Form	990	

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.



AF	or th	e 2021 calendar year, or tax year beginning and	ending		
B c	Check if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre				
	Name Chang			46-50831	70
	Initial return Final return		Room/suite	E Telephone number (718) 77	7-2065
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,225,998.
	Amen			H(a) Is this a group re	eturn
	Applic	F Name and address of principal officer: JUSTIN GREEN		for subordinates	
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates ir	
11	Tax-ex	empt status: 🗴 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1) d	or 📃 527	If "No," attach a	list. See instructions
		te: ▶ WWW.BIGREUSE.ORG		H(c) Group exemption	n number 🕨
KF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2014	State of legal domicile: NY
	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: THE (ORGANI	ZATION WAS	FORMED TO
Governance		PROTECT THE ENVIRONMENT, TO REDUCE THE IN	MPACT	OF CLIMATE	CHANGE AND
srn8	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	57
viti	6	Total number of volunteers (estimate if necessary)		6	350
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		858,982.	1,814,219.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
3eV		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		954,366.	1,330,654.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,813,348.	3,144,873.
	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.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $$		1,129,682.	1,564,007.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă		Total fundraising expenses (Part IX, column (D), line 25)	0.		1 200 100
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		561,573.	1,309,108.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,691,255.	2,873,115.
	19	Revenue less expenses. Subtract line 18 from line 12		122,093.	271,758.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		731,512.	1,625,442.
etA	21	Total liabilities (Part X, line 26)		649,825.	1,271,997.
_		Net assets or fund balances. Subtract line 21 from line 20		81,687.	353,445.
Pa	art II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Da	te
Here		GREEN, EXECUTIVE DIRECTOR name and title 's name Preparer's signature MARTENS Preparer's signature LUTZ AND CARR, CPAS LLP Firm's EIN ▶ 13- 551 FIFTH AVENUE, SUITE 400 Phone no.212-6 NEW YORK, NY 10176 Phone no.212-6		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	FREDERICK MARTENS			
Preparer			Fir	m's EIN ▶ 13-1655065
Use Only	Firm's address 551 FIFTH AVENUE	, SUITE 400		
			Ph	one no.212-697-2299
May the II	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2021)
~		INTON MERGENICATION AND MEN		TER T 1 TT

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pa	1990 (2021) BIG INITIATIVES INCORPORATED 46-5083170 F
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE ORGANIZATION WAS FORMED TO PROTECT THE ENVIRONMENT, TO REDUCE THE IMPACT OF CLIMATE CHANGE AND CONSERVE NATURAL RESOURCES AND ENERGY.
	THE ORGANIZATION ACHIEVES ITS MISSION BY DIVERTING MATERIALS FROM
	LANDFILL, CONSERVING ENERGY AND PROMOTING AND INSTALLING RENEWABLE
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 🖸
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
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 of the organization's program service accomplishments for each of its three largest program. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allow revenue, if any, for each program service reported. 4a (Code:) (Expenses \$	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4 Desc Secti rever 4a (Code: <u>REU</u> THI	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
4a	
	REUSE CENTER PROGRAM - THE REUSE CENTER DIVERTS REUSABLE MATERIALS FI
	THE WASTE STREAM TO PROVIDE NEW YORK CITY WITH A SUSTAINABLE MATERIAL
	MANAGEMENT AND REUSE OPTION.
Part 1 F 1 F 2 F 3 F 4 F 5 F 4 F 6 F 7 F 6 F 7 F 6 F 7 F 6 F 7 F 7 F 6 F 7 <t< td=""><td></td></t<>	
	1 222 242
1b	
	CITY OF NEW YORK TO COLLECT FOOD SCRAPS AND YARD WASTE, COMPOST THE
	COLLECTED MATERIAL AND GIVE THE COMPOST AWAY TO COMMUNITY GREENING
	GROUPS AND PARKS. THE PROGRAM REDUCES WASTE SENT TO LANDFILLS AND
	INCINERATORS, CUTS CLIMATE CHANGE GAS EMISSIONS AND HELPS IMPROVE THE
	SOILS OF NYC TO GREEN THE CITY.
Part 1 E 1 <t< td=""><td></td></t<>	
46	(code:) (Evenence f 299, 085, including grants of f) (Tourset f
4c	(Code:) (Expenses \$ 299,085. including grants of \$) (Revenue \$) (Re
4c	ORGANICS OUTREACH PROGRAM - OUTREACH PROGRAM PROMOTES CITY OF NEW YOR
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 Form 990 (2021)
 BIG INITIATIVES INCORPORATED

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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 candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	- ^		
8	Schedule D, Part III	8		х
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		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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 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	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>	04-		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
	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
	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 line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X X
29 80	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
.0	contributions? If "Yes," complete Schedule M	30		x
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
) 5 o	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
4 -	Enter the number reported in box 2 of Form 1006 Enter 0 if not enabled			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1a 1b 1b			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b)		
b		1c		

