Form	99	0

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** PUBLIC COPY **

	Form	990												OMB No.	1545-004	17
				Return of section 501(c),)18	
Depa Inter	artment of th nal Revenue	Service		Go to www	ı.irs.go	/Form990 for	mbers instru	on this form as i uctions and tl	ne latest	informa	ation			İnsp	to Publ pection	
Α	For the 2	2018 calen		ax year begir	ning	7/01		, 2018,	and end	ing	6/3			, 2019		
В	Check if app	plicable:	С											tification nu	mber	
	Addres	ss change	916 INK										0705			
	Name	change		TH AVENUE NTO, CA 9								E Teleph				
	Initial r	return	SACKAMEN	110, CA 9	5024	ŧ						(91	6) 2	284-75	60	
		urn/terminated ded return										G Gross	receipts	\$	690,	686.
	Applica	ation pending	F Name and a	address of principa	al officer	[:] KATHY F	LYN	N		• •				bordinates?	Yes	X No
			SAME AS	C ABOVE						H(b) Ar	re all s "No."	subordinate attach a lis	s include t. (see i	ed? hstructions)	Yes	No
I	Tax-exen	npt status:	X 501(c)(3)	501(c) () < (insert no	.)	4947(a)(1) or	527		- ,					
J	Websit	te:► WW	W.916INK	.ORG						H(c) G	roup e	exemption n	umber	•		
Κ	Form of c	organization:	X Corporation	Trust	Assoc	ciation Othe	er►	LN	ear of form	ation: 2	012	2 M	State of	legal domici	ile: CA	
Pa		Summar														
Governance	CT	REATIVE	WRITING	ne organizatio	 on disc	continued its		ations or disp	osed of n	nore that		5% of its	net a:	 	<u> </u>	
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Activities &				oting member s employed ir									4			10
viti				s employed if s (estimate if									5			$\frac{19}{140}$
(cti)				evenue from		•							- 0 7a			<u> 140</u> 0.
4				xable income		-							70 7b			0.
					-	,						rior Year		Cur	rent Ye	
-	8 Co	ntributions	and grants (Part VIII, line	e 1h)							491,	957.			,518.
Revenue	9 Pro	ogram serv	vice revenue	(Part VIII, line	e 2g) .							91,				,206.
eve				/III, column (/								1,	359.			216.
ď				column (A), lii								18,				,586.
				8 through 11	· ·							603,2	235.		681,	,526.
				ts paid (Part				-								
				mbers (Part I												
ŝ			•	tion, employe		-						391,	153.		411,	,716.
nses		ofessional	fundraising fe	ees (Part IX, o	colum	n (A), line 11	le)									
Exper	b Tot	tal fundrais	sing expenses	s (Part IX, co	lumn	(D), line 25)	•	1	0,617							
Ш	17 Oth	her expens	es (Part IX, d	column (A), li	nes 1	1a-11d, 11f-2	24e)					208,	664.		245,	,616.
	18 Tot	tal expense	es. Add lines	13-17 (must	equal	Part IX, colu	ımn (/	A), line 25)				599,	817.		657,	,332.
	19 Re	venue less	expenses. S	Subtract line 1	8 fron	n line 12							418.			,194.
ro Sec											innin	g of Curre	nt Year	Ene	d of Ye	-
Net Assets or Fund Balances	20 Tot			16)								149,3				,889.
L As	21 Tot	tal liabilitie	s (Part X, lin	e 26)								63,	966.		107,	,011.
Sen Te	22 Ne	t assets or	fund balance	es. Subtract li	ine 21	from line 20)					85,	428.		108,	,878.
Pa	art II	Signatur	e Block													
Unde	er penalties	of perjury, I de	clare that I have	examined this retu ficer) is based on	urn, incl	uding accompany	ying sch	nedules and stater	nents, and t	o the best	t of my	y knowledge	e and be	lief, it is true	e, correct,	and
com	piete. Declar	ation of prepa	irer (other than of	ncer) is based on	all infor	mation of which	prepare	er nas any knowler	uge.							
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Sig	yn		re of officer								Dat					
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			reparer's name		Prepa	arer's signature			Date			Check	if	PTIN		
Pa			. FRITZSCH									self-employ	/ed	P004233	351	
Pre	eparer	Firm's name		SCHE ASSOC												
US	e Only	Firm's addre	ess 🖡 1511	CORPORATE	WAY S	STE 220						Firm's EIN	32	0343346		

SACRAMENTO, CA 95831-3890 May the IRS discuss this return with the preparer shown above? (see instructions)..... X Yes

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

Phone no.

