NUTMEG BIG BROTHERS BIG SISTERS INC.

Returns of Organization Exempt From Income Tax

Year Ended June 30, 2020



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 UI/UI 2019, and ending UC	<u> </u>	- 20 <u>Z</u>	_	<u>ത</u>	11
Department of the Treasury	 ▶ Do not send to the IRS. Keep for your records. ▶ Go to www.irs.gov/Form8879EO for the latest information 	on			2	y 19
nternat Revenue Service Name of exempt organization	GO to www.ns.gov/ ormoc/seo for the latest informati	011.	Employer	Identific	ation n	umber
	OTHERS/BIG SISTERS INC.		06-0			
Name and title of officer	OTHERS/ BIG SISTERS INC.		100 0	030	J 1 J	
ANDREW M FLE	ISCHMANN, PRESIDENT/CEO					
	eturn and Return Information (Whole Dollars Only)					
	eturn for which you are using this Form 8879-EO and enter the applications	able amou	nt if an	from	the re	aturn If vo
eave line 1b, 2b, 3b, 4	there b Total revenue, if any (Form 990-EZ, line 9) eck here b Total tax (Form 1120-POL, line 22)	ine 12).	on the 1t	return,	then	enter -0- o
5a Form 8868 check I	· · · · · · · · · · · · · · · · · · ·					
Ja Tomi Good Check i	b balance bus (1 offit 0000, line 00)					
Part Declaration	on and Signature Authorization of Officer					
financial institution accoreturn, and the financia Agent at 1-888-353-453 involved in the process	sury and its designated Financial Agent to initiate an electronic funds of the indicated in the tax preparation software for payment of the organ I institution to debit the entry to this account. To revoke a payment, I may no later than 2 business days prior to the payment (settlement) date ing of the electronic payment of taxes to receive confidential information to the payment I have selected a personal identification number (PIN)	ization's fe nust contac e. I also a on necessa	ederal ta ct the U.s uthorize ary to ar	xes over the final swer in	ved on sury F anc:al nquirie	this inancial institutions s and
	applicable, the organization's consent to electronic funds withdrawal.	as my sign	ature ioi	the or	garnza	uons
Officer's PIN: check or	ne hov only					
CT: 0		5 (3 7	Q		
X authorize FI	CONDELLA, MILONE & LASARACINA — to enter my PIN ERO firm name	Enter fi	ive numbe	rs, but	as my	signature
being filed with	ation's tax year 2019 electronically filed return. If I have indicated within a state agency(les) regulating charities as part of the IRS Fed/State part on the return's disclosure consent screen.					
If I have indicate	f the organization, I will enter my PIN as my signature on the organizated within this return that a copy of the return is being filed with a state ate program, I will enter my PIN on the return's disclosure consent scre	agency(ie				
Officer's signature	John Fleich	ate > 4/	27/20	21		
The second secon	ion and Authentication	u.c - 1/				
	your six-digit electronic filing identification				_	1
	d by your five-digit self-selected PIN.	0 6 0	5 4	8 4	4 8	7 0 7
. ,			Do not	enter al		
		s of Pub.	4163, M	oderni		
ERO's signature	Landoure 1	e ▶ 4/2	7/202	1		
	ERO Must Retain This Form - See Instruction	S				
	Do Not Submit This Form to the IRS Unless Requested	To Do S	0			
For Paperwork Reduc	tion Act Notice, see back of form.			Fo	m 887	79-EO (201

990 erm

(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.