Form 990	(2021)
Part V	Sta

					Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		57			
	filed for the calendar year ending with or within the year covered by this return	2a	57	.	v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returned in the state of the stat			2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	s		-		v
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					x
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		
	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			F -		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		- 72
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6 -		х
	any contributions that were not tax deductible as charitable contributions?			6a		- 72
	If "Yes," did the organization include with every solicitation an express statement that such contribut		•	C 1-		
	were not tax deductible?			6b		
	Organizations that may receive deductible contributions under section 170(c).	wiego -	rovidad to the power	7-		х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a 7h		- 27
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 82822	-		70		x
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		- 23
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		+2	7e		х
				7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo			7g		- 23
	If the organization received a contribution of qualified intellectual property, did the organization me of the organization of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization me of the organization of the o			7g 7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711		
	sponsoring organization have excess business holdings at any time during the year?			8		
	Sponsoring organization have excess business holdings at any time during the year?			0		
				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:			30		
	Initiation toop and conital contributions included on Dart VIII, line 12	100				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	10b				
b 11 a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders					
b 11 a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	10b 11a				
b 11 a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	10b 11a 11b		10-		
b 11 a b 12a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10b 11a 11b 10413	2	12a		
b 11 b 12a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 10413	2	12a		
b 11 b 12a b 13	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 10413 12b				
b 11 b 12a b 13 a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 10413 12b		12a 13a		
b 11 b 12a b 13 a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	10b 11a 11b 10413 12b				
b 11 a b 12a b 13 a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 10412 12b				
b 11 b 12a b 13 a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 10413 12b				
b 11 b 12a b 13 a b c	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilitiesSection 501(c)(12) organizations. Enter: Gross income from members or shareholdersGross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the yearSection 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?Note: See the instructions for additional information the organization must report on Schedule O. 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	10b 11a 11b 10417 12b 13b 13c		13a		
b 11 b 12a b 13 a b c 14a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 10417 12b 13b 13c		13a 14a		X
b 11 b 12a b 13 a b c 14a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 10412 12b 13b 13c		13a		X
b 11 a b 12a b 13 a b c 14a b 15	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 10412 12b 13b 13c	or	13a 14a 14b		
b 11 a b 12a b 13 a b c 14a b 15	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 10412 12b 13b 13c	or	13a 14a		x
b 11 a b 12a b 13 a b c 14a b 15	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 10417 12b 13b 13c	or	13a 14a 14b 15		X
b 11 b 12a b 13 a b c 14a b 15	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 10417 12b 13b 13c	or	13a 14a 14b		
b 11 a b 12a b 13 a b c 14a b 15 16	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 10413 12b 13b 13c 13c 13c 13c 13c	or	13a 14a 14b 15		X
b 11 a b 12a b 13 a b c 14a b 15 16 17	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 10412 12b 13b 13c 13c 13c 13c 13c 13c 13c 13c	or	13a 14a 14b 15 16		X
b 11 a b 12a b 13 a b c 14a b 15 16 17	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 11a 11b 10412 12b 13b 13c 13c 13c 13c 13c 13c 13c 13c	or	13a 14a 14b 15		X

Form 990	(2021))
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response 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					[
Sect	tion A. Governing Body and Management					-
		Ι.	1	6	Yes	╇
	Enter the number of voting members of the governing body at the end of the tax year	1 a		6		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			5		
	Enter the number of voting members included on line 1a, above, who are independent	1b		5		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					ł
	officer, director, trustee, or key employee?			2		┦
	Did the organization delegate control over management duties customarily performed by or under t		-			
	of officers, directors, trustees, or key employees to a management company or other person?					4
	Did the organization make any significant changes to its governing documents since the prior Form					4
	Did the organization become aware during the year of a significant diversion of the organization's as					4
	Did the organization have members or stockholders?			6		4
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			. 7a		4
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		1
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
	The governing body?				X	1
b	Each committee with authority to act on behalf of the governing body?			8b	X	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal P	Revenu	e Code.)			_
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10 a		
	If "Yes," did the organization have written policies and procedures governing the activities of such o					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	ore filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			. 12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	nflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," a	lescribe			
	on Schedule O how this was done			. 12c	X	
	Did the organization have a written whistleblower policy?				X	
4	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approv	/al by i	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization					1
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					T
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a			
	taxable entity during the year?			. 16a		1
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	on's			
	exempt status with respect to such arrangements?			16b		I
ect	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NY}$					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 99	0-T (section 501(c)(3)s only) avai	la
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explai	n on Se	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, of			and fina	ncial	
	statements available to the public during the tax year.		. ,			
	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	nd records 🕨			
	THE ORGANIZATION - (718) 777-2065					
_	ONE 12TH STREET, BROOKLYN, NY 11215					