916-422-2111

Form 990 (2018)

No

Part III Statement of Program Service Accomplishments Check to Schedub C outsing a response on one to any line in the Part III Image: Check to an an any control to any line in the Part III 1 Briefly describe the organizations measure: EMPONER CHILDREN AND YOUTH THEOUGH CREATIVE WRITING 2 Did the organizations measure: Farm 590 or 390-527. Yes X No If "fee, describe these new services on Schedule O. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services; as measured by expenses. Sate the measure of the organization organ service complectments for each of its three larged program services; as measured by expenses. Sate the describe the enders on Schedule O. Yes X Describe the comparation to approach service complectments for each of its three larged program services; as measured by expenses. and reveals. if any for each program service complectments for each of its three larged program services; as measured by expenses. and reveals. if any for each program service complectments for each of its three larged program services. if an expenses. and reveals. if an expense is specific and program service applect. if an expenses. if an expenses. and reveals. if an expense is 555, 564, if an during grants of \$) (Prevenue \$	Form	n 990 (2018) 916 INK	46-0705510	Page 2
1 Dirkly describe the organization's mission: EMPOWER CHILDREN AND YOUTH THROUGH CREATIVE. WRITING 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E22. Image: Status on the services on Schulue O. 3 Did the organization program services as findule O. Image: Status on the services on Schulue O. Image: Status on the services on Schulue O. 3 Did the organization spece ordiginate the segnificant changes in how it conducts, any program services, as measured by expenses. Section 501(c): and 10(c) organizations program services accomplainments for each of its three largest program services, as measured by expenses. Section 501(c): and 10(c) organizations program services accomplainments for each of its three largest program services. The total expenses. Section 501(c): and 10(c) organizations program services accomplainments for each of its three largest program services. The total expenses. 4a (Code: (Expenses \$ 565, 646, including grants of \$ (Provemus \$ 190, 206, 2 916 TINK SERVED 947 YOUTH THROUGH 39 CREATIVE WRITING NORKSHOP SERTES' HEID AT SELP-ESTEEM, WRITING COST DEACL, PERSONAL ACHIEVMENN, AND OVERALL ACADOMIC EMAGEMENT, OUR PREZ POST EVALUATION RESULTS SHOW THAT AFTER SUCCESSFUL COMMENT: COMMUNIC PRESSIDENCE SCIENCE COMPANY WRITING, ADDITIONALLY, 37 916 TINK FUELISHED 2 ANTHOLOGIES OF STOUDENT POETRY, PROSE AND STORES, PHEISTHED 916 TINK PHEILSHENCE ENDTIONAL HEADTH GAINS AS THEY FIND THEIR VOICE, EXPERESS AND PROCESS; DIFFICULATION OF THEIR BOOK, ULTIMATELS, YOUTH	Par	rt III Statement of Program Service Accomplishments		
EMPOWER_CHILDREN_AND_YOUTH_THROUGH_CREATIVE_WRITING 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E22 Image: State in the i		Check if Schedule O contains a response or note to any line in this Part III		
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(Expenses \$ including grants of \$) (Revenue \$)	1.4	Other program services (Describe in Schedule O.)		
	40)
	4 e	Total program service expenses ► 565,646.)

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equired Schedules	

_	1 990 (2018) 916 INK 46-0705 t IV Checklist of Required Schedules	510	F	Page 3
1			Yes	No
I	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? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III			Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part Il</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		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? <i>If 'Yes,' complete Schedule D, Part IV</i> .	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	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.			
ä	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11a		х
ł	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.	111)	Х
(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	110	:	Х
(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	110	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	e X	
	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.	111		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ł	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	121	•	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	141		Х
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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20 a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 k		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		Х

	m 990 (2018) 916 INK 46-07	05510	P	Page 4
Par	rt IV Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	(, 22	Yes	No X
	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		х
ł	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ł	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 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28 a		Х
	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> .	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>			X X
29				X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservat contributions? <i>If 'Yes,' complete Schedule M</i>	ion 30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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? <i>If 'Yes,' complete Schedule R, Part L</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V. line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
ł	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Pai	Int V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	13		
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
(c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	

