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			<u> </u>	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			Α	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	95,517.	57,311.	19,103.	19,103.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	20,644.	20,644.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.000	F 050	1 165	4 46-
9	Other employee benefits	8,908.	5,978.	1,465.	1,465
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b					
С		4			
d	, , , , , , , , , , , , , , , , , , , ,				
e	, F				
f	Investment management fees				
g	,	295.	197.	49.	49.
40	column (A) amount, list line 11g expenses on Sch O.)	11,447.	1910	49.	11,447
12	Advertising and promotion	7,530.	6,430.	550.	550.
13	Office expenses	2,670.	1,792.	439.	439
14 15	Information technology	2,070.	1,152.	=37.	±37.
16	Royalties	3,186.	2,138.	524.	524.
17	Occupancy	9,585.	8,892.	3211	693.
18	Payments of travel or entertainment expenses	37303.	0,0321		033.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,650.	1,778.	436.	436.
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) amount, list line 24e expenses on Schedule 0.)				
а	EVENT SPACE	32,496.			32,496.
b	MATERIALS AND SUPPLIES	12,567.	11,321.		1,246.
С	MEALS AND ENTERTAINMENT	9,006.	9,006.		
d	CONTRACTORS	5,219.	5,219.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	221,720.	130,706.	22,566.	68,448.
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)				

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		66,848.	1	140,556
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4,000.	4	
	5	Loans and other receivables from any current	or former officer, director,			
		trustee, key employee, creator or founder, sub	estantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
က္က	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ĕ	9				9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	. 10a			
	b	Less: accumulated depreciation	. 10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line	e 11		12	
	13	Investments - program-related. See Part IV, lin	e 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must ed		70,848.	16	140,556
	17	Accounts payable and accrued expenses		445.	17	1,124
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet			21	
s	22	Loans and other payables to any current or fo				
IIIe		trustee, key employee, creator or founder, sub	estantial contributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese persons		22	
دّ	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelat			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		445.	26	1,124
		Organizations that follow FASB ASC 958, c	neck here   X			
Ses		and complete lines 27, 28, 32, and 33.				
au	27	Net assets without donor restrictions		70,403.	27	139,432
Bal	28	Net assets with donor restrictions			28	
힏		Organizations that do not follow FASB ASC				
ᇳ		and complete lines 29 through 33.				
ğ	29	Capital stock or trust principal, or current fund	ls		29	
Sets	30	Paid-in or capital surplus, or land, building, or			30	
As	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		70,403.	32	139,432
_	33	Total liabilities and net assets/fund balances		70,848.	33	140,556

	rt XI Reconciliation of Net Assets			. u	gc
	Check if Schedule O contains a response or note to any line in this Part XI				
	Official in Goriculus & Contains a response of flote to any line in this fact Ai	l I			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	29	0,7	49.
2	Total expenses (must equal Part IX, column (A), line 25)	2		$\frac{1}{1}, 7$	
3	Revenue less expenses. Subtract line 2 from line 1	3		9,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		$\frac{0,4}{0,4}$	
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	13	9,4	32.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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				
	separate basis, consolidated basis, or both:				
	X 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	basis,			
	consolidated basis, or both:				
	Separate basis 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	e 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 Sch	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 Sin	gle Audit			
	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 requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

SUITUP INCORPORATED

Employer identification number \*\*-\*\*\*1399

Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	e instructions.	
Γhe	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	一	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	Ħ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,						
•		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owner	l or operati	ed by a go	vernmental unit describe	ad in
5	ш			lege of university owner	or operati	ed by a go	verninental unit describe	Ju III
_		section 170(b)(1)(A)(iv). (C	•	and the language of the	4-	70/I- \/ 4\/ A\/		
6	<b>T</b>	A federal, state, or local gov	-					1.0 1 9 1
′	X	An organization that norma	•	itiai part of its support f	om a gove	ernmentai i	unit or from the general p	oublic described in
_		section 170(b)(1)(A)(vi). (C	. ,					
8	Щ	A community trust describe			•			
9		An agricultural research org						-
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the	name, city,	and state of the college	or
		university:						
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	oort from c	ontribution	ns, membership fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations described	d in <b>section 509(a)(1)</b> o	rsection	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in
		lines 12a through 12d that	describes the type of	supporting organization	and com	plete lines	12e, 12f, and 12g.	
а		<b>Type I.</b> A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting
		organization. You must o	omplete Part IV, Se	ctions A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connec	ion with its	s supporte	d organization(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that cor	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and an attentiv	/eness
		requirement (see instructi	ions). You must con	plete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g	Prov	vide the following information	about the supported	d organization(s).				
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
[nta								1

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	71	•	,			
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	` ,			. ,	. ,	,
	membership fees received. (Do not						
	include any "unusual grants.")	90,573.	69,367.	84,995.	135,442.	311,793.	692,170.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	90,573.	69,367.	84,995.	135,442.	311,793.	692,170.
	The portion of total contributions	-					-
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					~	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						14,471.
6	Public support. Subtract line 5 from line 4.						677,699.
	etion B. Total Support						7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4	90,573.	69,367.	84,995.	135,442.	311,793.	692,170.
	Gross income from interest,	20,0101	02 / 00 / 0				<del>•••</del>
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
۵	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital	4					
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						692,170.
	Gross receipts from related activities,	oto (soo instructio	ne)			12	164,766.
	First five years. If the Form 990 is for			1 fourth or fifth to	v vear as a section		101/7001
13	organization, check this box and stop						ightharpoonup
Sec	etion C. Computation of Public	Support Per	centage				
	Public support percentage for 2019 (lir			nlumn (fl)		14	97.91 %
	Public support percentage from 2018					15	%
	33 1/3% support test - 2019. If the or						
104	<b>stop here.</b> The organization qualifies a						
h	33 1/3% support test - 2018. If the or						
	and <b>stop here.</b> The organization qualif	-					
172	10% -facts-and-circumstances test						
ı, a	and if the organization meets the "fact	ū					*
	meets the "facts-and-circumstances" to					-	
h	10% -facts-and-circumstances test						
b		ū				•	
	more, and if the organization meets the						, 
19	organization meets the "facts-and-circu		-	•			
ΙŐ	Private foundation. If the organization	i did flot check a t	DOX OFFITTE 13, 168	a, 100, 178, 01 170	, check this box at	iu see instructions	

Schedule A (Form 990 or 990-EZ) 2019

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(a) 2013	(b) 2010	(C) 2017	(u) 2018	(6) 2019	(i) Iotai
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4					
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	O					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						L
14	First five years. If the Form 990 is for	· ·			•		
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi						
15	Public support percentage for 2019 (I			column (f))		15	%
<u>16</u>	Public support percentage from 2018					16	%
	ction D. Computation of Inves					I I	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box ar						
ŀ	o 33 1/3% support tests - 2018. If the						
00	line 18 is not more than 33 1/3%, che						
~!!							