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

т

• 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 the 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)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos beck		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot pr/trus	h an	compensation	compensation	amount of
	week					1		from	from related	other
	(list any hours for	lirecto				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120/	and related
	below	Individual trustee or director	In stitutional trustee	5	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) KATE GROSSMAN	2.00									
PRESIDENT		Х		X				0.	0.	0.
(2) NOAH LEFF	2.00									
TREASURER		Х		X				0.	0.	0.
(3) CHRISTINE A COLETTA	1.00									
SECRETARY		Х		X				0.	0.	0.
(4) JUSTIN GREEN	40.00									
EXECUTIVE DIRECTOR		Х		X				78,045.	0.	20,742.
(5) ELIZABETH ACEITUNO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) ALTHEA ERIKSON	1.00									
BOARD MEMBER		Х						0.	Ο.	0.
(7) LITTLE WING LEE	1.00									
BOARD MEMBER		Х						0.	Ο.	0.
(8) JOSH TREUHAFT	1.00									
BOARD MEMBER		Х						0.	Ο.	0.
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	990 (2021) BIG INIT	LATIVES	II	1CC	DRE	201	RAT	'E	D	46-5	083	170	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	an	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org and	pensa om the anizati d relate anizatio	e Ion ed
1b	Subtotal								78,045.		0.	2	0,7	42.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A			·····			> >	0. 78,045.		0.		0,7	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	io r	eceived more than \$100),000 of reportab	le			0
3	Did the organization list any former officer,			-						2			Yes	No X
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> for s For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	d ot		the organization		3 4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors	-				-			-			5		X
1	Complete this table for your five highest co the organization. Report compensation for	-									npens	ation f	rom	
	(A) Name and business		car		ng v	VILII			(B) Description of s	ervices	С	(C compe		า
	EENS BOTANICAL GARDEN -50 MAIN STREET, FLUSH	ING, NY	11	L35	55				COMPOSTING A EDUCATION PR			16	4,9	17.
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lii	mite	d to		se lis 1	stec	d above) who received n	nore than		Form	990 (*	2021)

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Forn	n 99	0 (2021) BIG INITIA	TIV	'ES INCOR	PORATED		46-5083	170 Page 9
Pa	rt \	/							
			Check if Schedule O contains a res	oonse	or note to any lir	e in this Part VIII	(5)	(0)	
						(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
ts	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
An G			Fundraising events 1c						
lar ,			Related organizations 1d						
ini,		е	Government grants (contributions)		1,793,990.				
er S		f	All other contributions, gifts, grants, and						
ΞĘ			similar amounts not included above 1f		20,229.				
ont			Noncash contributions included in lines 1a-1f			1 014 010			
<u>ם 0</u>		h	Total. Add lines 1a-1f			1,814,219.			
Ð		~			Business Code				
vice	2	a b							
Ser		c							
am eve		d							
Program Service Revenue		е							
Ъ,		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividends						
			other similar amounts)						
	4		Income from investment of tax-exempt I	•					
	5		Royalties	 al	(ii) Personal				
	6	а		,763.					
	ľ	b	Less: rental expenses 6b	0.					
		с		,763.					
		d	Net rental income or (loss)		►	48,763.			48,763.
	7	а	Gross amount from sales of (i) Secu	rities	(ii) Other				
			assets other than inventory 7a						
Ø		b	Less: cost or other basis						
evenue			and sales expenses						
			Gain or (loss) 7c						
er B			Net gain or (loss) Gross income from fundraising events (not	·····	>				
Other	ľ	a	including \$ of						
-			contributions reported on line 1c). See						
			Part IV, line 18	. 8a					
		b	Less: direct expenses						
		с	Net income or (loss) from fundraising ev	ents	>				
	9	а	Gross income from gaming activities. Se						
			Part IV, line 19						
			Less: direct expenses						
	10		Net income or (loss) from gaming activit	ies	P				
	0	d	Gross sales of inventory, less returns and allowances	10-	1,363,016.				
		b	Less: cost of goods sold						
			Net income or (loss) from sales of invent			1,281,891.	1,281,891.		
s					Business Code				
Miscellaneous Revenue	11	а							
enu		b							
Scel		c							
Ϊ			All other revenue						
	12		Total. Add lines 11a-11d			3,144,873.	1,281,891.	0.	48,763,
13200					····· 🚩	5,111,073.	1 1,201,001.		Form 990 (2021