OMB No. 1545-0047

2019
Open to Public Inspection

A F	or the	e 2019 calendar year, or tax year beginning $07/01$, 2019, and ending	<u> </u>	(06/30 , 20	20
		C Name of organization		D Employer identif	ication numb	er
В	Check if a	NUTMEG BIG BROTHERS/BIG SISTERS INC.		06-08503	79	
	Addre					
	7	change Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone numb	er	
	Initial	return 30 LAUREL STREET		(860) 525-	5437	
		City or town, state or province, country, and ZIP or foreign postal code				
	Amer	ded HARTFORD, CT 06106		G Gross receipts \$	1,	892,641.
		F Name and address of principal officer: ANDREW FILETSCHMEN		H(a) Is this a group re		Yes X No
	pendi	30 LAUREL STREET, HARTFORD, CT 06106		subordinates? H(b) Are all subordinate	es included?	Yes No
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 52	27	If "No," attach	a list. (see instr	uctions)
J	Websi	te: ▶ NBBBS.ORG		H(c) Group exemption	n number	
K	Form	of organization: X Corporation Trust Association Other L Year	of format	ion: 1966 M Sta	te of legal dor	nicile: CT
	art I	Summary				
		Briefly describe the organization's mission or most significant activities:				
ø		THE ORGANIZATION EXISTS TO MAKE A POSITIVE DIFFERENCE IN	N THE	LIVES OF		
and		CHILDREN AND YOUTH FACING ADVERSITY.				
èrn	2	Check this box if the organization discontinued its operations or disposed of more the	an 25%	of its net assets.		
8	1	Number of voting members of the governing body (Part VI, line 1a)		1		13.
≪ 5	4	Number of independent voting members of the governing body (Part VI, line 1b)				13.
ties	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)				24.
Activities & Governance	6	Total number of volunteers (estimate if necessary)				1,000.
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12				0.
		Net unrelated business taxable income from Form 990-T, line 39				
		, , , , , , , , , , , , , , , , , , , ,		Prior Year		ent Year
4	8	Contributions and grants (Part VIII, line 1h)		2,058,564.	1,	855,425.
ņ	9	Program service revenue (Part VIII, line 2g)		0		0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,656		1,835.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,071,220.	1,	857,260.
	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.
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,306,839.	1,	179,984.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0		0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 168,953.				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		883,313		698,083.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,190,152.	1,	878,067.
	19	Revenue less expenses. Subtract line 18 from line 12		-118,932.		-20,807.
sor			Begin	ning of Current Yea		of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		757,278		916,500.
t As	21	Total liabilities (Part X, line 26)		202,271		382,300.
F S	22	Net assets or fund balances. Subtract line 21 from line 20.		555,007		534,200.
Pa	rt II	Signature Block				
Une	der pei	nalties of perjury, I declare that I have examined this return, including accompanying schedules and state ct. and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	ements, a	and to the best of m	y knowledge	and belief, it is
-1100	5, 00116	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer is	as arry Kr	1		
C:~		\		4/27/2	021	
Sig He		Signature of officer		Date		
пе	16	ANDREW M. FLEISCHMANN PRESIDENT/CEO				
		Type or print name and title				
Paid	4	Print/Type preparer's name AMBER D TUCKER DIRECTOR Preparer's signati Liputucker	7/202	1 Check if	PTIN	
	parer		,	self-employed	P0159	
	Only	Firm's name ▶FIONDELLA, MILONE & LASARACINA LLP		Firm's EIN ▶ 06-		
		Firm's address ▶300 WINDING BROOK DRIVE GLASTONBURY, CT 06033		1 110110 1101	0-657-36	551
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)				
For	Pape	work Reduction Act Notice, see the separate instructions.			Form	9 90 (2019)

NUTMEG BIG BROTHERS/BIG SISTERS INC. 06-0850379 Form 990 (2019) Page 2 Part 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: THE ORGANIZATION EXISTS TO MAKE A POSITIVE DIFFERENCE IN THE LIVES OF CHILDREN AND YOUTH FACING ADVERSITY, PRIMARILY THROUGH PROFESSIONALLY SUPPORTED RELATIONSHIPS WITH CARING ADULT VOLUNTEERS. THE AGENCY STRIVES TO ASSIST CHILDREN TO ACHIEVE THEIR HIGHEST POTENTIAL. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No 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 Yes X No services?..... 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 revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 1,009,210. including grants of \$) (Revenue \$ NUTMEG BIG BROTHERS/BIG SISTERS' PROGRAMS BUILD MENTORING RELATIONSHIPS BETWEEN CHILDREN IN NEED AND CARING, TRAINED ADULT MENTORS IN 132 MUNICIPALITIES ACROSS CONNECTICUT. RELATIONSHIPS HELP CHILDREN REACH THEIR HIGHEST POTENTIAL - IN TERMS OF BOTH THEIR EDUCATIONAL AND SOCIAL-EMOTIONAL GROWTH -ENRICHING THEIR LIVES, THEIR FAMILIES' LIVES, AND THEIR COMMUNITIES.) (Expenses \$ 4b (Code: 541,243. including grants of \$ FOSTER GRANDPARENT PROGRAM MATCHES LOW INCOME SENIOR CITIZENS TO CHILDREN IN SCHOOLS, DAY CARE CENTERS AND HEAD START PROGRAMS. **4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ 1,550,453. **4e** Total program service expenses ▶

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) (Revenue \$

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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 (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
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	-		21
Ü	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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete 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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		Х	
L	complete Schedule D, Part VI	11a	Λ	
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		- 21
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	10		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
a	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	14b		Х
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		- 21
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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			7.7
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		X

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Part	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	X	
24 a	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			v
	through 24d and complete Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.4-		
اہ	to defease any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25 a	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			Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
b	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	200		
	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, 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
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			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			37
	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,			Х
٥.	or IV, and Part V, line 1			<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	25h		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		<u> </u>
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
J,	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>			Х
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		Х
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	;		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	ī		
	reportable gaming (gambling) winnings to prize winners?			

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Par	t 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. 2a 24			
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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
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?	5с		
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	_	37	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			v
_	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		X
_	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		21
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year?	13		27
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		
	n 100, complete i cini 7120, concuule C.			