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
_		
4c		
-		
5a		
- Eh		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		<u> </u>

Pa	T IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	men er type in europe umg er gammanene		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		4		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	and britain type in supporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		4		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>Sac</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
b				
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instanctivities Test. Answer (a) and (b) below.	uctions,	Yes	No
2	., .,		162	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	OL:		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	۵.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust o	n Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must com	plete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by .035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_4_	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2019

Par	t V	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	ints paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	}	
4	Amou	ints paid to acquire exempt-use assets			
5		ried set-aside amounts (prior IRS approval required)			
6		distributions (describe in <b>Part VI</b> ). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which th	ne organization is responsive		
		de details in <b>Part VI</b> ). See instructions.			
9		outable amount for 2019 from Section C, line 6			
10		B amount divided by line 9 amount			
		amount and a y mile of amount	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
		ed to 2019 distributable amount			
i		over from 2014 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:				
а		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
		ining underdistributions for years prior to 2019, if			
-		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
-		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3j			
•	and 4	-			
8		down of line 7:			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
	LACES	13 HULLY U.1.3			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 2, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

## Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2019

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
INDEX EXCHANGE	25,000.	11,157.
UBS FINANCIAL SERVICES	16,000.	2,157.
KPMG	15,000.	1,157.
Total Excess Contributions to Schedule A, Part II, Line 5	•	14,471.

### 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
SUITUP INCORPORATED	**-***1399

Organization type (check one):					
Filers of	:	Section:			
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Check if	your organization is	covered by the General Rule or a Special Rule.			
Note: Or	nly a section 501(c)(7	7), (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				
X	sections 509(a)(1) a any one 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 r, 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; line 1. Complete Parts I and II.			
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I, II, and III.			
	year, contributions is checked, enter he purpose. 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 ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete 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			
but it mu	ust answer "No" on	at 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			

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

### SUITUP INCORPORATED

\*\*-\*\*\*1399

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	INDEX EXCHANGE  20 W 22ND ST  NEW YORK, NY 10010	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UBS FINANCIAL SERVICES  1285 6TH AVE  NEW YORK, NY 10019	\$ 16,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	KPMG  1350 6TH AVE  NEW YORK, NY 10019	\$15,000 <b>.</b>	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4  SANTANDER  200 LIBERTY ST, 17TH FL  NEW YORK, NY 10281	Total contributions  \$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	RIVERSIDE  630 5TH AVE, #400  NEW YORK, NY 10111	\$9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MORGAN STANLEY  1585 BROADWAY  NEW YORK, NY 10036	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	MEW TORK, MI 10030		nonoasii continuutions.)

Name of organization

Employer identification number

\*\*-\*\*1399

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GOLDMAN SACHS 200 WEST ST NEW YORK, NY 10282	\$ 6,815.	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
8	SEGMENT  100 CALIFORNIA STREET, SUITE 700  SAN FRANCISCO, CA 94111	\$6,500.	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
		\$	Person Payroll Occupate Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## SUITUP INCORPORATED \*\*-\*\*\*1399

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
_		\$				

Name of or	rganization			Employer identification number
SUTTUE	PINCORPORATED			**-***1399
Part III		) through (e) and the following line charitable, etc., contributions of \$1,000	entry. For organization	s), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
f		(e) Transfer of ç	jift	
	Transferee's name, address, a	nd <b>Z</b> IP + 4	Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			7	
		(e) Transfer of g	jift	
-	Transferee's name, address, a	nd ZIP + 4	Relations	hip of transferor to transferee
			<b>&gt;</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			_	
		(e) Transfer of g	jift	
-	Transferee's name, address, a	nd ZIP + 4	Relations	hip of transferor to transferee
( ) ) )				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			_	
		(e) Transfer of g	jift	
-	Transferee's name, address, a	nd ZIP + 4	Relations	hip 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

SUITUP INCORPORATED

**Employer identification number** \*\*-\*\*\*1399

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	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 w	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
		······································	
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990,	Part 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	on or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed 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 structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		e 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, inspection, handling of	
	violations, and enforcement of the conservation easements it l	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing con	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	•	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958	, I	
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financia	
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

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Schedule D (Form 990) 2019

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tense (check all that apply):  a   Public exhibition	Par	t III	Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or C	Other S	Similar Ass	sets <sub>(col</sub>	ntinue	ed)
a   Public exhibition   d	3	Using t	he organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that ma	ake sign	ificant use of	fits		,
b Scholarly research c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds either than to be maintained as part of the organization's collection?  Part VI 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.  Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21.  Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21.  Is is the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?  C Beginning balance  It c		collecti	on items (check all that apply):									
c	а	F	Public exhibition	d	ı 🔲 i	Loan or exc	hange program					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization sociler receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part VI 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 XX line 21.  1b Is the organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX line 21.  1c Beginning balance  1d Amount  1c Id Amount  1c Id Amount  1c Id Amount  1c Id	b		Scholarly research	е		Other						
5 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?  Part V   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.  Is the organization an angent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X?  Is the organization an angent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X!  Is a list the organization and the part X!! and complete the following table:	С	F	Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide	e a description of the organization's co	ollections and explain	n how the	ey further th	e organization's	s exempt	t purpose in l	Part XIII.		
Part IV   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 IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount or other intermediary for contributions or other assets not included on Form 990, Part IV   Yes   No bil 1"Yes," explain the arrangement in Part XIII and complete the following table:    Complete IV   Endowner   IV   Individual   IV   Individual   IV   Individual   IV   IV   Individual   IV   IV   Individual   IV   IV   Individual   IV   IV   IV   IV   IV   IV   IV   I	5	During	the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or other s	imilar as	sets			
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?  b if "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No  b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  1a Beginning of year balance  1b Contributions  1c Net investment earnings, gains, and losses  d Grants or scholarships  c Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment    5c Term endowment    5c Term endowment												No
Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  □ Prives, "explain the arrangement in Part XIII and complete the following table:  □ Beginning balance □ Amount □ C Beginning balance □ Distributions during the year □ Distri	Par				ete if the	organizatio	n answered "Ye	s" on Fo	orm 990, Par	t IV, line 9,	or	
on Form 990, Part X?    If Yes, "explain the arrangement in Part XIII and complete the following table:			reported an amount on Form 990, Par	t X, line 21.								
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Amount   1c   Amount   1	1a	Is the c	rganization an agent, trustee, custodi	an or other intermed	iary for c	contributions	s or other assets	s not inc	luded			
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?		on Forr	n 990, Part X?							Yes	;	No
c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability	b	If "Yes,	explain the arrangement in Part XIII	and complete the fol	lowing ta	able:						
d Additions during the year  E Distributions during the year  E Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization has been provided on Part XIII  Part V Endowment Funds. Complete if the organization as been provided on Part XIII  Part V Endowment Funds. Complete if the organization as been provided on Part XIII  Part V Endowment Funds. Complete if the organization as been provided on Part XIII  Part V Endowment Funds. Complete if the organization as been provided on Part XIII  Part V Endowment Funds. Complete if the organization as been provided on Part XIII  Part V Endowment Funds. Complete if the organization and programs (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (for the provided on Part XIII (for expenditures for facilities and programs or scholarships (for expenditures for facilities and programs or faciliti										Amo	unt	
e Distributions during the year  1 Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2 Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XIII. Check here if the explanation has been provided on Part XIII.  2 Beginning of year balance  3 Beginning of year balance  4 Descributions  5 Contributions  6 Contributions  6 Contributions  7 Net investment earnings, gains, and losses  9 End of year balance  9 Part V Endowment Funds in the programs  1 Administrative expenses  9 End of year balance  1 Permanent endowment    9 Permanent    10 Unrelated organizations  9 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  1 Describe in Part XIII the intended uses of the organization's endowment    10 Describe in Part XIII the intended uses of the organization's endowment    11 Land, Buildings, and Equipment.  12 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10.  14 Leasehold improvements  15 Eleasehold improvements  16 Equipment  17 Eleasehold improvements  18 Equipment  19 Description of property  10 Cost or other	С	Beginn	ing balance						1c			
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [b] Contributions  c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment   56 b Permanent endowment   67 b Permanent endowment   67 c Term endowment   68 c Term endowment   69 c Term endowment   70 d Permanent endowment   71 d Permanent endowment   72 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 by:  (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Related organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  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.  4 Laad  4 Laad  5 Buildings  6 Laasehold improvements  6 Equipment  6 Other  7 Endowment Funds  7 Endowment Funds  8 Board designated organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  8 Endowment Funds  8 Board designated organization answere	d	Additio	ns during the year						1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization has been provided on Part XIII.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.    Part V Endowment Funds. Complete if the organization has been provided on Part XIII.	е											
D If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.   Image:   Imag	f											
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Call Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four									?	· L Yes	;	No
Contributions   Contribution												
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	Pai	τν	Endowment Funds. Complete i									
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment				(a) Current year	<b>(b)</b> P	rior year	(c) Two years b	ack (d	) Three years b	oack   <b>(e)</b> F	our ye	ars back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a											
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	b											
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С											
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d											
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	е		· ·									
g End of year balance  2 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												
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	f											
a Board designated or quasi-endowment	g											
b Permanent endowment	2				e (line 1g	ı, column (a)	) held as:					
c Term endowment ▶	а				_% _							
The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (ii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iv) If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R?  4 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  b Buildings  c Leasehold improvements  d Equipment  e Other	b		· · · · · · · · · · · · · · · · · · ·	_								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 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 Buildings  c Leasehold improvements  d Equipment  e Other	С		· · · · · · · · · · · · · · · · · · ·	, -								
by:   (i) Unrelated organizations   Sa(ii)   Pelated organizations   Steed as required on Schedule R?   Secribe in Part XIII the intended uses of the organization's endowment funds.    Part VI												
(ii) Unrelated organizations (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 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 Buildings  c Leasehold improvements d Equipment e Other	3a	Are the	re endowment funds not in the posses	ssion of the organiza	ition that	t are held ar	nd administered	for the o	organization			Т
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 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 (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other												es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 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 Buildings  c Leasehold improvements  d Equipment  e Other												-
4 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 Buildings  c Leasehold improvements  d Equipment  e Other												-
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)  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other										3t	)	
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 Buildings  c Leasehold improvements  d Equipment  e Other					wment fo	unas.						
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (e) Equipment  (f) Cost or other basis (other)  (h) Cost or other basis (other)  (h) Cost or other depreciation  (h) Cost or other basis (other)  (h) Cost or other depreciation	ı uı		, , , , , ,		Dort IV	lino 11a C	00 Form 000 D	ort V lin	o 10			
basis (investment) basis (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other										(a) D	م ماد بر	alua
b Buildings			Description of property	, , , , , , ,			I .			(a) B	ook v	alue
c Leasehold improvements d Equipment e Other	1a	Land .										
d Equipment	b											
e Other	С	Leaseh	old improvements									
	d	Equipm	nent									
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)												
	Total	I. Add lir	ies 1a through 1e. <i>(Column (d) must e</i> i	qual Form 990, Part	X, colum	nn (B), line 10	0c.)		<b>_</b>			0.