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10

46-5083170 Page 9

Part IX Statement of Functional Expenses

BIG INITIATIVES INCORPORATED

Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,	98,787.	98,787.					
~	trustees, and key employees	90,707.	90,101.					
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7		1,249,219.	1,100,257.	148,962.				
7 8	Other salaries and wages Pension plan accruals and contributions (include		1,100,237.	1 1 0 , 5 0 2 0				
0	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits	98,401.	85,029.	13,372.				
9 10	Payroll taxes	117,600.	104,401.	13,199.				
11	Fees for services (nonemployees):							
a	Management							
b								
c	•							
	Lobbying							
e								
f	Investment management fees							
g								
0	column (A), amount, list line 11g expenses on Sch 0.)	256,825.	246,703.	10,122.				
12	Advertising and promotion	6,130.	6,130.					
13	Office expenses	11,011.	10,593.	418.				
14	Information technology							
15	Royalties							
16	Occupancy	505,011.	494,531.	10,480.				
7	Travel	3,909.	3,524.	385.				
8	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest	16,674.	16,674.					
21	Payments to affiliates		11 500					
22	Depreciation, depletion, and amortization	11,763.	11,528.	235.				
23	Insurance	52,203.	46,345.	5,858.				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)							
а	TRUCK AND AUTO	238,181.	238,181.					
a b	TOOLS, SUPPLIES, REPAIR	181,795.	181,718.	77.				
2	UTILITIES	18,119.	17,745.	374.				
с А	MISCELLANEOUS	7,487.	5,775.	1,712.				
e e	A.H	,, -	-,					
25	Total functional expenses. Add lines 1 through 24e	2,873,115.	2,667,921.	205,194.	(
26	Joint costs. Complete this line only if the organization	, ,	, ,					
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)							

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16521021 759420 11902

11 2021.04030 BIG INITIATIVES INCORPORATE 11902_1

Form **990** (2021)

16521021 759420 11902

BIG INITIATIVES INCORPORATED Part X Balance Sheet

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

		Check il Schedule O contains a response or not	e lu an				
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			169,137.	1	260,101.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3	1,174,577.		
	4	Accounts receivable, net			380,640.	4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit	-				
		under section 4958(f)(1)), and persons described		6			
3	7	Notes and loans receivable, net		7			
2000	8	Inventories for sale or use		8			
ć	9				7,786.	9	28,945.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	190,396.			
	b	Less: accumulated depreciation	10b	108,052.	94,107.	10c	82,344.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			79,842.	15	79,475.
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	731,512.	16	1,625,442.
	17	Accounts payable and accrued expenses			34,604.	17	255,188.
	18	Grants payable			4,521.	18	
	19	Deferred revenue		19	8,947.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
20	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		22			
	23	Secured mortgages and notes payable to unrela		23	1 002 002		
	24	Unsecured notes and loans payable to unrelated	605,900.	24	1,003,062.		
	25	Other liabilities (including federal income tax, pay	-				
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	4 000		1 000
		of Schedule D			4,800. 649,825.	25	<u>4,800</u> . 1,271,997.
	26	Total liabilities. Add lines 17 through 25			049,023.	26	1,2/1,99/.
2		Organizations that follow FASB ASC 958, che	ck her				
	07	and complete lines 27, 28, 32, and 33.			81,687.	07	353,445.
	27	Net assets without donor restrictions			01,007.	27	555,445.
	28	Net assets with donor restrictions				28	
5		Organizations that do not follow FASB ASC 9 and complete lines 29 through 33.	50, Che				
5	29	Capital stock or trust principal, or current funds				29	
	29 30	Paid-in or capital surplus, or land, building, or eq				29 30	
	30 31	Retained earnings, endowment, accumulated in				31	
	32			E E E E E E E E E E E E E E E E E E E	81,687.	32	353,445.
-	32 33	Total net assets or fund balances			731,512.	32 33	1,625,442.
	33	Total habilities and her assets/fullu balances			, , , , , , , , , , , , , , , , , , , ,	55	Eorm 990 (2021)

Form 990 (2021)

Assets

Liabilities

Net Assets or Fund Balances

	BIG INITIATIVES INCORPORATED	46-50	83170	Pag	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,144	.,8'	<u>73.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,873					
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	81	.,6	87.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	353	, 4	<u>45.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2 b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits							

Form **990** (2021)

132012 12-09-21

Department of the Treasury

Internal Revenue Service

(Form 990)