JSA 9E1040 1.020 8910JA O47X V 19-8.3F PAGE 8

NUTMEG BIG BROTHERS/BIG SISTERS INC. 06-0850379 Page 6 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 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 No 13 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. 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 Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b Х Each committee with authority to act on behalf of the governing body?............... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes

าบล	Did the organization have local chapters, branches, or affiliates?	104		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	l ist the states	with which a	conv of this Form	n 990 is required to be file	od ▶८ ,

- 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 X Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 ANDREW M. FLEISCHMANN 30 LAUREL STREET HARTFORD, CT 06106

 8605255437

Form **990** (2019)

9E1042 2.000

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

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) FLEISCHMANN, ANDREW	40.00									
PRESIDENT & CEO	0.			Х				142,385.	0.	23,209
(2) CESTARI, PAUL	2.00									
TREASURER	0.	Х						0.	0.	0
(3) BONELLI, DANIEL	2.00									
DIRECTOR	0.	Х						0.	0.	0
(4) CUTLER, TED	2.00									
CHAIRMAN OF THE BOARD	0.	Х						0.	0.	0
(5) BUTH, JAY	2.00									
DIRECTOR	0.	Х						0.	0.	0
(6) MEEHAN, DAVID	2.00									
DEVELOPMENT COMMITTEE CHAIR	0.	Х						0.	0.	0
(7) CARTER, DAMON	2.00									
DIRECTOR	0.	Х						0.	0.	0
(8) ROSEN, STUART	2.00									
BOARD SECRETARY	0.	Х						0.	0.	0
(9) ROSOW, PAMELA	2.00									
DIRECTOR	0.	Х						0.	0.	0
(10) STARR, ROBERT	2.00									
DIRECTOR	0.	Х						0.	0.	0
(11) KWAK, HUNCHU	2.00									
DIRECTOR	0.	Х						0.	0.	0
(12) SILVERS, LESLIE	2.00									
DIRECTOR	0.	Х						0.	0.	0
(13) TUDISCO, EDITH	2.00									
DIRECTOR	0.	Х						0.	0.	0
(14) BEDARD, TERRY	2.00									
DIRECTOR	0.	Х						0.	0.	0

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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Columbia	Form 990				1 .				12	l 1 O 1		/		Page 8
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 Yes No									>					
reportable compensation from the organization 1 Yes No	d To	tal (add lines 1b and 1c)								142,385.		0.	2	3,209.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual				hose	liste	d al	bove	e) who	o re	eceived more than	\$100,000	of		
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	rep	portable compensation from the organization	n ▶	1	L									
employee on line 1a? If "Yes," complete Schedule J for such individual													Y	'es No
employee on line 1a? If "Yes," complete Schedule J for such individual	3 Die	d the organization list any former office	er, directo	r, or	tru	uste	e,	key e	emp	oloyee, or highest	compens	sated		
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual													3	X
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 Fo	r any individual listed on line 1a is the	sum of rar	ortah	م ما	nom	nan	eation	າ ລາ	nd other company	eation from	the		
individual														
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person											5 101		4	Х
for services rendered to the organization? If "Yes," complete Schedule J for such person. Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.											n or indiv	idual		
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.													5	Х
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compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		•	pensated i	ndene	ende	ent i	COn	tracto	rs t	that received more	than \$10	0.000 იქ	f	
year.														
		- · · · · · · · · · · · · · · · · · · ·						, -		G	9		-	
										/B)			(C)	

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

Form **990** (2019)

Part VIII Statement of Revenue

		Check if Schedule O contains a res	ponse or note to a	ny line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1	a 76,907.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
۵٤	С	Fundraising events					
fts	d	Related organizations 1					
ច្ច		Government grants (contributions) 1					
ns,	f	All other contributions, gifts, grants,					
흕		and similar amounts not included above . 1	f 985,698.				
혈훈	g	Noncash contributions included in	3037030.				
달	9		g \$ 39,048.				
a Se	h	Total. Add lines 1a-1f	<u> </u>	1,855,425.			
	- ''	Total. Add lilles 1a-11	Business Code	1,033,123.			
ė			240111000 0040				
`, ₹	2a		_				
Se	b		_				
an Se	C		_				
200	d		_				
Program Service Revenue	e f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividen					
		other similar amounts)	• • • • • • • • • • • • • • • • • • • •	1,835.			1,835.
	4	Income from investment of tax-exempt b	and proceeds	0.			
	5	Royalties	•	0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securitie					
		sales of assets					
		other than inventory 7a					
ō	b	Less: cost or other basis					
evenue		and sales expenses 7b					
ě	С	Gain or (loss) 7c					
r R	d	Net gain or (loss)		0.			
Other	8a	Gross income from fundraising					
ō	""	events (not including \$ ^{209,079} .					
		of contributions reported on line					
		•	8a 35,381.				
	b	,	8b 35,381.				
	С	Net income or (loss) from fundraising eve	nts	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19	9a 0.				
	b	Less: direct expenses	9 b 0.				
	С	Net income or (loss) from gaming activit	ies▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances 1	0a 0.				
		=000: 000: 0: goodo 00:a : : : : :	0b 0.				
	С	Net income or (loss) from sales of inventor	y <u> ▶</u>	0.			
ns			Business Code				
eo ne	11a		_				
llar	b		_				
Se Se	С		_				
Miscellaneous Revenue	d	All other revenue					
	e	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions	<u> </u>	1,857,260.			1,835.

