Form 990-EZ

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/Form990EZ for instructions and the latest information.

A. For the 2019 calendar year, or tax year beginning and ending

<table>
<thead>
<tr>
<th>C. Name of organization</th>
<th>D. Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>JITEGEMEE INC.</td>
<td>04-3331805</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Telephone number</th>
<th>F. Group Exemption Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>617-872-2189</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Accounting Method: [ ] Cash [ ] Accrual [ ] Other (specify)

C. Website: JITEGEMEE.ORG

D. Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

E. Open to Public Inspection

F. Short Form

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

H. Check if the organization is not required to attach Schedule B

I. Under section 501(c)(3), 501(c)(4), 501(c)(5), or 501(c)(6) of the Internal Revenue Code

J. Check if the organization is required to file an electronic return

K. Check if the organization is subject to section 4943 of the Internal Revenue Code

L. Check if the organization is subject to section 4944 of the Internal Revenue Code

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I

1. Contributions, gifts, grants, and similar amounts received

2. Program service revenue including government fees and contracts

3. Membership dues and assessments

4. Investment income

5a. Gross amount from sale of assets other than inventory

5b. Less: cost or other basis and sales expenses

5c. Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)

6. Gaming and fundraising events:
   a. Gross income from gaming (attach Schedule G if greater than $15,000)
   b. Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)
   c. Less: direct expenses from gaming and fundraising events
   d. Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

7a. Gross sales of inventory, less returns and allowances

7c. Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)

8. Other revenue (describe in Schedule O)

9. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

10. Grants and similar amounts paid (list in Schedule O)

11. Benefits paid to or for members

12. Salaries, other compensation, and employee benefits

13. Professional fees and other payments to independent contractors

14. Occupancy, rent, utilities, and maintenance

15. Printing, publications, postage, and shipping

16. Other expenses (describe in Schedule O)

17. Total expenses. Add lines 10 through 16

18. Excess or (deficit) for the year (subtract line 17 from line 9)

19. Net assets or fund balances at beginning of year (from line 27, column (A))

20. Other changes in net assets or fund balances (explain in Schedule O)

21. Net assets or fund balances at end of year. Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2019)
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

### Part II  Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>22,405.00</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>0.00</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>22,405.00</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>0.00</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>22,405.00</td>
</tr>
</tbody>
</table>

### Part III  Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III

<table>
<thead>
<tr>
<th></th>
<th>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>SEE SCHEDULE O</td>
</tr>
<tr>
<td>29</td>
<td>SEE SCHEDULE O</td>
</tr>
<tr>
<td>30</td>
<td>SEE SCHEDULE O</td>
</tr>
<tr>
<td>31</td>
<td>Other program services (describe in Schedule O)</td>
</tr>
<tr>
<td>32</td>
<td>Total program service expenses (add lines 28a through 31a)</td>
</tr>
</tbody>
</table>

### Part IV  List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter (-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERITY NORMAN-TICHAWANGANA EXECUTIVE DIRECTOR</td>
<td>25.00</td>
<td>44,200.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>SHULAMIT KHAN PRESIDENT/CHAIR</td>
<td>4.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>ABBY KRAL TREASURER</td>
<td>2.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>CATHERINE MOSCA SECRETARY</td>
<td>2.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>FARAH STOCKMAN DIRECTOR/FOUNDER</td>
<td>1.20</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DEVIN POWELL DIRECTOR</td>
<td>1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>REGINA SCHWARTZ DIRECTOR</td>
<td>1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>MARK PALMER DIRECTOR</td>
<td>1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>TULAINÉ MONTGOMERY DIRECTOR</td>
<td>1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>JACQI MOSESELON DIRECTOR</td>
<td>1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>PAUL FRISOLI DIRECTOR</td>
<td>1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>CHRISTINA STELLINI DIRECTOR</td>
<td>1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
Part V  Other Information  (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V  

Yes  No  

33  Did the organization engage in any significant activity not previously reported to the IRS? If “Yes,” provide a detailed description of each activity in Schedule O  

34  Were any significant changes made to the organizing or governing documents? If “Yes,” attach a conformed copy of the amended documents if they reflect a change to the organization’s name. Otherwise, explain the change on Schedule O. See instructions  

35a  Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  
b  If “Yes” to line 35a, has the organization filed a Form 990-T for the year? If “No,” provide an explanation on Schedule O  
c  Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6031(e) notice, reporting, and proxy tax requirements during the year? If “Yes,” complete Schedule C, Part III  

36  Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If “Yes,” complete applicable parts of Schedule N  

37a  Enter amount of political expenditures, direct or indirect, as described in the instructions  
b  Did the organization file Form 1120-POL for this year?  

38a  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  
b  If “Yes,” complete Schedule L, Part II, and enter the total amount involved  

39  Section 501(c)(7) organizations. Enter:  
a  Initiation fees and capital contributions included on line 9  
b  Gross receipts, included on line 9, for public use of club facilities  

40a  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
section 4911  
0  ; section 4912  
0  ; section 4955  
0  .  
b  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If “Yes,” complete Schedule L, Part I  

40b  X  
c  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons under section 4912, 4955, and 4958  

40c  X  
d  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  

40d  X  
e  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If “Yes,” complete Form 8886-T  

41  List the states with which a copy of this return is filed  

42a  The organization’s books are in care of  
VERITY NORMAN-TICHAWANGANA  
Telephone no.  
617-872-2189  
Located at  
411A HIGHLAND AVE., SOMERVILLE, MA  
ZIP + 4  
02144  

42b  X  

42c  X  

42d  X  

43  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  

44a  Did the organization maintain any donor advised funds during the year? If “Yes,” Form 990 must be completed instead of Form 990-EZ  

44b  X  

44c  X  

44d  X  

45a  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  

45b  X  

Form 990-EZ (2019)  

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II
   [ ] Yes [ ] No

48a Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
   [ ] Yes [ ] No

48b If "Yes," was the related organization a section 527 organization?
   [ ] Yes [ ] No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

f Total number of other employees paid over $100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d Total number of other independent contractors each receiving over $100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A
   [ ] Yes [ ] No

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

Signature or Cover

VERITY NORMAN-TICHAWANGANA, EXECUTIVE DIRECTOR

Print/Type preparer's name

JOLANTA TUCK, CPA

Preparer's signature

JOLANTA TUCK, CPA

Date

11/12/20

Check [ ] if self-employed

PTIN

P01340068

Firm's name

KEVIN P MARTIN & ASSOCIATES, P.C.

Firm's EIN

04-3097400

Firm's address

10 FORBES WEST

Phone no. (781)380-3520

BRAINTREE, MA 02184

May the IRS discuss this return with the preparer shown above? See instructions
   [ ] Yes [ ] No

Form 990-EZ (2019)