Schedule D (Form 990) 2019 SUITUP INCOF	RPORATED	*	*-***1399 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or e	ad of year market value
	(b) book value	(c) Method of Valuation. Cost of e	nu-or-year market value
(1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	F 000 B+ IV I'	44 - O - Farm 200 Part V Far 40	
Complete if the organization answered "Yes" of (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
	(b) Book value	(c) Wethod of Valuation. Cost of e	ind-or-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.			
	E 000 D 1 11 11	1410 E 000 B 141 15	
Complete if the organization answered "Yes" (	Description	11d. See Form 990, Part X, line 15.	(h) Dook volue
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	<u> </u>		
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.)		<u> </u>
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X. line 2	5.
1. (a) Description of liability	, , , , , , , , , , , , , , , , , , , ,	, , ,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			

(5) (6) (7) (8)

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

Schedule D (Form 990) 2019

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

X

*-***139	9 Page <b>4</b>
----------	-----------------

SCHE	dule D (Form 990) 2019 BOITOI INCORT CRATED				TJJJ Page T
Par	t XI Reconciliation of Revenue per Audited Financial Stateme		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			Ι.Τ	200 740
1				1	290,749.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما			
a	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
С.	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				0
e	Add lines 2a through 2d			2e	290,749.
3	Subtract line 2e from line 1			3	230,743.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	45			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)			10	0.
_	Add lines 4a and 4b			4c 5	290,749.
Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  † XII   Reconciliation of Expenses per Audited Financial Statemen	ents With	Expenses per F		
I G	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		Expended per i	ictaiii	•
_				1	221,720.
1	Total expenses and losses per audited financial statements				221,720.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مو ا			
a	Donated services and use of facilities			-	
b	Prior year adjustments			-	
c C	Other losses			1	
d	Other (Describe in Part XIII.)			20	0.
е 3	Add lines 2a through 2d Subtract line 2e from line 1			2e 3	221,720.
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				221,7201
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a b		4b		-	
		12		4c	0.
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	221,720.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV. lines 1b a	nd 2b: Part V. line 4	: Part X	line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi			,	
PAF	RT X, LINE 2:				
SU	TUP IS RECOGNIZED AS A TAX-EXEMPT ORGANIZA	TION A	S DEINED I	N SE	CTION 501
(C)	(3) OF THE INTERNAL REVENUE CODE AND IS GE	NERALL	Y EXEMPT	FROM	FEDERAL
INC	COME TAXES ON RELATED IN COME PURSUANT TO S	SECTION	501 (A) O	F TH	E CODE,
EXC	CEPT FOR TAXES ON UNRELATED BUSINESS INCOME	. THE	ORGANIZATI	ON D	ID NOT
/AH	YE ANY UNRELATED BUSINESS INCOME ACTIVITIES	DURIN	G THE YEAR	S EN	DED
DEC	EMBER 31, 2019				
	·				
AS	A NOT-FOR-PROFIT ENTITY, THE ORGANIIZATION	I IS SU	BJECT TO U	NREL	ATED
	·				
BUS	SINESS INCOME TAX, IF APPLICABLE. IN ACCORD	ANCE W	ITH FASB A	SC 7	40,
INC	COME TAXES, THE ORGANIZATION APPLIES THE "M	ORE LI	KELY THAN	NOT"	

THRESHOLD TO THE RECOGNITION AND DERECOGNITION OF TAX POSITIONS FOR ITS

Part XIII   Supplemental Information (continued)
FINANCIAL STATEMENTS. MANAGEMENT HAS REVIEWED ALL OPEN TAX YEARS AND
JURISDICTIONS AND CONCLUDED THAT NO ADJUSTMENTS ARE NECESSARY DUE TO
UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S POLICY IS TO INCLUDE ACCRUED
INTEREST AND PENALTIES FROM UNCERTAIN TAX POSITIONS IN OPERATING EXPENSES.
THERE WERE NO ACCRUED INTEREST OR PENALTIES FOR YEAR ENDED DECEMBER 31,
2019.