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

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

2021
Open to Public Inspection

OMB No. 1545-0047

L

Name of the organization

INdii		BTC	ΤΝΤ ΨΤ Δ ΨΤ ΥΓ	S INCORPORAT	ਯਾਹ				6-5083170			
Pa	rt I	Reason for Public (nis nart) S	See instruction		0-3003170			
		ization is not a private found										
1		A church, convention of ch										
2	\square	A school described in secti					•//• •//•					
3	\square	A hospital or a cooperative				(b)(1)(A)(i	ii).					
4	\square	A medical research organiz)(iii). Enter	the hospital's name.			
•		city, and state:		· · · · · · · · · · · · · · · · · · ·				X) :	·····,			
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental i	unit descrik	bed in			
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X											
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or			
		university:										
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, a	nd gross receipts from			
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	uired by the o	ganization	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	-	•	•							
12		An organization organized a	-	•	-			-				
		more publicly supported or							Check the box on			
		lines 12a through 12d that				-		-				
а		Type I. A supporting orga		-	•	-						
		the supported organization			a majority o	of the dire	ctors or truste	es of the s	supporting			
		organization. You must o	-									
b		Type II. A supporting org	-				•		-			
		control or management o			ame perso	ons that co	UNITO OF MANA	ige the sup	poned			
с		organization(s). You mus Type III functionally inte			in connoc	tion with	and functions	lly intograt	od with			
U	L	its supported organization						ily integration	ea with,			
d		Type III non-functionally						rted organi	zation(s)			
u		that is not functionally int		•••				-				
		requirement (see instruct			•		-	aunation				
е		Check this box if the orga						II. Type III				
-		functionally integrated, or						, . , pe				
f	Ente	er the number of supported of										
g		vide the following informatior										
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)			
Tota												

Schedule A	Earm	000	202
Schedule A	FOILI	990)	202

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

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

Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1868921. 1988424. 1865460. 858,982. 1814219. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 1868921. 1988424. 1865460. 858,982. 1814219. 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1868921. 1988424. 1865460. 858,982. 1814219. 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 1868921. 1988424. 1865460. 858,982. 1814219.	(f) Total 8396006. 8396006.								
 membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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 1868921. 1988424. 1865460. 858,982. 1814219. 									
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 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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 									
 ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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 	8396006.								
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3 The value of services or facilities furnished by a governmental unit to the organization without charge 1868921.1988424.1865460.858,982.1814219. 4 Total. Add lines 1 through 3 1868921.1988424.1865460.858,982.1814219. 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 1868921.1988424.1865460.858,982.1814219.	8396006.								
furnished by a governmental unit to the organization without chargeImage: Constraint of the organization without charge4Total. Add lines 1 through 31868921. 1988424. 1865460. 858,982. 1814219.5The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of theImage: Constraint of the organization	8396006.								
the organization without charge 1868921. 1865460. 858,982. 1814219. Total. Add lines 1 through 3 1868921. 1988424. 1865460. 858,982. 1814219. 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 Image: Content of the state of the	8396006.								
4 Total. Add lines 1 through 3 1868921. 1988424. 1865460. 858,982. 1814219. 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 1868921. 1988424. 1865460. 858,982. 1814219.	8396006.								
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	8396006.								
by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the									
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the									
supported organization) included on line 1 that exceeds 2% of the	1								
on line 1 that exceeds 2% of the									
amount shown on line 11,									
column (f)									
6 Public support. Subtract line 5 from line 4.	8396006.								
Section B. Total Support									
Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021	(f) Total								
7 Amounts from line 4 1868921. 1988424. 1865460. 858,982. 1814219.	8396006.								
8 Gross income from interest,									
dividends, payments received on									
securities loans, rents, royalties,	040 017								
and income from similar sources 48,025. 57,600. 59,701. 34,128. 48,763.	248,217.								
9 Net income from unrelated business									
activities, whether or not the									
business is regularly carried on									
10 Other income. Do not include gain									
or loss from the sale of capital									
assets (Explain in Part VI.)	0644000								
11 Total support. Add lines 7 through 10	8644223.								
	,245,093.								
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)									
organization, check this box and stop here Section C. Computation of Public Support Percentage									
	97.13 %								
14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)). 14 15 Public support percentage from 2020 Schedule A, Part II, line 14 15	$\frac{97.13}{100.00}$ %								
15 Public support percentage from 2020 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box									
stop here. The organization qualifies as a publicly supported organization									
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check the									
and stop here. The organization qualifies as a publicly supported organization									
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%									
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
meets the facts and circumstances test. The organization qualifies as a publicly supported organization	-								
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is									
 meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the 									
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is	►								