Form **990** (2019)

JSA 9E10512.000 8910JA 047X V 19-8.3F

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a responsible of the contains a responsible of the contains and the contains a responsible of the contains and th	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Do	not include amounts reported on lines 6b, 7b,		(B)		(D)
	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
'	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	165,594.	134,959.	15,897.	14,738.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	816,305.	665,383.	78,469.	72 452
7	Other salaries and wages	810,305.	005,383.	78,469.	72,453.
8	Pension plan accruals and contributions (include	0.			
	section 401(k) and 403(b) employer contributions)	127,206.	101,371.	11,046.	14,789.
9	Other employee benefits	70,879.	57,786.	6,790.	6,303.
10	Payroll taxes	70,075.	37,700.	0,750.	0,303.
11	Fees for services (nonemployees):	0.			
	Management	0.			
	Legal	58,871.	41,608.	4,733.	12,530.
	Accounting	0.	,	,	,
	Professional fundraising services. See Part IV, line 17	0.			
	f Investment management fees	0.			
	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)	53,617.	37,894.	4,311.	11,412.
12	Advertising and promotion	0.			
13	Office expenses	17,492.	15,415.	1,743.	334.
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	62,835.	56,325.	3,107.	3,403.
17	Travel	5,904.	5,293.	73.	538.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.	٥٢	Г 000	1 217
19	Conferences, conventions, and meetings	7,300.	95.	5,888.	1,317.
20	Interest	0.			
21	Payments to affiliates	8,228.	7,817.	411.	
22	Depreciation, depletion, and amortization	40,971.	30,009.	6,881.	4,081.
23 24	Other expenses. Itemize expenses not covered	10,77.21	20,0021	3,332.	1,001.
24	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 O.)				
а	BAD DEBT EXPENSE	6,475.	1,625.		4,850.
b	VOLUNTEER SUPPORT	268,157.	268,157.		
C	ACTIVITIES	72,824.	62,175.	1,494.	9,155.
d	TELEPHONE & INTERNET	25,072.	19,026.	3,660.	2,386.
е	All other expenses	70,337.	45,515.	14,158.	10,664.
	Total functional expenses. Add lines 1 through 24e	1,878,067.	1,550,453.	158,661.	168,953.
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	0			
	following SOP 98-2 (ASC 958-720)	0.			

Form **990** (2019)

Form 990 (2019) Page **11**

Part X Balance Sheet

					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			141,799.	1	494,586.
	2	Savings and temporary cash investments			143,462.	2	130,589.
	3	Pledges and grants receivable, net			128,189.	3	109,474.
	4	Accounts receivable, net.			320,237.	4	163,316.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa			0	_	0
		controlled entity or family member of any of these	•		0.	5	0.
	6	Loans and other receivables from other disquali	-		0		0
		under section 4958(f)(1)), and persons described i			0.	6	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
1ss	8	Inventories for sale or use			0. 6,695.	8	0.
1	9	Prepaid expenses and deferred charges			0,095.	9	9,867.
	10 a	Land, buildings, and equipment: cost or other	40.	117,561.			
		basis. Complete Part VI of Schedule D		108,893.	16 006		8,668.
		Less: accumulated depreciation			16,896.		0.
	11	Investments - publicly traded securities			0.	11	0.
	12	Investments - other securities. See Part IV, line 11			0.	12	0.
	13	Investments - program-related. See Part IV, line 11			0.	13	0.
	14	Intangible assets	0.	14	0.		
	15	Other assets. See Part IV, line 11			757,278.	15	916,500.
	16	Total assets. Add lines 1 through 15 (must equal			202,271.	16 17	145,947.
	17	Accounts payable and accrued expenses			0.	18	0.
	18 19	Grants payable			0.	19	0.
	20	Deferred revenue			0.	20	0.
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Pa			0.	21	0.
G	22	Loans and other payables to any current or			<u> </u>	21	,
Liabilities	LL	trustee, key employee, creator or founder, substa					
ig		controlled entity or family member of any of these			0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelate		_	0.	23	0.
	24	Unsecured notes and loans payable to unrelated t		•	0.	24	0.
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on lines	•				
		of Schedule D		' '	0.	25	236,353.
	26	Total liabilities. Add lines 17 through 25			202,271.	26	382,300.
seo		Organizations that follow FASB ASC 958, check and complete lines 27, 28, 32, and 33.					
lar	27	Net assets without donor restrictions			435,808.	27	493,802.
ñ	28	Net assets with donor restrictions			119,199.	28	40,398.
Fund Balances		Organizations that do not follow FASB ASC 958, and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
jets	30	Paid-in or capital surplus, or land, building, or equi				30	
Assets or	31	Retained earnings, endowment, accumulated inco				31	
Net /	32	Total net assets or fund balances			555,007.	32	534,200.
Z	33	Total liabilities and net assets/fund balances			757,278.	33	916,500.