#### **SCHEDULE G**

Department of the Treasury

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
Name of the organization		INCORPORATED					er identification number **1399		
Part I Fundrais		Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, lin	ne 17. Form 99	00-EZ filers are not		
required to	complete this part	l							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.									
a  Mail solicitations e  Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants									
_	b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events								
d In-person solicitations									
<del></del> .		or oral agreement with any individual	(includ	ling of	ficers, directors, truste	ees, or			
key employees list	ed in Form 990, P	art VII) or entity in connection with p	rofessi	onal fu	undraising services?		Yes No		
		viduals or entities (fundraisers) pursu	ant to	agreer	ments under which the	e fundraiser is	to be		
compensated at le	east \$5,000 by the	organization.							
			(iii) fundr	Did		(v) Amount p	aid (vi) Amount paid		
(i) Name and addres or entity (fund		(ii) Activity	fundr have c or cor	aiser ustody	(iv) Gross receipts from activity	to (or retained fundraiser	to (or retained by)		
or ornary (rand	araiooi)		contributions?		nom douvity	listed in col.			
			Yes	No					
Total				<b>•</b>					
	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified it	t is exempt fro	m registration		

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

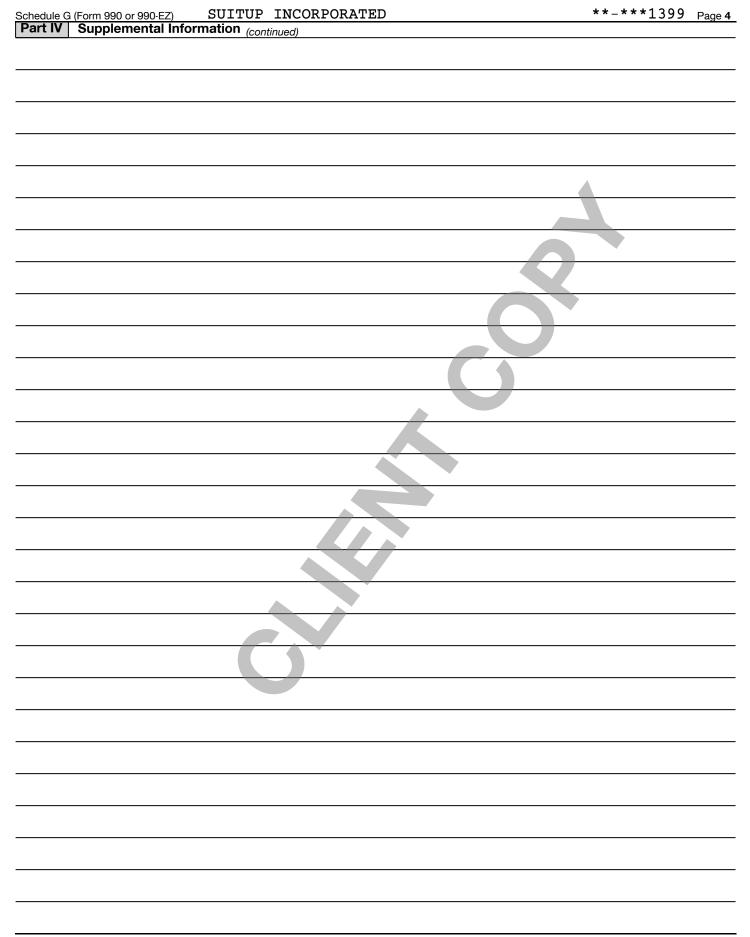
Schedule G (Form 990 or 990-EZ) 2019

	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.							
		or fundraising event contributions and give	(a) Event #1 GALA	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))		
en			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	87,884.			87,884.		
	2	Less: Contributions	87,884.			87,884.		
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes				<b>)</b>		
	5	Noncash prizes						
enses	6	Rent/facility costs						
Direct Expenses	7	Food and beverages	7,324.			7,324.		
۵	8	Entertainment						
	9	Other direct expenses	1 1 7 7 7 7			13,720.		
	10	,			<b>&gt;</b>	21,044.		
Ds	11 irt l			. 000 Part IV line 10 or a		-21,044.		
1 0		\$15,000 on Form 990-EZ, line 6a.	answered fes on Forn	1990, Part IV, line 19, 011	eported more than			
		· · · · · · · · · · · · · · · · · · ·	(a) Dings	(b) Pull tabs/instant	(a) Other management	(d) Total gaming (add		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Rev	4	Gross revenue						
	·							
ses	2	Cash prizes						
irect Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes % No	Yes %  No	Yes % No			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>			
9	En	ter the state(s) in which the organization condu	ıcts gaming activities:					
а	ls t	the organization licensed to conduct gaming ac No," explain:	_	states?		Yes No		
		ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	rear?	Yes No		
	_							

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Sch	edule G (Form 990 or 990-EZ) 2019 SULTUP INCORPORATED	· × _ ×	<u>**1399</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
12	Indicate the percentage of gaming activity conducted in:		100	
		ļ	ا ء٥٠	0/
	The organization's facility		13a	<u>%</u>
	o An outside facility		13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	nt		
	of gaming revenue retained by the third party  \$\bigs\\$			
	If "Yes," enter name and address of the third party:			
•	; if tes, entername and address of the till party.			
	Name N			
	Name			
	Address ►			
	Address			
46	Coming manager information			
16	Gaming manager information:			
	Name			
	Gaming manager compensation  \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activities during the tax year > \$			
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part	III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,,	,,
_	100, 100, 10, and 110, as approache. Also provide any additional information. Good include to the			
_				
_				
_				
_				
_				
		_		
_				



#### **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.

OMB No. 1545-0047

Inspection

Name of the organization

SUITUP INCORPORATED

**Employer identification number** \*\*-\*\*\*1399

DOI 101 IN CONTROLLED
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
VISION IS TO ALIGN THE INCENTIVES OF SCHOOLS AND CORPORATIONS TO ENSURE
THAT ALL STUDENTS HAVE THE ACCESS AND AWARENESS TO PURSUE THE COLLEGE
AND CAREER OF THEIR CHOOSING.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHOOSING.
FORM 990, PART VI, SECTION A, LINE 2:
ZACH GRAUMANN AND JORDAN GRAUMANN ARE BROTHERS.
FORM 990, PART VI, SECTION B, LINE 11B:
SUITUP SENDS THE 990 TO THE GOVERNING BOARD AND EACH BOARD MEMBER RESPONDS
VIA EMAIL OR DURING A SCHEDULED MEETING THAT THEY APPROVE OF THE 990 BEING
FILED.
FORM 990, PART VI, SECTION B, LINE 15:
GOVERNING BOARD DECIDES COMPENSATION FOR EXECUTIVE DIRECTOR ANNUALLY ALONG
WITH ANNUAL BUDGET (WHICH HAS SALARIES FOR ALL STAFF). THE EXECUTIVE
DIRECTOR RECEIVES AN ANNUAL REVIEW THAT DISCUSSES COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION WILL MAKE THE APPROPRIATE GOVERNANCE AND IRS DOCUMENTS
AVAILABLE UPON REQUEST.

PART XII, LINE 2C:

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization SUITUP INCORPORATED	**-***1399
THE ORGANIZATION HAS A COMMITTEE FOR OVERSIGHT OF ITS REVI	EW OF THE
FINANCIAL STATEMENT.	
FORM 990 GENERAL EXPLANATION	
THE ORGANIZATION PREVIOUSLY FILED FORM 990-EZ FOR THE YEAR	ENDING
DECEMBER 31, 2019. HOWEVER, IT WAS DETERMINED THAT ORGANI	ZATION NEEDED
A REVIEWED FINANCIAL STATEMENT AND FORM 990 NEEDED TO BE F	TLED.

#### TAX RETURN FILING INSTRUCTIONS

**NEW YORK FORM CHAR500** 

#### FOR THE YEAR ENDING

December 31, 2019

#### **Prepared For:**

Suitup Incorporated 25 Broadway, Floor 12 New York, NY 10004

#### Prepared By:

Citrin Cooperman & Company, LLP 290 W. Mt. Pleasant Avenue #3310 Livingston, NJ 07039

#### **Amount of Tax:**

Balance due of \$50

#### Make Check Payable To:

Department of Law

#### Mail Tax Return To:

NYS Office of Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

#### **Return Must Be Mailed On Or Before:**

Please mail as soon as possible.