Form	1 990 (2018) 916 INK 46-070551)	P	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2.	Enter the number of omnlovcos reported on Form W.3. Transmittal of Wago and Tax State			
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 19			
ł	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
t	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ł	If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
ł	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
ł	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
ł	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 u		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	-		Х
	Form 8282?	7 c		~
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	<i>,</i> .		
	as required?	7 g		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		<u> </u>
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
ł	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11 a			
ł	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
ł	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
ł	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			
c	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
t	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
16		16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes.' complete Form 4720. Schedule O.	01		

Forn	n 990 (2018) 916 INK 46-0705510		F	age 6
Pa	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char Schedule O. See instructions.	low, ges i	and in	for
	Check if Schedule O contains a response or note to any line in this Part VI.			. X
Sec	tion A. Governing Body and Management			
		<u> </u>	Yes	No
1;	a Enter the number of voting members of the governing body at the end of the tax year 1 a 10 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 in Schedule O. 1 a 10			
I	b Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7 a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	_		v
	members of the governing body?	7 a		Х
I	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	1	ode.)
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12 a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a		Х
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
(c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
ä	a The organization's CEO, Executive Director, or top management officialSEE .SCHEDULEO	15a	Х	
I	b Other officers or key employees of the organization	15b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
I	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	ction C. Disclosure			1
17	List the states with which a copy of this Form 990 is required to be filed F			
18				ly)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availathe public during the tax year. SEE SCHEDULE O	ble to		
20				

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Form 990 (2018) 91	16	INK
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII 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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(U))					
(A) Name and Title	(B) Average hours per	thar is	n one s both dire	box, an c ector/	unles officer /truste	eck mo ss pers and a ee)	ion	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	veek (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) KATHY FLYNN	5									
PRESIDENT	0	Х		Х				0.	0.	0.
_(2)_DJ_WALDOW VICE_PRESIDENT	<u>5</u> 0	х		Х				0.	0.	0.
(3) REKHA TEJPAL	5									
SECRETARY	0	Х		Х				0.	0.	0.
(4) STACEY POWELL	5									
TREASURER	0	Х		Х				0.	0.	0.
(5) DANIEL KAUFMAN	2									
DIRECTOR	0	Х						0.	0.	0.
(6) CHRIS WORDEN	2									
DIRECTOR	0	Х						0.	0.	0.
(7) XENIA SCHUTT	2									
DIRECTOR	0	Х						0.	0.	0.
(8) VINCE WONG	2									
DIRECTOR	0	Х						0.	0.	0.
(9) REBECCA HUVAL	2									
DIRECTOR	0	Х						0.	0.	0.
(10) SHELLEY BLANTON-STROUD	2									
DIRECTOR	0	Х						0.	0.	0.
(11) IAN HADLEY	40									
EXECUTIVE DIR.	0			Х				71,875.	0.	7,266.
(12)										
(13)										
(14)										
BAA	TEEA0	107L	08/03	3/18						Form 990 (2018)

Form 990 (2018) 916 INK									46-070551		Pag	
Part VII Section A. Officers, Directors, Tru	T	Key	Em	-	-	es, a	anc	l Highest Com	pensated Emp	loyee	5 (contin	nued)
(A) Name and title	(B) Average hours per week	box offic	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amo	(F) Estimated ount of oth		
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	ore	from the ganization nd related ganizations	ı
(15)												
(16)		-										
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total c Total from continuation sheets to Part VII, Secti							► ►	71,875. 0.	0.		7,2	66. 0.
d Total (add lines 1b and 1c)								71,875.	0.		7,2	66.
2 Total number of individuals (including but not limited from the organization ► 0	to those	listed	abov	ve) v	vho i	receiv	ved	more than \$100,00	0 of reportable comp	ensatio	n	
3 Did the organization list any former officer, direc	tor or tri	ustee	kev	em	nnlov	/ee (or h	inhest compensa	ted employee		Yes	No
 on line 1a? <i>If 'Yes,' complete Schedule J for suc</i> 4 For any individual listed on line 1a, is the sum of 	h individ	ual		•••				·····		. 3		Х
the organization and related organizations greate such individual	er than \$	150,00	. ?'OC	lf 'Y	′es,'	com	plei	te Schedule J for		. 4		Х
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compe s,' compl	nsatio ete So	n fro ched	om a ule	any <i>J fo</i> l	unre r <i>suc</i>	late h pe	d organization or erson	individual	. 5		Х
Section B. Independent Contractors Complete this table for your five highest compen- compensation from the organization. Report compen-	sated inc	depen	dent	cor dar v	ntrac	ctors	tha [*]	t received more the or	nan \$100,000 of			
(A) Name and business add			uiciic		year	criai	ig i	(B) Description		((C) Compensation	
2 Total number of independent contractors (including b	out not lin	nited to	o tho	se li	isted	l abov	ve) v	who received more	than			