132022 01-04-22

16521021 759420 11902

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.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
-	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received					1	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
0	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (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 20, 1075						
_	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is						
2	regularly carried on Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)				<u> </u>		
	Total support. (Add lines 9, 10c, 11, and 12.)						
4	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	anization,
	check this box and stop here						▶∟_
	ction C. Computation of Publ						
15	Public support percentage for 2021 (I	ine 8, column (f), d	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage	•			
17	Investment income percentage for 20	21 (line 10c, colur	mn (f), divided by	ine 13, column (f))		17	%
8	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2021. If the					33 1/3%, and	l line 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2020. If the						/3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
	23 01-04-22			, c, oncon t			dule A (Form 990) 2021
_5/				16		50100	
		0.04	01 04000			~~~~~	
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21

| 10b | | Schedule A (Form 990) 2021

17

BIG INITIATIVES INCORPORATED Schedule A (Form 990) 2021

1

2

3

2a

2b

За

No

No Yes

Ра	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A pe	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c k	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
с	A 359	% controlled entity of a person described on line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide			
	detai	il in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No
1		he governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			

	directors, or trustees at all times during the tax year? If "No," describe in Part VI 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 officers, 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 other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
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 was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

Section D. All Type III Supporting Organizations			
		_	Yes
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- ____ The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- I The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

132025 01-04-22

3b Schedule A (Form 990) 2021

16521021 759420 11902

2021.04030 BIG INITIATIVES INCORPORATE 11902_1

Part V Type III Non-Functionally Integrated	Supporting Orga	mizations	
1 Check here if the organization satisfied the Integra	al Part Test as a qualifying trust o	n Nov. 20, 1970 (explain in	Part VI). See instructio
All other Type III non-functionally integrated support	orting organizations must complet	e Sections A through E.	-
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 produ	uction or		
collection of gross income or for management, conserva	ation, 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 lir	ne 4) 8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use asset	s (see		
instructions for short tax year or assets held for part of y	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 0.015 of line 3	(for greater amount,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from	n line 3) 5		
6 Multiply line 5 by 0.035.	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 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, lin	ne 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, unles	ss subject to		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's	s first as a non-functionally integra	ted Type III supporting or	nanization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	ection D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exe	1					
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported					
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizatior	ns 3				
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	· · ·	6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the	the organization is responsive	e				
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2021 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount		10				
		(i)	(ii)	(iii)			
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
a	From 2016						
b	From 2017						
с	From 2018						
d	From 2019						
е	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
-	Applied to 2021 distributable amount						
с	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
-	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
-	Excess from 2020						
	Excess from 2021						

Schedule A (Form 990) 2021

132027 01-04-22

16

Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2	Dn. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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, Detrive 1a, 2b, 2b, 3b, 3b, 2b, 3b, 3b, 2b, 3b, 3b, 2b, 3b, 3b, 3b, 3b, 3b, 3b, 3b, 3b, 3b, 3
Section D, lines 5, 6, and 8; and (See instructions.)	Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
132028 01-04-22	Schedule A (Form 990) 202
	21
521021 759420 11902	2021.04030 BIG INITIATIVES INCORPORATE 119021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

46-	50	83	170

BIG	INITIATIVES	INCORPORATED
==•		

Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is checked.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

Employer identification number

46-5083170

BIG INITIATIVES INCORPORATED Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 NYC DEPARTMENT OF SANITATION X Person Payroll 1,793,990. 125 WORTH ST Noncash \$ (Complete Part II for NEW YORK, NY 10013 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for

noncash contributions.) Schedule B (Form 990) (2021)

16521021 759420 11902

123452 11-11-21

2021.04030 BIG INITIATIVES INCORPORATE 11902_1

23

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123453 11-11-21		 \$	Schedule B (Form 990) (2021)

Name of organization

BIG INITIATIVES INCORPORATED

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Schedule B (Form 990) (2021)

Employer identification number

46 - 5083170

Page 3

16521021 759420 11902

2021.04030 BIG INITIATIVES INCORPORATE 11902_1

	B (Form 990) (2021)			Page 4						
Name of o	organization			Employer identification number						
BIG I	NITIATIVES INCORPORATED)		46-5083170						
Part III	from any one contributor. Complete columns (a) through (e) and the following line e	ntry For organizations	· · · ·						
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,000 o	r less for the year. (Enter this info. on	ce.) ▶ \$						
(a) No. from			(d) Dec	ariation of how gift is hold						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held						
		(e) Transfer of g	ift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee						
		[
() N			I							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held						
Parti										
	(e) Transfer of gift									
	Transforme's normal address a		Deletienskin of the							
	Transferee's name, address, a		Relationship of tra	ansferor to transferee						
(a) No. from	(b) Purpose of gift			ariation of how gift in hold						
Part I		(c) Use of gift	(u) Des	cription of how gift is held						
	(e) Transfer of gift									
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee						
(a) No.										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held						
	(e) Transfer of gift									
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee						
	· · · · · · · · · · · · · · · · · · ·		•							
123454 11-1	1-21	~-		Schedule B (Form 990) (2021)						
521021	1 759420 11902	25 2021.04030 BIG II	NITIATIVES IN	CORPORATE 119021						