#### **Special Instructions:**

The report should be signed and dated by an authorized individual(s).

The attached copy of the federal Form 990 must be properly signed and dated.

### **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2019

Open to Public Inspection

#### 1.General Information

For Fiscal Year Beginnin	g (mm/dd/yyyy) $01/01/$	$^\prime  2019$ and Ending (	mm/dd/yyyy) 12/31/	2019					
Check if Applicable: Address Change	Name of Organization: SUITUP INCORPO	RATED		Employer Identification Number (EIN): **-**1399					
Name Change Initial Filing	Mailing Address: 25 BROADWAY, F	LOOR 12		NY Registration Number: 44-01-63					
Final Filing  X Amended Filing	City / State / ZIP: Telephone: 415 328-1830								
Reg ID Pending	Website: WWW.VOLUNTEERS	UITUP.ORG		Email: LAUREN@VOLUNTEERSUI					
Check your organization'	•								
registration category:	7A only X EPTL	only DUAL (7A &	EPTL) EXEMPT*	Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.					
2. Certification									
See instructions for certifities two signatories.	ication requirements. Imprope	er certification is a violation	of law that may be subject	to penalties. The certification requires					
	penalties of perjury that we rev re true, correct and complete i			best of our knowledge and belief, oplicable to this report.					
			LAUREN REI						
President or Authorized	Officer:		EXECUTIVE	DIRECTOR					
	Signature		Print Nam	e and Title Date					
	_								
Chief Financial Officer o			Drint Nom	e and Title Date					
	Signature		Print Nam	e and Title Date					
3. Annual Reporting	g Exemption								
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both									
Check the exemption(s) t	hat apply to your filing. If your	organization is claiming an	exemption under one cate	gory (7A or EPTL only filers) or both					
				egory (7A or EPTL only filers) or both ed Char500. No fee, schedules, or					
categories (DUAL filers) t	hat apply to your registration,	complete only parts 1, 2, ar	nd 3, and submit the certifi						
categories (DUAL filers) t additional attachments a	hat apply to your registration,	complete only parts 1, 2, ar	nd 3, and submit the certifi	ed Char500. No fee, schedules, or					
categories (DUAL filers) t additional attachments a	hat apply to your registration, re required. If you cannot clain	complete only parts 1, 2, ar	nd 3, and submit the certifi	ed Char500. No fee, schedules, or					
categories (DUAL filers) t additional attachments a schedules and attachments.	hat apply to your registration, re required. If you cannot clain nts and pay applicable fees.  ng exemption: Total contribution	complete only parts 1, 2, and an exemption or are a DU	nd 3, and submit the certifi AL filer that claims only on g residents, foundations, g	ed Char500. No fee, schedules, or e exemption, you must file applicable overnment agencies, etc. did not					
categories (DUAL filers) t additional attachments a schedules and attachments 3a. 7A filinexceed \$2	that apply to your registration, re required. If you cannot clain nts and pay applicable fees.  In gexemption: Total contributions and the organization displays the organizat	complete only parts 1, 2, and an exemption or are a DU	nd 3, and submit the certifi AL filer that claims only on g residents, foundations, g	ed Char500. No fee, schedules, or e exemption, you must file applicable					
categories (DUAL filers) t additional attachments a schedules and attachments 3a. 7A filinexceed \$2	hat apply to your registration, re required. If you cannot clain nts and pay applicable fees.  ng exemption: Total contribution	complete only parts 1, 2, and an exemption or are a DU	nd 3, and submit the certifi AL filer that claims only on g residents, foundations, g	ed Char500. No fee, schedules, or e exemption, you must file applicable overnment agencies, etc. did not					
categories (DUAL filers) t additional attachments a schedules and attachments aschedules and attachments and attachments and attachments aschedules and attachments aschedules aschedules and attachments aschedules aschedules asched	that apply to your registration, are required. If you cannot claim that and pay applicable fees.  In a exemption: Total contributions and the organization disposed during the fiscal year.	complete only parts 1, 2, and an exemption or are a DU ons from NY State including d not engage a professional	nd 3, and submit the certifi AL filer that claims only on g residents, foundations, g I fund raiser (PFR) or fund	ed Char500. No fee, schedules, or e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit					
categories (DUAL filers) t additional attachments a schedules and attachments 3a. 7A filinexceed \$2 contributi	that apply to your registration, are required. If you cannot claim that and pay applicable fees.  In a exemption: Total contributions during the fiscal year.  If the contributions during the fiscal year.  If the contributions during the fiscal year.	complete only parts 1, 2, and an exemption or are a DU ons from NY State including d not engage a professional	nd 3, and submit the certifi AL filer that claims only on g residents, foundations, g I fund raiser (PFR) or fund	ed Char500. No fee, schedules, or e exemption, you must file applicable overnment agencies, etc. did not					
categories (DUAL filers) t additional attachments a schedules and attachments 3a. 7A filinexceed \$2 contributi	that apply to your registration, are required. If you cannot claim that and pay applicable fees.  In a exemption: Total contributions and the organization disposed during the fiscal year.	complete only parts 1, 2, and an exemption or are a DU ons from NY State including d not engage a professional	nd 3, and submit the certifi AL filer that claims only on g residents, foundations, g I fund raiser (PFR) or fund	ed Char500. No fee, schedules, or e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit					
categories (DUAL filers) t additional attachments a schedules and attachments 3a. 7A filinexceed \$2 contributi	that apply to your registration, are required. If you cannot claim that and pay applicable fees.  In a exemption: Total contributions during the fiscal year.  If the discal year.  If the discal year.  If the discal year.	complete only parts 1, 2, and an exemption or are a DU ons from NY State including d not engage a professional	nd 3, and submit the certifi AL filer that claims only on g residents, foundations, g I fund raiser (PFR) or fund	ed Char500. No fee, schedules, or e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit					
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

968451 01-08-20 1019

<sup>\*</sup>The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

### **CHAR500**

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

#### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:	
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	Α.
Lif you answered "yes" in Part 4b, submit Schedule 4b: Government Grants  Check the financial attachments you must submit with your CHAR500:  X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable  X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Condisclosure and will not be available for public review.  Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenufiling year. We have included an IRS Form 990-EZ for state purposes only.  If you are a 7A only or DUAL filer, submit the applicable independent Certified Public  Review Report if you received total revenue and support greater than \$250,000  Audit Report if you received total revenue and support greater than \$750,000	e exceeded \$25,000 and/or our assets exceeded \$25,000 in the  Accountant's Review or Audit Report:
No Review Report or Audit Report is required because total revenue and support	ort is less than \$250,000
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is r	required
Calculate Your Fee	
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
For 7A and DUAL filers, calculate the 7A fee:	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a	<b>7A</b> filers are registered to solicit contributions in New York
\$25, if you did not check the 7A exemption in Part 3a	under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:  \$0, if you checked the EPTL exemption in Part 3b	<b>EPTL</b> filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
	<b>DUAL</b> filers are registered under both 7A and EPTL.
\$25, if the NET WORTH is less than \$50,000  \$\textbf{X}\$\$ \$50, if the NET WORTH is \$50,000 or more but less than \$250,000  \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000  \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000  \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000  \$1500, if the NET WORTH is \$50,000,000 or more	<b>EXEMPT</b> filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports but may do so voluntarily.
Cand Vary Filian	Confirm your Registration Category and learn more about NY law at <a href="https://www.CharitiesNYS.com">www.CharitiesNYS.com</a> .
Send Your Filing	Where do I find my organization's NET WORTH?
Send your CHAR500, all schedules and attachments, and total fee to:	NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22
Charities Bureau Registration Section	- IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between
28 Liberty Street	Total Assets at Fair Market Value (Part II, line 16(c)) and
New York, NY 10005	Total Liabilities (Part II, line 23(b)).