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Page **12** Form 990 (2019)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			57,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2			78,0	
3	Revenue less expenses. Subtract line 2 from line 1	3			20,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5	55,0	07.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
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		5	34,2	200.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>	
					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," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a 📗			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of		.	
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	xplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
	Single 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 und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	udits .		3b		

Form **990** (2019)

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization NUTMEG BIG BROTHERS/BIG SISTERS INC. 06-0850379 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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 the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 other support (see listed in your governing support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2019

Total

Page 2 Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,645,486.	1,919,550.	2,060,900.	2,058,564.	1,855,425.	9,539,925.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,645,486.	1,919,550.	2,060,900.	2,058,564.	1,855,425.	9,539,925.
5	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).						0.
_6	Public support. Subtract line 5 from line 4						9,539,925.
	tion B. Total Support					I	
Cale	ndar year (or fiscal year beginning in) 🕨 📙	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,645,486.	1,919,550.	2,060,900.	2,058,564.	1,855,425.	9,539,925.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	770.	692.	4,757.	12,656.	1,835.	20,710.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	134,109.	39,127.	144,102.	75,895.	35,381.	428,614.
11	Total support. Add lines 7 through 10						9,989,249.
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
14	Public support percentage for 2019 (lin		•				95.50 %
15	Public support percentage from 2018 \$					15	95.06 %
16a	331/3% support test - 2019. If the org						
	box and stop here . The organization qu	•		•			
b	331/3% support test - 2018. If the org						
	this box and stop here. The organization	-		_			
17a	10%-facts-and-circumstances test - 2	•					
	10% or more, and if the organization					-	•
	Part VI how the organization meets the			_			
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the orga						•
	Explain in Part VI how the organization				=	· ·	
	supported organization						
18	Private foundation. If the organization						
	instructions						<u>▶ </u>

Schedule A (Form 990 or 990-EZ) 2019

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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.)

Sec	tion A. Public Support					<u>, </u>	
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 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						
	organization's benefit and either paid to						
	or expended on its behalf					<u> </u>	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third. fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here .	· ·	•		•		` ^ ` /
Sec	tion C. Computation of Public Supp						
<u> 15</u>	Public support percentage for 2019 (line 8,		<u> </u>	mn (f))		15	%
16	Public support percentage from 2018 Sche					16	%
	tion D. Computation of Investment						,0
<u> 17</u>	Investment income percentage for 2019 (lin			13. column (f))		17	%
18	Investment income percentage for 2013 (in					18	
	331/3% support tests - 2019. If the org						
134	17 is not more than 331/3%, check this	_					
h	331/3% support tests - 2018. If the orga	-	_	•			
D	line 18 is not more than 331/3%, check				•		· . —
20	Private foundation. If the organization d		•	•			
				,,,			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **4**

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.**
- 10 a 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.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
ng by			
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nd ne			
	3b		
3)	3c		
If	4a		
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h	9b		
fit	9с		
on ed	4.5		
to	10a		
	10b		

Schedule A (Form 990 or 990-EZ) 2019

1 Has the organization accepted a gift or contribution from any of the following persons? a 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? b A family member of a person described in (a) above? c A 35% controlled entire of a person described in (a) above? c A 35% controlled entire of a person described in (a) or (b) above? (b) above? c A 35% controlled entire of a person described in (a) or (b) above? (b) above? 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 or directors or trustees at all times during the tax year? (if No., *describe* her *Art No in the supported organization is derived organization; and the tax year? (if No., *describe* her *Art No in the supported organization or directors or trustees at all times during the tax year. 2 Did the organization is activities. If the organization is directors or trustees discreted more granization, describe how the powers to spepting and organization for strustees even elicuted emore granization or analysis of an apported organization or trustees discreted more granization and the supported organization organization or trustees of a subject with the supported organization or trustees of such of the organization's directors or trustees during the tax year also a majority of the directors or trustees of units of the organization's subported organization's subported organization's subported organization's provided during the process or trustees of such of the organization's subported organization's provided during the process or trustees of such of the organization's subported organization's provided during the process or the organization's provided during the process of the organization's provided during the process or the organization's provided during the process of the organization's provided during the process or the org				F	Page 5
11 Has the organization accepted a gift or contribution from any of the following persons? 2 A person who directly or indirectly controls, either alone or toggether with persons described in (b) and (c) below, the governing body of a supported organization? 3 A SS% controlled entity of a person described in (a) or (b) above? 2 A SS% controlled entity of a person described in (a) or (b) above? 3 A SS% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section 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 organizations of incotror or trustees at all times during the tax year? If "No." describe in Part VI how the supported organizations of incotrors or trustees were allocated among the supported organizations and what conditions or restrictions, If any, applied to such power during the tax year. 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 of controlled the supported organizations of the supported organizations of the supported organizations of the supported organizations or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the itax year also a majority of the directors or trustees of each of the organizations apported organizations or trustees of each of the organizations and very the organizations and the supporting organization was vested in the same persons that controlled or managed the susported organizations and very the organizations are apported organizations, and the supported organizations are apported organizations and very the organizations are apported organizations. 1 Did the organization provide to each of its supported organizations, by the last day	Part l	Supporting Organizations (continued)		I	
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c. A 55% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section 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 Part VI how the supported organization's electron or supported organization, and what the organization and what conditions or restrictions, if any, applied to such powers during the tax year. 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 or supported organization of the supported organization of trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization or trustees of each of the organization's supported organization or trustees of each of the organization's supported organization or trustees of each of the organization's supporting Organization's or trustees of each of the organization's o					
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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 Part VI how the supported organization's describe how the powers to appoint and/or remove directors or instead among the supported organization, describe how the powers to appoint and/or remove directors or instead among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, cure to the supporting organization of the supporting organization or years, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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's supported organization's supported organization's supported organization's supported organization's supported organization's the same persons that controlled or managed in the supported organization's and the same persons that controlled or managed in the supported organization's and the supporting Organization's and the same persons that controlled or managed in the supported organization's and the supported organization's and the same persons that controlled or managed in the supported organization's and the supported organization's and the same persons that controlled or managed in the supported organization's and the supported organization's person the organization's person or the organization's person the supported organization's investment policies and indirecting the use of				103	110
tax year? If "No." describe in Part W 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. 2 Did the organization operate for the benefit of any supported organization of their than the supported organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part W how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's supported organization, supported organization of the supported organization and the supported organization's supported organization supported organization's supp	1				
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	D		3h		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
Section 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		
Section 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		
e 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		
Section 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	y integra	ted Type III supporting	g organization (see
instructions).	-		