16521021 759420 11902

SCHEDULE D

Department of the Treasury Internal Revenue Service

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

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



Employer identification number 46-5083170

Name of the organization

BIG INITIATIVES INCORPORATED

b	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instruction				(Form 990) 202
-	Revenue included on Form 990, Part VIII, line 1				
~	the following amounts required to be reported under FASB / Revenue included on Form 990, Part VIII, line 1			•	
2	If the organization received or held works of art, historical tree the following amounts required to be reported under EASB		iciai gain, p	provide	
n		acuras or other similar assots for finan			
	(i) Revenue included on Form 990, Part VIII, line 1				
	provide the following amounts relating to these items:			► ¢	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fi	urmerance	e or public service,	
α	If the organization elected, as permitted under FASB ASC 99 at historical trassures, or other similar assets hold for public				
h	service, provide in Part XIII the text of the footnote to its fina			a chaot works of	
	of art, historical treasures, or other similar assets held for pu				
Iđ	If the organization elected, as permitted under FASB ASC 99	· •			
10	Complete if the organization answered "Yes" on Forn		at and hele	anaa ahaat warke	
al		• • •	other 3	Sinnar Assels	•
201	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	of Art Historical Tracourac	Other	Similar Acceta	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial state	ements tha	at describes the	
9	In Part XIII, describe how the organization reports conservat	•			
	and section 170(h)(4)(B)(ii)?				res 🗌 N
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 1	70(h)(4)(B)	B)(i)	
7	Amount of expenses incurred in monitoring, inspecting, han	uling of violations, and enforcing conse	rvation eas	sements during the	e year
7	Amount of ovnoncos incurred in monitoring incoaction has	dling of violations, and onforcing conce	nuation oc	comonte durina th	o voar
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing c	onservatio	on easements durir	ng the year
	violations, and enforcement of the conservation easements				res 🗌 N
5	Does the organization have a written policy regarding the pe				
4	Number of states where property subject to conservation ea		_		
	year ►		-	-	
3	Number of conservation easements modified, transferred, re				ax
	listed in the National Register			2d	
	Number of conservation easements included in (c) acquired				
č	Number of conservation easements on a certified historic st		F	2c	
b	Total acreage restricted by conservation easements			2b	
а	Total number of conservation easements			2a	
2	Complete lines 2a through 2d if the organization held a qual day of the tax year.	med conservation contribution in the to			nd of the Tax Ye
2	Preservation of open space	ified concentration contribution in the fe	rm of a aa	noon ation occome	nt on the last
	Protection of natural habitat		ot a certif	fied historic structu	ire
	Preservation of land for public use (for example, recrea			rically important la	
1	Purpose(s) of conservation easements held by the organizat				
Par	Tt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 99	0, Part IV,	line 7.	
					res 🗌 N
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpo	se conferr	ring	
6	Did the organization inform all grantees, donors, and donor a				
	are the organization's property, subject to the organization's	-			res 🗌 N
5	Did the organization inform all donors and donor advisors in		lvised fund	ds	
, 1	Aggregate value of grants from (during year)				
3	Aggregate value of contributions to (during year)				
2	Total number at end of year Aggregate value of contributions to (during year)				
	Tatal wywels av at avail of years				
1		(a) Donor advised funds	1	b) Funds and other	

		TIATIVES I						8317		age 2
Par	t III Organizations Maintaining C							ts (contin	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	ls, check any of	the following that	at make s	ignificant us	e of its			
	collection items (check all that apply):									
а	Public exhibition	d		exchange progr						
b										
С	Preservation for future generations									
4	Provide a description of the organization's co						e in Parl	: XIII.		
5	During the year, did the organization solicit o			,				٦.,		1
Des	to be sold to raise funds rather than to be maintenant of the sold to raise funds rather than to be maintenant of the sold of							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organiz	zation answered	"Yes" on	Form 990, F	Part IV,	line 9, or		
	• •		line of the second side of			la alcoda al				
та	Is the organization an agent, trustee, custod							7.		1
	on Form 990, Part X?						L	Yes		No
a	If "Yes," explain the arrangement in Part XIII	and complete the to	nowing table:					Amount		
-						4.		Amoun	-	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
t 29	Ending balance Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par								<u></u>		
		(a) Current year	(b) Prior yea			(d) Three year	rs back	(e) Four	years	back
1a	Beginning of year balance		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		`	. , ,			-	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, colur	nn (a)) held as:	I					
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment									
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organization	ation that are he	eld and administe	ered for th	ne organizat	ion			
	by:							[Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule	e R?				Зb		
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds.							
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 1	1a. See Form 990	0, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		Cost or other asis (other)		ccumulated preciation		(d) Bool	k value	3
1a	Land									
b	Buildings									
с	Leasehold improvements			113,443.		31,099).	8.	2,3	44.
d	Equipment									
	Other			76,953.		76,953	3.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), l	ine 10c.)				82	2,34	44.