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

968461 01-08-20 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

Page 2

# SUITUP INCORPORATED (A Nonprofit Organization) FINANCIAL STATEMENTS YEARS ENDED DECEMBER 31, 2020 AND 2019

### SUITUP INCORPORATED (A Nonprofit Organization) FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

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Citrin Cooperman & Company, LLP Certified Public Accountants

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#### INDEPENDENT ACCOUNTANT'S REVIEW REPORT

To the Board of Directors SuitUp Incorporated

We have reviewed the accompanying financial statements of SuitUp Incorporated (the "Organization"), which comprise the statements of financial position as of December 31, 2020 and 2019, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of the Organization's management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

#### Accountant's Responsibility

Our responsibility is to conduct the review engagements in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

#### Accountant's Conclusion

Based on our reviews, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.



#### Adoption of New Accounting Pronouncement

As discussed in Note 2 to the financial statements, in 2019, the Organization adopted new accounting guidance Accounting Standards Codification 606, Revenue from Contracts with Customers. Our conclusion is not modified with respect to this matter.

CERTIFIED PUBLIC ACCOUNTAN

New York, New York October 5, 2021

# SUITUP INCORPORATED (A Nonprofit Organization) STATEMENTS OF FINANCIAL POSITION DECEMBER 31, 2020 AND 2019

		<u>2020</u>	<u>2019</u>
<u>ASSETS</u>			
Cash and cash equivalents Prepaid expenses	\$ _	191,984 16,830	\$ 140,556
TOTAL ASSETS	\$ <u>_</u>	208,814	\$ <u>140,556</u>
LIABILITIES AND NET AS	<u>SETS</u>		
Liabilities: Accounts payable	\$	10,135	\$ 1,124
Commitments and contingencies (Notes 5, 6 and 8)			
Net assets without donor restrictions	_	198,679	139,432
TOTAL LIABILITIES AND NET ASSETS	\$_	208,814	\$ <u>140,556</u>

#### SUITUP INCORPORATED

#### (A Nonprofit Organization)

#### STATEMENTS OF ACTIVITIES

#### FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

		<u>2020</u>	<u>2019</u>
Net assets without donor restrictions:			
Revenues and support:			
Competition fees	\$	189,638	\$ 176,258
Contributions		75,793	46,301
Grants		88,270	1,350
Sponsorship fees			10,898
Total revenues and support before special events			
revenue		353,701	234,807
Special expents revenue:			
Special events revenue: Gross special events revenue		16,170	76,986
Cost of direct benefits to donors		(2,528)	(21,044)
Net special events revenue		13,642	55,942
Total revenues and support		367,343	290,749
Expenses:			
Program services:			
Student competitions		225,210	130,706
Supporting services:			
General and administrative		48,751	22,566
Fundraising		34,135	68,448
Total supporting expenses		82,886	91,014
Total expenses		308,096	221,720
Change in net assets without donor restrictions		59,247	69,029
Net assets without donor restrictions - beginning		139,432	70,403
NET ASSETS WITHOUT DONOR RESTRICTIONS -			
ENDING	\$	198 <b>,</b> 679	\$139,432
, i	"		"

# SUITUP INCORPORATED (A Nonprofit Organization) STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2020

		Program Supporting services									
		CIVICCS		Supporui.	ig scivic		Cost of direct				
	S	tudent	General and			benefits to					
				administrative		Fundraising		donors		l expenses	
Evacacco		<del></del>					V				
Expenses: Salaries, wages and benefits	\$	164,081	<b>\$</b>	41,465	\$	20,733	\$		\$	226,279	
Materials and supplies	φ	11,326	φ	41,403	Ф	20,733	Ф	_	φ	11,326	
Travel		•		-		-		-		,	
Meals and entertainment		1,216 825		_				- 2 E20		1,216	
				1 424	,	711		2,528		3,353	
Rent		5,634		1,424		711		-		7,769	
Computers and equipment		3,567		901		451		-		4,919	
Software		15,022		3,796		1,898		-		20,716	
Contractors		16,516		-		-		-		16,516	
Professional fees		626		158		79		-		863	
Insurance		1,925		487		243		-		2,655	
Advertisement and marketing		-		-		9,760		-		9,760	
Postage and printing		2,415		-		-		-		2,415	
Office expenses		2,057		520		260				2,837	
Total expenses by function		225,210		48,751		34,135		2,528		310,624	
Expenses included with revenues on the statement of activities:											
Cost of direct benefits to donors				_		_		(2,528)		(2,528)	
TOTAL EXPENSES	\$ <u></u>	225,210	\$	48,751	\$	34,135	\$	_	\$	308,096	

# SUITUP INCORPORATED (A Nonprofit Organization) STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2019

	Program	l	C-							
	services		- 51	<u>ipportir</u>	ig se	rvices	C- 1	Cli		
	C. 1 .	0				Cost of direct benefits to				
	Student			General and administrative Fundraisin					/T . 1	
	competitio	ns	adminis	trative	<u> </u>	undraising	dor	nors	Tota	l expenses
Expenses:										
Salaries, wages and benefits	\$ 83,9	933	\$	20,568	\$	20,568	\$		\$	125,069
Materials and supplies	11,	321	-	-		1,246		13,720		26,287
Travel	8,8	392	-			693		_		9,585
Meals and entertainment	9,0	006	-			_		7,324		16,330
Event space	-		-			32,496		_		32,496
Rent	2,	138		524		524		_		3,186
Computers and equipment	1,3	324		325		325		-		1,974
Software	4	468		114		114		_		696
Contractors	5,2	219				-		-		5,219
Professional fees		197		49		49		-		295
Insurance	1,	778		436		436		_		2,650
Advertisement and marketing			-			11,447		-		11,447
Postage and printing	4,	184	-			-		-		4,184
Office expenses	2,	<u>246</u>		550	_	550				3,346
Total expenses by function	130,	706	*	22,566		68,448		21,044		242,764
Expenses included with revenues on the statement of activities:  Cost of direct benefits to donors								(21.044)		(21,044)
Cost of direct belieffs to donors	-			<u> </u>				(21,044)		(21,044)
TOTAL EXPENSES	\$ 130,	706	\$	22,566	\$	68,448	\$	_	\$	221,720

### SUITUP INCORPORATED (A Nonprofit Organization)

### (A Nonprofit Organization) STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

		<u>2020</u>		<u>2019</u>
Cash flows from operating activities:				
Change in net assets without donor restrictions	\$	59,247	\$	69,029
Adjustments to reconcile change in net assets without donor				
restrictions to net cash provided by operating activities:			4	
Changes in assets and liabilities:				
Contributions receivable		-		4,000
Prepaid expenses		(16,830)		-
Accounts payable	_	9,011		679
Net cash provided by operating activities		51,428		73,708
Net increase in cash and cash equivalents		51,428		73,708
Cash and cash equivalents - beginning	( -	140,556		66,848
CASH AND CASH EQUIVALENTS - ENDING	\$	191,984	\$	140,556

#### NOTE 1. ORGANIZATION

SuitUp Incorporated ("SuitUp" or the "Organization") is a not-for-profit organization incorporated to increase career readiness for all students through innovative business plan competitions. SuitUp's vision is to align the incentives of schools and corporations to ensure that all students have the access and awareness to pursue the college and career of their choosing.