BAA

Form 990 (2018) 916 INK Part VIII Statement of Revenue

Page 9

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under secti 512-514
1 a Federated campaigns 1 a				
b Membership dues 1 b c Fundraising events 1 c 1.300.				
c Fundraising events1 c1,300.d Related organizations1 d				
e Government grants (contributions) 1e				
f All other contributions, gifts, grants, and similar amounts not included above 1 f 474,218.				
g Noncash contributions included in lines 1a-1f: \$	485 510			
h Total. Add lines 1a-1f► Business Code	475,518.			
2a PROGRAM SERVICE FEES 900099	190,206.	190,206.		
b	1907200.	1907200.		
c				
d				
e				
f All other program service revenue				
g Total. Add lines 2a-2f►	190,206.			
3 Investment income (including dividends, interest and other similar amounts)►	216.			2
4 Income from investment of tax-exempt bond proceeds►	210.			
5 Royalties				
(i) Real (ii) Personal				
6 a Gross rents				
b Less: rental expenses				
c Rental income or (loss)				
(i) Securities (ii) Other				
7 a Gross amount from sales of assets other than inventory				
b Less: cost or other basis				
and sales expenses				
c Gain or (loss)				
d Net gain or (loss)►				
8 a Gross income from fundraising events (not including \$ <u>1,300</u> . of contributions reported on line 1c).				
See Part IV, line 18 a 21,230.				
b Less: direct expenses b 9,160.	10.070			
c Net income or (loss) from fundraising events►	12,070.			12,0
 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b 				
c Net income or (loss) from gaming activities►				
10a Gross sales of inventory, less returns and allowancesa 3,516.				
b Less: cost of goods sold b c Net income or (loss) from sales of inventory ►	2 516			r
Miscellaneous Revenue Business Code	3,516.			3,5
11a				
b				
c				
d All other revenue				
e Total. Add lines 11a-11d				