Schedule D (Form 990) 2021

132052 10-28-21

|--|

-		11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year marke	et value
) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c Soo Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year marke	
		(c) Method of Valuation. Cost of end-or-year marke	et value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	value
Part IX Other Assets. Complete if the organization answered "Yes"			value
Part IX Other Assets. Complete if the organization answered "Yes" (a)			value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)			value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)			value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)			value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)			value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)			value
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)			value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)			value
Other Assets. Complete if the organization answered "Yes" (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	(b) Book	value
Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	(b) Book	value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description	(b) Book	value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization answered "Yes"	Description	(b) Book	
Part IX Other Assets. Complete if the organization answered "Yes" (1) (a) (2) (a) (3) (4) (5) (b) (6) (c) (7) (c) (8) (c) (9) (c) (c) (c) (c) (c) (c) (c) (c) (c) (a) Description of liability	Description	(b) Book	
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description	(b) Book	value
Part IX Other Assets. Complete if the organization answered "Yes" (1) (a) (2) (a) (3) (a) (4) (b) (5) (c) (6) (c) (7) (c) (a) (c) (b) (c) (c) (c) (c) (c) (c) (c) (a) Description of liability (1) Federal income taxes (2) SECURITY	Description	(b) Book	value
art IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (a) (2) (a) (3) (a) (4) (b) (5) (c) (6) (c) (7) (c) (a) (c) (b) must equal Form 990, Part X, col. (B) line (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3) (c)	Description	(b) Book	value
Part IX Other Assets. Complete if the organization answered "Yes" (1) (a) (2) (a) (3) (a) (4) (b) (5) (c) (6) (c) (7) (c) (a) (c) (b) (c) (c) (c) (c) (c) (c) (c) (a) Description of liability (1) Federal income taxes (2) SECURITY	Description	(b) Book	value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3)	Description	(b) Book	value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3) (4)	Description	(b) Book	value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3) (4) (5)	Description	(b) Book	value
Part IX Other Assets. Complete if the organization answered "Yes" (1) (a) (2) (a) (3) (4) (5) (6) (7) (8) (9) (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3) (4) (5) (6) (7)	Description	(b) Book	value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) ottal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3) (4) (5) (6)	Description	(b) Book	

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) 2021

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Sche	dule D (Form 990) 2021 BIG INITIATIVES INCORPORAT	ED	46-5083170 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Rev	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)		
Pa	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		penses per Return.
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b		4c
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

46-5083170

BIG INITIATIVES INCORPORATED

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONSERVE NATURAL RESOURCES AND ENERGY. THE ORGANIZATION ACHIEVES ITS

MISSION BY DIVERTING MATERIALS FROM LANDFILL, CONSERVING ENERGY AND

PROMOTING AND INSTALLING RENEWABLE ENERGY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENERGY.

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

MANAGEMENT REVIEWS THE 990 TO OBTAIN AN UNDERSTANDING OF THE REPORTING REQUIREMENTS AND TO ENSURE IT IS ACCURATE AND COMPLETE. SUBSEQUENTLY, A COPY OF THE DRAFT 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW. THE BOARD OF DIRECTORS WILL MEET WITH MANAGEMENT TO DISCUSS THE 990 AND RESOLVE ANY QUESTIONS THAT MAY ARISE. UPON APPROVAL FROM THE BOARD, THE 990 WILL BE FILED.

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

BOARD MEMBERS, OFFICERS AND EMPLOYEES REPORT ANNUALLY. IF A CONFLICT

APPEARS TO EXIST, MANAGEMENT AND THE BOARD WILL MEET WITH THE INDIVIDUAL TO

OBTAIN ALL THE FACTS. SUBSEQUENTLY, A VOTE WILL ENSURE IF THE MATTER IS

INDEED A CONFLICT OF INTEREST. IF IT IS FOUND TO BE A CONFLICT OF INTEREST,

THE INDIVIDUAL WITH THE CONFLICT OF INTEREST MUST REFRAIN FROM

PARTICIPATING IN THE DELIBERATION AND DECISION MAKING CONCERNING THE MATTER

THAT GAVE RISE TO THE CONFLICT.

FORM	990,	PART	VI,	SECTION	в,	LINE	15A:					
LHA For	Paperwo	ork Reduc	tion Act	t Notice, see th	e Inst	ructions fo	r Form 990	or	990-EZ.	Schedule () (Form 990) 2021
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Name of the organization

Page 2

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE SALARIES FOR THE EXECUTIVE

DIRECTOR ON AN ANNUAL BASIS. THE ORGANIZATION DOES NOT HAVE ANY OTHER

COMPENSATED OFFICERS, OR KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

132212 11-11-21