The Organization fulfills its mission by focusing its efforts in the below service area:

Student competitions

Hosting real-company problem-solving competitions which require students to utilize their critical thinking and business skills in order to develop a strategic, marketable and professional solution.

#### NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### Basis of presentation

SuitUp presents its financial statements on the accrual basis of accounting and in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") applicable to not-for-profit organizations.

Net assets and revenue, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified as follows:

Net Assets Without Donor Restrictions - Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions.

Net Assets With Donor Restrictions - Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both. As of December 31, 2020 and 2019, the Organization had no net assets subject to donor restrictions.

#### Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

#### Cash and cash equivalents

The Organization considers all highly liquid investments with original maturities of three months or less to be cash equivalents. The Organization had no cash equivalents at December 31, 2020 and 2019.

#### NOTE 2. <u>SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)</u>

#### Revenue recognition

#### Competition fees

The Organization partners with companies in order to conduct its student competitions. These corporate partners provide support to the Organization in the form of competition fees and participate in the student competitions by presenting a real-world problem and by acting as judges during the competition. In accordance with the criteria established in Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 958, Not-For-Profit Entities, the Organization accounts for the competition fees as contributions in lieu of revenue earned from exchange transactions. As such, competition fees are reported as an increase in net assets without donor restrictions unless the competition fees are restricted for a subsequent year or specific purpose. Expenses and losses are reported as decreases in net assets without donor restrictions. Expirations of temporary restrictions on net assets by fulfillment of the donor-stipulated purpose or by passage of the stipulated time period are reported as reclassifications between the applicable classes of net assets.

#### Contributions

Contributions, including unconditional promises to give, are recognized at fair value as revenues in the period received. Conditional promises to give are not recognized until they become unconditional; that is, at the time when the conditions on which they depend are substantially met. Contributions to be received after one year are discounted at an appropriate discount rate that is commensurate with the risks involved, if any.

#### Special events revenue and sponsorship fees

The Organization adopted ASC Topic 606, Revenue from Contracts with Customers ("Topic 606") on January 1, 2019. With the adoption of Topic 606, revenue is measured based on the consideration specified in a contract with a customer. Under Topic 606, the Organization recognizes revenue when it satisfies a performance obligation by transferring control over a product or services to a customer. The majority of the Organization's services represent specific services that are distinct and each event or recognition process is treated as a single performance obligation that is satisfied as the services are rendered.

Special events revenue consists of ticket sales and silent auction proceeds. Ticket sales are recognized as revenue at the time the event takes place. Silent auction proceeds are recognized as revenue at the time the item is transferred to the auction winner. Sponsorship fees are recognized as revenue at the time the event for which the sponsorship fees relate takes place. Payments for ticket sales or sponsorship fees received in advance are deferred to the applicable period in which the related event takes place. The Organization believes that this method provides a faithful depiction of the transfer of goods and services over the term of the performance obligation based on the inputs needed to satisfy the obligation.

The Organization determines transaction price for ticket sales and sponsorship fees based on contractually agreed-upon rates per event or sponsorship. The transaction price for the silent auction proceeds is based on the fair value of the item transferred to the auction winner. Silent auction proceeds in excess of the fair value of the item transferred are treated as contributions.

See independent accountant's review report.

#### **SUITUP INCORPORATED**

### (A Nonprofit Organization) NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2020 AND 2019

#### NOTE 2. <u>SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)</u>

#### Revenue recognition (continued)

#### Special events revenue and sponsorship fees (continued)

Topic 606 was adopted on a retrospective basis, which had no material effect on the prior year balances; thus there were no adjustments to opening net assets at January 1, 2019.

#### Disaggregation of revenues

The composition of the Organization's fee-based revenues for the years ended December 31, 2020 and 2019, is as follows:

	<u>2020</u>	<u>2019</u>
Revenues:		
Ticket sales	\$ 16,170 \$	62,290
Silent audit proceeds	-	14,696
Sponsorship fees	<u> </u>	10,898
Total	\$ <u>16,170</u> \$	87,884
Timing of revenue recognition: At a point in time	\$ <u>16,170</u> \$	87,884

#### Donated services and in-kind contributions

Contributions of donated services that create or enhance nonfinancial assets or that require specialized skills and are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation, are recorded at their estimated fair values in the period received.

Contribution of goods are recorded at fair value at the date of donation.

No significant contributions of such goods or services were received for the years ended December 31, 2020 and 2019.

#### Functional allocation of expenses

The costs of program and supporting services activities have been summarized on a functional basis in the accompanying statements of activities. The accompanying statements of functional expenses present the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

The expenses that are allocated include the following:

Expense	Method of Allocation		
Salaries, wages and benefits	Time and effort		
Rent	Time and effort		
Computers and equipment	Time and effort		
Software	Time and effort		
Professional fees	Time and effort		
Insurance	Time and effort		
Office expenses	Time and effort		

#### NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### Advertising and marketing expenses

Advertising costs are expensed as incurred and aggregated \$9,760 and \$11,447 for the years ended December 31, 2020 and 2019, respectively.

#### Income taxes

SuitUp is recognized as a tax-exempt organization as defined in Section 501(c)(3) of the Internal Revenue Code (the "Code") and is generally exempt from federal income taxes on related income pursuant to Section 501(a) of the Code, except for taxes on unrelated business income. The Organization did not have any unrelated business income activities during the years ended December 31, 2020 and 2019.

As a not-for-profit entity, the Organization is subject to unrelated business income tax, if applicable. In accordance with FASB ASC 740, *Income Taxes*, the Organization applies the "more likely than not" threshold to the recognition and derecognition of tax positions for its financial statements. Management has reviewed all open tax years and jurisdictions and concluded that no adjustments are necessary due to uncertain tax positions. The Organization's policy is to include accrued interest and penalties from uncertain tax positions in operating expenses. There were no accrued interest or penalties for the years ended December 31, 2020 and 2019.

#### Recently adopted accounting pronouncements

#### <u>Revenue</u>

In May 2014, FASB issued Accounting Standards Update ("ASU") No. 2014-09, Revenue from Contracts with Customers ("ASU 2014-019"), which requires an entity to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. This ASU replaced most existing revenue recognition guidance in U.S. GAAP, including industry-specific guidance, when it became effective. The Organization adopted ASU 2014-09 on January 1, 2019, and no material changes resulted from the adoption of this ASU.

#### Contributions

In June 2018, FASB issued ASU No. 2018-08, Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made ("ASU 2018-08"), which provides guidance for determining whether a transaction should be accounted for as a contribution or an exchange transaction, and whether a contribution is conditional or unconditional. The Organization adopted ASU 2018-08 on January 1, 2019, and no material changes resulted from the adoption of this ASU.

#### NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Recently issued but not yet effective accounting pronouncements

#### Leases

In February 2016, FASB issued ASU No. 2016-02, Leases ("ASU 2016-02"). This update requires all leases with a term greater than 12 months to be recognized on the statements of financial position through a right-of-use asset and a lease liability and the disclosure of key information pertaining to leasing arrangements. This new guidance was amended in June 2020 by ASU No. 2020-05, Revenue from Contracts with Customers (Topic 606) and Leases (Topic 842): Effective Dates for Certain Entities ("ASU 2020-05"), deferring the effective date of ASU 2016-02 to years beginning after December 15, 2021, with early adoption permitted. SuitUp has adopted ASU 2020-05 and is therefore deferring adoption of ASU 2016-02. The Organization is evaluating the effect that ASU 2016-02 will have on its financial statements and related disclosures.