Form 990 (2018) 916 INK Part IX Statement of Functional Expenses

bit Act, Sol, and Uo Draft Vill. Expenses general expenses expenses 1 Grants and obmesic operations Forgin governments, and for- eign individuals. See Part IV, line 32 and 16 expenses general expenses expense 2 radio of the assistance to densitic organizations, forgin governments, and for- eign individuals. See Part IV, line 15 and 16 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 1 6 6 6 6 6 6 6 7 9 6 7 9 6 3 1 6 7 9 6 3 1 6 5 5 1 7 9 6 3 1 6 3 1 6 3 1 6 3 1 6 3 1 6 3 1 6 3 1 6 3 1 6		ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a re	esponse or note to any			Х
organizations and domestic governments. See Part V, line 21. Image: Compensation of current of the 22. 3 Carits and other assistance to foreign eign individuals. See Part V, lines 15 and 16 Image: Compensation of current of the 22. Image: Compensation of current of the 22. 4 Benefits paid to of or members. Compensation of current of the 23. Image: Compensation of current of the 24. 5 Compensation of current of the 25. Compensation of current of the 25. Image: Compensation of current of the 25. 6 Compensation of current of the 25. Compensation of current of the 25. Image: Compensation of the 25. 7 Other sataries and wages 273, 321. 246, 130. 25, 535. 9 Other employee benefits 27, 631. 24, 882. 2, 582. 10 Payroll taxes 31, 623. 28. 16. 11 Frees for services (non-employees): Image: Compensation of the 25. 30, 005. 12 Advertising and promotion. 2, 500. 2, 500. 2, 500. 12 Advertising and promotion. 2, 870. 2, 554. 28. 13 Office expenses 2, 870. 2, 554. 28. 14 Information technology. Image: Compensation techead 176. Image: Compensation technology.			(A) Total expenses	Program service	Management and	(D) Fundraising expenses
individuals. See Part IV, line 22	-	organizations and domestic governments. See Part IV, line 21				
organizations, foreign governments, and for- eign individuals. See Part V. lines 15 and 16 Image: Compensation of current offices, directors, trustees, and key employees 79,141. 67,270. 9,893. 1, Compensation of current offices, directors, trustees, and key employees 79,141. 67,270. 9,893. 1, Compensation not included above, to section 4956((3)(0) and persons described in section 4956((3)(0)) employer contributions, 72,141. 67,270. 9,893. 1, Person plan accurals and contributions (niculae section 401(0) and 403(0)) employer contributions, 277,631. 24,882. 2,582. 0, P drive representation of the trust of trust of the trust of trust	2	Grants and other assistance to domestic individuals. See Part IV, line 22				
5 Comparison of current officers, directors, trustees, and key employees. 79,141. 67,270. 9,893. 1, 6 Compensation not included above, to discutified persons, des defined under section 4956(7)(10) and persons described in section 4956(7)(10) and persons described in section 4956(7)(10) and persons described in section 4956(7)(10) and 405(0) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. <td>3</td> <td>Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16</td> <td></td> <td></td> <td></td> <td></td>	3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
trustees, and key employees. 79,141. 67,270. 9,893. 1, 6 Compensation not included above, to section 4958(2)(3)(8). 79,141. 67,270. 9,893. 1, 7 Other states and wages. 273,321. 246,130. 25,535. 1, 8 Pension plan accruals and contributions (include section 4016) and 403(b) employer contributions). 277,631. 24,882. 2,582. 9 9 Other employee benefits. 27,631. 24,882. 2,582. 9 10 Payroll taxes. 31,623. 28,145. 3,162. 9 11 Fees for services (non-employees): a Management. 30,005. 30,005. 4 0 11 Fees for services. See Part N, Ine 17. 94,631. 94,631. 94,631. 94,631. 94,631. 94,631. 94,631. 94,631. 94,631. 94,631. 94,631. 94,631. 94,631. 94,631. 94,631. 94,631. 94,631. 94,631. 94,631. 94,631. 94,631. 94,631. 94,631. 94,631. 94,631. </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
disqualified persons (as defined under section 4958((1)) and persons discribed in section 4958((2)(8)(8). 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	5	trustees, and key employees	79,141.	67,270.	9,893.	1,978.
7 Other salaries and wages 273, 321 246, 130 25, 535 1, 8 Pension plan accruals and contributions (molude section 401(k) and 403(k)) 9 1 27, 631 24, 882 2, 582 2 9 Other employee benefits 27, 631 24, 882 2, 582 3 3 162 9 Other employee benefits 27, 631 24, 882 2, 582 3 162 10 Payroli taxes 31, 623 28, 145 3, 162 3 162 11 Fees for services (non-employees): 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30, 005 30,	6	disqualified persons (as defined under section 4958(f)(1)) and persons described	0.	0.	0.	0.
(include section 401(k) and 403(b) employer contributions)	7	Other salaries and wages				1,656.
10 Payroll taxes 31, 623 28, 145 3, 162 11 Fees for services (non-employees): 30, 005 30, 005 30, 005 a Management 30, 005 30, 005 30, 005 30, 005 c Accounting 30, 005 30, 005 30, 005 30, 005 d Lobbying 9 31, 623 28, 145 3, 162 e Professional fundraising services. See Part IV, line 17. 1 1 1 1 f Investment management fees 94, 631 94, 631 94, 631 94, 631 g Other, off line 11g anout ecodes 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0 \$CH 94, 631 94, 631 94, 631 13 Office expenses 2, 870 2, 554 287 16 14 Information technology 16, 554 15, 230 828 17 17 Taxel 5, 499 618 94 16 16 16 10 Conferences, conventions, and meetings 16 5, 883 5, 413 294 294 16 21 Payments of affilates 5, 883 5, 413 2	8	(include section 401(k) and 403(b)				
11 Fees for services (non-employees): a Management			27,631.	24,882.	2,582.	167.
a Management 2,500. 2,500. b Legal 2,500. 2,500. c Accounting. 30,005. 30,005. e Professional fundraising services. See Part IV, line 17. e e f Investment management fees 9 94,631. 94,631. g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0,3CH 94,631. 94,631. 12 Advertising and promotion 4,930. 4,535. 247. 13 Office expenses 2,870. 2,554. 287. 14 Information technology. 16,554. 15,230. 828. 17 Travel. 6,179. 5,499. 618. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 20 20 10 Interest. 21 29 618. 21 21 Payments to affiliates. 5,883. 5,413. 294. 22 Depreciation, depletion, and amortization. 5,883. 5,413. 294. 23 Insurance 5,883. 5,413. 294. 294. 24 officials		-	31,623.	28,145.	3,162.	316.
b Legal 2,500. 2,500. c Accounting. 30,005. 30,005. d Lobbying. 9 9 9 e Professional fundraising services. See Part IV, line 17 9 9 9 9 g Otter, (fline 11q anomate needs: 10% of line 25, column 9 9 4 631 9 g Otter, (fline 11q anomate needs: 10% of line 25, column 9 4, 531 9 4, 535 247 12 Advertising and promotion 4, 930 4, 535 247 1 14 Information technology. 2, 870 2, 554 287 1 15 Royalties. 6, 179 5, 499 618 18 Payments of travel or entertainment expenses for any federal, state, or local public officials.						
c Accounting. 30,005. 30,005. d Lobbying.						
d Lobbying				2,500.	00.005	
e Professional fundraising services. See Part IV, line 17 Investment management fees. g Other, (if line 11g anomatoceds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0,\$CH. 94, 631. 94, 631. 12 Advertising and promotion			30,005.		30,005.	