Schedule A (Form 990 or 990-EZ) 2019

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Page 7 Schedule A (Form 990 or 990-EZ) 2019 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	ion D - Distributions	oupporting organizat	iono (commuca)	Current Year
1	Amounts paid to supported organizations to accomplish ex	remnt nurnoses		Ourrent real
	Amounts paid to perform activity that directly furthers exer			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	sees of supported organization	zatione	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
Ü	(provide details in Part VI). See instructions.	the organization is resp	Olisive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10	Line o amount divided by line 9 amount		/::\	/:::\
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess 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	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
_	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 Page **8**

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 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

	ATTACHMENT 1											
SCHEDULE A, PART II - OTHER INCOME												
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL						
FUNDRAISING	134,109.	39,127.	144,102.	75,895.	35,381.	428,614.						
TOTALS	134,109.	39,127.	144,102.	75,895.	35,381.	428,614.						

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number NUTMEG BIG BROTHERS/BIG SISTERS INC. 06-0850379 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 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 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 exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

Schedule D (Form 990) 2019

▶ \$

Revenue included on Form 990, Part VIII, line 1.

Page 2 Schedule D (Form 990) 2019

	ing the organization's acquisition llection items (check all that app		ther records, check	any of the	e followi	ng that make sig	nificant	use c	
а	llection items (check all that app	l. A.					•	400 0	of its
		ıy):							
h	Public exhibition		d Loan c	r exchange	progran	า			
⊢ ר	Scholarly research		e Other						
С	Preservation for future gene								_
	ovide a description of the organ	nization's collections	and explain how t	hey further	the org	anization's exem	ot purpo	se in	Part
XI		12 - 24				diam's San San			
	iring the year, did the organization								٦ ٨ ٥
Part I	sets to be sold to raise funds rath V Escrow and Custodial A		ined as part of the c	nganization	is collec		Yes		No
raiti	Complete if the organization 990, Part X, line 21.		s" on Form 990, P	art IV, line	9, or re	ported an amou	ınt on F	orm	
1a ls	the organization an agent, truste	e. custodian or othe	r intermediary for co	ontributions	or other	assets not			
	cluded on Form 990, Part X?						Yes		No
b If	Yes," explain the arrangement i	n Part XIII and comp	lete the following tab	le:					_
			•			Amour	nt		
c Be	ginning balance			1c					
d Ac	lditions during the year			1d					
e Di	stributions during the year			1e					
	iding balance								
	d the organization include an am	•				•	Yes	_	No
	Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	has been p	rovided c	on Part XIII			
Part \			all are Farms 000 F)	40				
	Complete if the organiza					(-D) There are the all-	(-) =		la a ala
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years back	(e) Fou		
	ginning of year balance	152,844.	115,188. 25,000.		,077.	45,385. 9,000.			,616. ,000.
	ontributions		25,000.	33	,334.	9,000	•	3 ,	,000.
	et investment earnings, gains,	1,835.	12,656.	4	,757.	692			769.
	d losses	1,033.	12,030.		, , , , ,	0,72	1		
	ants or scholarships								
	her expenditures for facilities								
	d programs								
	Iministrative expenses	154,679.	152,844.	115	,188.	55,077.		45	,385.
	ovide the estimated percentage		and halance (line 1g						
a Bo	pard designated or quasi-endown	nent ▶ 100.0000	%	coluitiii (a))	ricia as.				
	rmanent endowment	%	-						
c Te	rm endowment	%							
Th	e percentages on lines 2a, 2b, a	and 2c should equal 1	00%.						
3a Ar	e there endowment funds not in	the possession of the	e organization that	are held an	d admini	stered for the			
	ganization by:							Yes	No
	Unrelated organizations						3a(i)		X
	Related organizations						3a(ii)		X
	'Yes" on line 3a(ii), are the relate	J	•				3b		<u></u>
	escribe in Part XIII the intended u		ion's endowment fur	ids.					
Part \	Land, Buildings, and Equ Complete if the organize	ation answered "Ye	es" on Form 990, F	Part IV, line	e 11a. S	ee Form 990, P	art X, Iir	ne 10).
	Description of property	(a) Cost or	other basis (b) Cost of	r other basis	(c) Acc	umulated	(d) Book v		
12 12	nd	(investi	ment) (of	ther)	depre	eciation			
	nd								
	asehold improvements			18,950.		18,950.			
• L	uipment			98,611.		39,943.		8.6	668.
d Fo								- , -	
	her					, , , , , ,			