#### Subsequent events

The Organization has evaluated subsequent events through October 5, 2021, the date the financial statements were available to be issued. Except as disclosed in Note 9, there were no material subsequent events requiring recognition or disclosure in the financial statements.

#### NOTE 3. LIQUIDITY AND AVAILABILITY

The following represents SuitUp's financial assets available to meet general expenditures for the next 12 months as of December 31, 2020 and 2019:

	<u>2020</u>		<u>2019</u>		
Financial assets at year end:					
Cash and cash equivalents	\$ <u></u>	191 <b>,</b> 984	\$ 140,556		

There are no restrictions on the Organization's cash; the financial assets are available for the general operating obligations of the Organization. As part of SuitUp's operational budget and financial plan, cash is held to cover general expenditures incurred in connection with the operations and mission of the Organization.

#### NOTE 4. GOVERNMENT GRANT PROCEEDS

On August 12, 2020, the Organization received loan proceeds of \$23,382 under the Paycheck Protection Program (the "PPP"). The PPP, which was established as part of the Coronavirus Aid, Relief and Economic Security Act (the "CARES Act"), provides for loans to qualifying businesses for amounts up to 2.5 times certain average monthly payroll expenses of the qualifying business. The loan and accrued interest, or a portion thereof, may be forgiven after eight to 24 weeks so long as the borrower uses the loan proceeds for eligible purposes including payroll, benefits, rent, mortgage interest and utilities, and maintains its payroll levels, as defined by the PPP. At least 60% of the amount forgiven must be attributable to payroll costs, as defined by the PPP.

#### NOTE 4. GOVERNMENT GRANT PROCEEDS (CONTINUED)

The PPP loan was set to mature five years from the date of first disbursement of proceeds to the Organization (the "PPP Loan Date") and accrued interest at a fixed rate of 1%. Payments were deferred for at least the first six months and payable in 54 equal, consecutive monthly installments of principal and interest commencing upon expiration of the deferral period of the PPP Loan Date. The Organization used the proceeds for purposes consistent with the PPP.

U.S. GAAP does not contain authoritative accounting standards for forgivable loans provided by governmental entities. Absent authoritative accounting standards, interpretative guidance issued and commonly applied by financial statement preparers allows for the selection of accounting policies amongst acceptable alternatives. Based on the facts and circumstances, the Organization has determined it most appropriate to account for the PPP loan proceeds under the conditional contribution model within ASC 958-605. Under the conditional contribution model, the Organization recognizes the proceeds received as a refundable advance, and subsequently recognizes grant revenue as the conditions are met. Conditions are deemed to be met as the allowable expenses are incurred. The Organization deemed the conditional contribution model to be the most appropriate accounting policy for this arrangement based on the nature of the PPP loan program. As of December 31, 2020, \$23,382 is included in "Grants" in the accompanying statement of activities.

The Organization applied for PPP loan forgiveness and received approval from the Small Business Administration ("SBA") in December 2020. If it is determined that the Organization was not eligible to receive the PPP loan or that the Organization has not adequately complied with the rules, regulations and procedures applicable to the SBA's Loan Program, the Organization could be subject to penalties and could be required to repay the amounts previously forgiven.

#### NOTE 5. RETIREMENT PLAN

Commencing during the year ended December 31, 2020, the Organization established a 401(k) plan and trust ("401(k)") for its employees. Substantially all of the Organization's employees may elect to defer a portion of their annual compensation in the 401(k). The Organization makes matching percentage contributions. The amount charged to expense for this plan was \$3,447 for the year ended December 31, 2020.

#### NOTE 6. <u>LEASE AGREEMENT</u>

The Organization subleases office space under an operating lease agreement. As of May 1, 2019, the lease agreement is on a month-to-month basis. The latest amendment to the lease agreement provides for monthly charges of \$300 per staff member in need of desk space and \$54 per staff person for operational overhead, resulting in \$354 per person utilizing the rental space each month. For the years ended December 31, 2020 and 2019, rental expense was \$7,769 and \$3,186, respectively.

#### NOTE 7. CONCENTRATIONS AND CREDIT RISK

#### Revenues and support

Three grantors contributed a total of \$49,083 or 56% of total grant revenue received during the year ended December 31, 2020. For the year ended December 31, 2020, one corporate partner contributed \$39,000 or 21% of total competition fees.

For the year ended December 31, 2019, two donors contributed \$7,150 or 49% of total silent auction proceeds and one donor contributed \$5,750 or 12% of total contributions received. Four sponsors provided the funds which comprised the sponsorship fees revenue for the year ended December 31, 2019.

#### Credit risk

SuitUp manages deposit concentration risk by placing its cash in a bank deposit account with a financial institution believed by the Organization to be creditworthy. At times, amounts on deposit may exceed insured limits. SuitUp has not experienced any losses in these accounts. At each December 31, 2020 and 2019, the cash balance did not exceed the Federal Deposit Insurance Corporation insured limit.

#### NOTE 8. RISKS AND UNCERTAINTIES

During March 2020, the World Health Organization declared the outbreak of a strain of coronavirus ("COVID-19") to constitute a "Public Health Emergency of International Concern." Disruptions to business operations have occurred and could continue to develop as a result of quarantines of employees, corporate partners, contributors, grantors, and vendors in areas affected by the outbreak. In light of COVID-19, the board of directors and management have postponed their annual fundraising gala. In response to this postponement, SuitUp has launched additional advertising and marketing campaigns to solicit corporate partners and donors. The Organization has also converted its programming to operate in an entirely remote environment, which has resulted in an increase in corporate partners and donors eager to participate in a virtual community service. However, decreases in funding subsequent to year end could occur. Given the uncertainty of the situation, the duration of the business disruption and related financial impact cannot be reasonably estimated at this time.

#### NOTE 9. SUBSEQUENT EVENT

In January 2021, the Organization received loan proceeds of \$32,030 under the second draw of the PPP ("PPP2"). The PPP2 provides for loans to qualifying businesses for amounts up to 2.5 times certain average monthly payroll expenses of the qualifying business under similar terms to those businesses PPP loans. The PPP2 loan and accrued interest, or a portion thereof, may be forgiven after eight to 24 weeks so long as the borrower uses the loan proceeds for eligible purposes including payroll, benefits, rent, mortgage interest and utilities, and maintains its payroll levels, as defined by the PPP2. At least 60% of the amount forgiven must be attributable to payroll costs, as defined by the PPP.

#### NOTE 9. <u>SUBSEQUENT EVENT (CONTINUED)</u>

The PPP2 loan was set to mature five years from the date of the first disbursement of proceeds to the Organization (the "PPP2 Loan Date") and accrued interest at a fixed rate of 1%. Payments were deferred for at least the first six months and payable in 54 equal, consecutive monthly installments of principal and interest commencing upon expiration of the deferral period of the PPP2 Loan Date. The Organization used the proceeds for purposes consistent with the PPP2.

The Organization applied for PPP2 loan forgiveness and received approval from the SBA in June 2021. If it is determined that the Organization was not eligible to receive the PPP2 loan or that the Organization has not adequately complied with the rules, regulations and procedures applicable to the SBA's Loan Program, the Organization could be subject to penalties and could be required to repay the amounts previously forgiven.