f Investment management fees 9 g Other, (f) line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0 SCH. 94, 631. 12 Advertising and promotion 4, 930. 4, 535. 13 Office expenses 2, 870. 2, 554. 14 Information technology. 1 1 15 Royatties 0 1 16 Occupancy. 16, 554. 15, 230. 17 Travel. 6, 179. 5, 499. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 0 19 Conferences, conventions, and meetings. 0 10 Interest. 2 11 Instrance 5, 883. 5, 413. 12 Depreciation, depletion, and amortization. 0 13 Insurance 5, 883. 5, 413. 24 Other expenses, Itemize expenses on to scal public officials. 0 12 Payments to affiliates 0 25 column (A) amount, list line 24e expenses on Schedule 0.) 16, 432. 26 Other expenses, Itemize expenses of 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 4, 625. 19 ROGRAM EXPENSES 4, 629. 4, 629. e All other expenses						
g Other: (if line 11g amount exceeds 10% of line 25, column (A amount, list line 11g expenses on Schedule 0, SCH. 94, 631. 94, 631. 12 Advertising and promotion 4, 930. 4, 535. 247. 13 Office expenses 2, 870. 2, 554. 287. 14 Information technology - - - 15 Royalties - - - 16 Occupancy 16, 554. 15, 230. 828. 17 Travel. 6, 179. 5, 499. 618. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. - - 19 Conferences, conventions, and meetings - - - 21 Payments to affiliates. - - - 22 Depreciation, depletion, and amortization - - - 23 Insurance - - - - 24 Other expenses. Itemize expenses not nine 25, column (A) amount, itst line 24e expenses on Schedule O.) - - - a PROGRAM EXPENSES 46, 208. 46, 208. - - a Insurance. - - - - a PROGRAM EXPENSES 46						
(A) amount, list line 11g expenses on Schedule 0,SCH. 0 94, 651. 94, 651. 94, 651. 104, 733. 105, 105, 105, 105, 105, 105, 105, 105,		5				
13 Office expenses 2,870. 2,554. 287. 14 Information technology.		(A) amount, list line 11g expenses on Schedule 0. $SCH \cdot Q$				
14 Information technology Information technology 15 Royalties Information technology 16 Occupancy Information technology 16 Occupancy Information technology 17 Travel Information technology 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Information 19 Conferences, conventions, and meetings Information 20 Interest Interest 21 Payments to affiliates Information 22 Depreciation, depletion, and amortization Information expenses in line 24e, effine 24e amount, list line 24e expenses on Schedule O.) Information expenses in line 24e, effine 24e amount, list line 24e expenses on Schedule O.) 24 Other expenses. Itemize expenses on texceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Information expenses 25 OTHER FUNDRAISING EXPENSES 46, 208. 46, 208. 4 BANK & PAYROLL FEES 4, 629. 4, 629. e All other expenses. Add lines 1 through 24e. 657, 332. 565, 646. 81, 069. 10, 081. 25 Total unctional expenses. Add lines 1 through 24e. 657,						148.
15 Royalties. 16 Occupancy. 16,554. 15,230. 828. 17 Travel. 6,179. 5,499. 618. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 6,179. 5,499. 618. 19 Conferences, conventions, and meetings. 20 16,554. 15,230. 828. 21 Payments to affiliates. 21 22 24 24 24 22 Depreciation, depletion, and amortization 5,883. 5,413. 294. 23 Insurance 5,883. 5,413. 294. 24 Other expenses, Itemize expenses on to covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 24 6,208. 46,208. a PROGRAM EXPENSES 46,208. 46,208. 46,208. b INFORMATION TECHNOLOGY 16,432. 14,625. 1,643. c OTHER FUNDRATSING EXPENSES 4,629. 4,629. 4,629. e All other expenses. 10,081. 8,024. 1,346. 25 2			2,870.	2,554.	287.	29.
16 Occupancy 16, 554. 15, 230. 828. 17 Travel 6, 179. 5, 499. 618. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 6, 179. 5, 499. 618. 19 Conferences, conventions, and meetings. 1 1 1 1 20 Interest. 1 2 1 1 1 21 Payments to affiliates. 1 2 2 1 2 1 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
17 Travel. 6,179. 5,499. 618. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 6,179. 5,499. 618. 19 Conferences, conventions, and meetings. 9 618. 9 20 Interest. 9 9 618. 9 21 Payments to affiliates. 9 9 618. 9 22 Depreciation, depletion, and amortization . 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 </td <td></td> <td>-</td> <td>10 554</td> <td>15 000</td> <td>000</td> <td>100</td>		-	10 554	15 000	000	100
18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 0,0001 0001 19 Conferences, conventions, and meetings. 0 0 0 20 Interest 0 0 0 0 21 Payments to affiliates. 0 0 0 0 0 22 Depreciation, depletion, and amortization 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						496.
20 Interest		Payments of travel or entertainment expenses for any federal, state, or local	6,179.	5,499.	618.	62.
21 Payments to affiliates.	19	Conferences, conventions, and meetings				
22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a PROGRAM EXPENSES 46, 208. 46, 208. b INFORMATION TECHNOLOGY 16, 432. 14, 625. 1, 643. c OTHER FUNDRAISING EXPENSES 4, 629. 4, 629. 4, 629. e All other expenses. 10, 081. 8, 024. 1, 346. 10, 081. 8, 024. 1, 346. 25 Total functional expenses. Add lines 1 through 24e. 657, 332. 565, 646. 81, 069. 10, 081. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 657, 332. 565, 646. 81, 069. 10, 081.	20	Interest				
23 Insurance 5,883. 5,413. 294. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 5,883. 5,413. 294. 24 Other expenses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 46,208. 46,208. 24 PROGRAM EXPENSES 46,208. 46,208. 46,208. 25 INFORMATION TECHNOLOGY 16,432. 14,625. 1,643. 25 OTHER FUNDRAISING EXPENSES 4,629. 4,629. 26 All other expenses. Add lines 1 through 24e. 657,332. 565,646. 81,069. 10, 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 657,332. 565,646. 81,069. 10,	21	-				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.). a PROGRAM EXPENSES 46, 208. 46, 208. a PROGRAM EXPENSES 46, 208. 46, 208. 46, 208. a PROGRAM EXPENSES 46, 208. 46, 208. a PROGRAM EXPENSES 46, 208. 46, 208. 46, 208. 46, 208. 46, 208. 46, 208. a PROGRAM EXPENSES 46, 208. 47.4. 47.629. 47.629. 47						
b INFORMATION TECHNOLOGY 16,432. 14,625. 1,643. c OTHER FUNDRAISING EXPENSES 4,714. 4, d BANK & PAYROLL FEES 4,629. 4,629. e All other expenses. 10,081. 8,024. 1,346. 25 Total functional expenses. Add lines 1 through 24e. 657,332. 565,646. 81,069. 10, 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 657,332. 565,646. 81,069. 10,		Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e	5,883.	5,413.	294.	176.
b INFORMATION TECHNOLOGY 16,432. 14,625. 1,643. c OTHER_FUNDRAISING_EXPENSES 4,714. 4, 4, d BANK_& PAYROLL FEES 4,629. 4,629. 4,629. e All other expenses. 10,081. 8,024. 1,346. 25 Total functional expenses. Add lines 1 through 24e. 657,332. 565,646. 81,069. 10, 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. a a a	а	· · · · · · · · · · · · · · · · · · ·	46 208	46 208		
c OTHER_FUNDRAISING_EXPENSES 4,714. 4, d BANK & PAYROLL FEES 4,629. 4,629. e All other expenses. 10,081. 8,024. 1,346. 25 Total functional expenses. Add lines 1 through 24e 657,332. 565,646. 81,069. 10, 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. a a b					1,643	164.
d BANK & PAYROLL FEES 4,629. e All other expenses. 10,081. 8,024. 25 Total functional expenses. Add lines 1 through 24e. 657,332. 565,646. 81,069. 10, 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 657,332. 565,646. 81,069. 10,				11/0201	1/0101	4,714.
e All other expenses.10,081.8,024.1,346.25 Total functional expenses. Add lines 1 through 24e.657,332.565,646.81,069.10,26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.10,081.8,024.1,346.					4,629.	-, - = - •
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				8,024.		711.
the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	25	Total functional expenses. Add lines 1 through 24e	657,332.	565,646.	81,069.	10,617.
SOP 98-2 (ASC 958-720)	26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following				

Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 1 1 Cash – non-interest-bearing..... 77,475 72,092. Savings and temporary cash investments..... 2 2 85,003. 3 3 Pledges and grants receivable, net. 4 Accounts receivable, net 31,265 4 20,577. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.... 5 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 7 Notes and loans receivable, net..... Assets Inventories for sale or use..... 8 8 9 Prepaid expenses and deferred charges..... 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10 a **b** Less: accumulated depreciation..... 10b 10 c Investments – publicly traded securities. 11 11 **12** Investments – other securities. See Part IV, line 11..... 12 Investments – program-related. See Part IV, line 11..... 13 13 14 14 Intangible assets. 15 Other assets. See Part IV, line 11. 40,654 15 38,217. Total assets. Add lines 1 through 15 (must equal line 34)..... 16 149,394. 16 215,889. 17 Accounts payable and accrued expenses 21,466 17 48,645 18 Grants payable 18 19 Deferred revenue 19 20,000. 38,866. 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Liabilitie 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties..... 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 22,500 25 19,500. Total liabilities. Add lines 17 through 25..... 26 63,966 26 107,011. X and complete Organizations that follow SFAS 117 (ASC 958), check here ► Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets..... 27 27 70,428 93,878. Temporarily restricted net assets..... 28 28 Fund 29 29 Permanently restricted net assets. 15,000 15,000. Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. 6 Capital stock or trust principal, or current funds..... 30 30 ø Net Asse Paid-in or capital surplus, or land, building, or equipment fund..... 31 31 32 Retained earnings, endowment, accumulated income, or other funds..... 32 33 Total net assets or fund balances..... 85,428. 33 108,878. Total liabilities and net assets/fund balances..... 34 34 149,394 215,889. TEEA01111 08/03/18 BAA Form 990 (2018)