	-orm 990) 2019			Page 3
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 99	00, Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1) Financi	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 99	00, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati	
			Cost or end-of-year mark	et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 99	00, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De:	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)	<u> </u>	
Part X	Other Liabilities.		00 Death/ Per 44 446 Oct Free	000 D 1V
	Complete if the organization answered line 25.	"Yes" on Form 99	90, Part IV, line 11e or 11f. See Forr	n 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
	ral income taxes			
(2) PPP	LOAN			236,353.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)			236,353.
2. Liability for	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements th	at reports the

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

Schedule D (Form 990) 2019 Page 4

Ochicaa	5 5 (1 of the 500) 2010		i ago i
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,018,960.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	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.)		
е	Add lines 2a through 2d	2e	161,700.
3	Subtract line 2e from line 1	3	1,857,260.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	- 1	
b	Other (Describe in Part XIII.)		
_ C	Add lines 4a and 4b	4c	1 057 260
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,857,260.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
	· · · · · · · · · · · · · · · · · · ·	1	2,039,767.
1	Total expenses and losses per audited financial statements		2,032,707.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 161,700.		
a	Donated services and use of facilities	1	
b	Thorycal adjustments 111111111111111111111111111111111111	1	
С.	California de la califo	1	
d	etter (Beeche in Fartytin)	2e	161,700.
e	Add lines 2a through 2d	3	1,878,067.
3	Subtract line 2e from line 1		, , , , , , , ,
4	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)	1	
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	1,878,067.
Part	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F		
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the complete this part to provide any additional information.	nation	
SEE	PAGE 5		
_			

Part XIII Supplemental Information (continued)

LIABILITY FOR UNCERTAIN TAX POSITIONS:

THE ORGANIZATION HAS RECEIVED AN EXEMPTION FROM THE INTERNAL REVENUE SERVICE (IRS) FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION IS REQUIRED TO MAKE THE APPROPRIATE TAX PAYMENTS ON ANY INCOME CONSIDERED UNRELATED TO ITS EXEMPT PURPOSE. THE ORGANIZATION FILES FORM 990, RETURN OF ORGANIZATION FROM INCOME TAX, WHICH IS GENERALLY EXEMPT FROM EXAMINATION BY EXEMPT THE IRS FOR YEARS PRIOR TO JUNE 30, 2017.

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SCHEDULE G (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

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number NUTMEG BIG BROTHERS/BIG SISTERS INC. 06-0850379 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2019

Sch	NUTMEG edule G (Form 990 or 990-EZ) 2019	BIG BROTHERS/BIG	G SISTERS INC.	06-	-0850379
	Fundraising Events. Comple more than \$15,000 of fundr events with gross receipts greaters.	aising event contribut			line 18, or reported
		(a) Event #1 GALA	(b) Event #2 BFES	(c) Other events	(d) Total events (add col. (a) through
d)		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	196,055.	1,075.	74,000.	271,130
ď	2 Less: Contributions	180,800.		74,000.	254,800.
	3 Gross income (line 1 minus line 2)	15,255.	1,075.	0.	16,330.
	4 Cash prizes	324.			324
	5 Noncash prizes				
nses	6 Rent/facility costs				
Direct Expenses	7 Food and beverages	28,111.			28,111
Direct	8 Entertainment	4,892.			4,892
	9 Other direct expenses	5,771.			5,771.
	10 Direct expense summary. Add lin	es 4 through 9 in colu	ımn (d)		39,098.
_	11 Net income summary. Subtract li	ne 10 from line 3, colu	umn (d)	<u> </u>	-22,768
Pa	rt III Gaming. Complete if the org \$15,000 on Form 990-EZ, lir	janization answered " ne 6a.	Yes" on Form 990,	Part IV, line 19, or	reported more than
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
S	2 Cash prizes				

& 	1	Gross revenue									
ses		Cash prizes									
Expenses	3	Noncash prizes									
Direct E	4	Rent/facility costs									
ቯ	5	Other direct expenses									
		Volunteer labor	Yes	_ %	YesNo	%	Ye	es o	%		
	7	Direct expense summary. Add line	es 2 through 5 in c	olun	nn (d)				•		
	8	Net gaming income summary. Su	ubtract line 7 from	line '	1, column (d)				🕨		
9 a b	1	Enter the state(s) in which the orgalis the organization licensed to condition in the state of t	anization conducts	gan ties i	ning activities: n each of these	e state				 Yes	No
l 0 a b		Were any of the organization's gaming If "Yes," explain:	g licenses revoked,			ated du	uring th	ie tax y	ear?	 Yes	No

Sched	ule G (Form 990 or 990-EZ) 2019
11	Does the organization conduct gaming activities with nonmembers?
12	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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/effices
	Director/officer Employee Independent contractor
17	Mandatory distributions:
a	
а	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
b	or spent in the organization's own exempt activities during the tax year > \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

NUTMEG BIG BROTHERS/BIG SISTERS INC.

Employer identification number 06-0850379

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

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

Schedule J (Form 990) 2019

NUTMEG BIG BROTHERS/BIG SISTERS INC. 06-0850379

Schedule J (Form 990) 2019

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

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

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

(B) Breakdown of W-2 a			f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
FLEISCHMANN, ANDREW	(i)	142,385.	0.	0.	6,319.	16,890.	165,594.	
1PRESIDENT & CEO	(ii)	0.	0.	0.				
	(i)							
_ 2	(ii)							
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

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NUTMEG BIG BROTHERS/BIG SISTERS INC.

Schedule J (Form 990) 2019

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

06-0850379

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NUTMEG BIG BROTHERS/BIG SISTERS INC. 06-0850379

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			20.040				
25	Other ►(ATCH 1)			39,048.				
26	Other ►()							
27	Other ►()							
	Other ►()							
29	Number of Forms 8283 received							
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	jement	29		Yes	N.
20-	During the year did the argenizat	ion roccius	hu aantribution anu arana	which reported in Dort I line.	a 1 through		res	No
30a	During the year, did the organizat		•		-			
	28, that it must hold for at least the	•			•	30a		Х
L	to be used for exempt purposes for		olding period?			Jua		
	If "Yes," describe the arrangement i Does the organization have a		tance policy that require	ne the review of and	nonetandard			
31						31	X	
22-	contributions? Does the organization hire or use	third part	oe or related organization	e to colicit process or s	all noncoch	31	21	
J∠d	_		_			32a		Х
h	contributions?					JZa		
	If the organization didn't report an	amount in a	volume (c) for a type of pro-	nerty for which column (a)	is checked			
JJ	describe in Part II.	amount iii C	olumni (c) for a type of pro	perty for writeri coluitiff (a)	is chieckeu,			

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2**

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION
(A) CHECK
(B) NUMBER OF (C) REVENUES (D) METHOD OF DETERMINING

TICKETS & FOOD DONATIONS X

(B) NUMBER OF (C) REVENUES (D) METHOD OF DETERMINING

TOTALS ______39,048.

JSA Schedule M (Form 990) (2019)

9E1508 1.000

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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

06-0850379

Name of the organization

NUTMEG BIG BROTHERS/BIG SISTERS INC.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE CPA PREPARING THE FORM 990 PRESENTS A DRAFT COPY TO AGENCY STAFF FOR REVIEW AND APPROVAL PRIOR TO FILING. STAFF REVIEW TO ENSURE THE FORM 990'S CONFORMITY WITH AGENCY FINANCIAL RECORDS AND AUDITED FINANCIAL RESULTS FOR THE FISCAL YEAR.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: IT IS REQUIRED THAT CONFLICTS OF INTEREST ARE DISCLOSED AS SOON AS THEY ARE KNOWN. DISCLOSURE STATEMENTS ARE SUBMITTED TO THE INDIVIDUALS DESIGNATED BY THE POLICY. EITHER A BOARD MEMBER OR THE CEO WILL REVIEW THE SITUATION AND DETERMINE THE APPROPRIATE RESPONSE.

EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO COMPLETE AN ACKNOWLEDGEMENT AND AN AFFIRMATION OF COMPLIANCE AT THE START OF THEIR ENGAGEMENT WITH THE ORGANIZATION. THE ORGANIZATION ALSO UTILIZES A CONFLICT OF INTEREST ANNUAL AFFIRMATION OF COMPLIANCE TO FACILITATE DISCLOSURE OF CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE PERFORMANCE OF THE PRESIDENT/CEO IS EVALUATED BY THE BOARD CHAIRMAN IN CONSULTATION WITH THE PERSONNEL CHAIRMAN AND/OR EXECUTIVE COMMITTEE ANNUALLY. SALARY INCREASES ARE DETERMINED BY 1)PERFORMANCE DURING THE FISCAL YEAR AND 2) THE AVAILABILITY OF FUNDS. LINE 15B: THE PERFORMANCES OF ALL STAFF MEMBERS ARE EVALUATED BY THE PRESIDENT/CEO ON AN ANNUAL BASIS. SALARY INCREASES ARE DETERMINED BY 1) PERFORMANCE DURING THE FISCAL YEAR AND 2) THE AVAILABILITY OF FUNDS.

Name of the organization

NUTMEG BIG BROTHERS/BIG SISTERS INC.

Employer identification number

06-0850379

FORM 990 PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S BYLAWS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.