Form 990 (2018) 916 INK

Balance Sheet

Part X

				I OBEIO OOI						
Forn	n 990 (2018)	916 INK				46-0	07055	10	Pa	ge 12
Pa	t XI Reco	onciliation o	of Net Assets							
	Check	if Schedule O	contains a response or	note to any line in this	s Part XI					. Х
1	Total revenu	e (must equal	Part VIII, column (A), lir	ne 12)			1	6	81,5	26.
2	Total expens	ses (must equa	al Part IX, column (A), lir	ne 25)			2		57,3	
3	Revenue les	s expenses. Si	ubtract line 2 from line 1	l			3		24,1	94.
4	Net assets o	r fund balance	s at beginning of year (r	must equal Part X, line	e 33, column (A))		4		85,4	
5	Net unrealize	ed gains (losse	es) on investments				5			
6	Donated serve	vices and use	of facilities				6			
7	Investment e	expenses					7			
8	Prior period	adjustments					8			
9	Other change	es in net asset	ts or fund balances (exp	lain in Schedule O)	SEE SCHEDULE O		9		-7	44.
10	Net assets or	fund balances	at end of year. Combine li	ines 3 through 9 (must e	equal Part X, line 33,		10	1	00 0	
Dat			nents and Reporting		· ······		10	1	08,8	18.
r ai			•	•						
	Check	if Schedule O	contains a response or	note to any line in this	s Part XII					
									Yes	No
1	Accounting r	nethod used to	p prepare the Form 990:	Cash X Acc	crual Other			_		
	If the organiz		t its method of accountin	ng from a prior year or	r checked 'Other,' explain					
2 a	Were the org	janization's fin	ancial statements comp	iled or reviewed by an	independent accountant?			2a		Х
	If 'Yes,' cheo	ck a box below	to indicate whether the	financial statements f	or the year were compiled or	reviewe	d on a			
			ed basis, or both:	— —						
	'	L	Consolidated basis		d and separate basis					1
ł	-	-		•	accountant?			2 b		Х
				financial statements f	or the year were audited on a	separa	te			
		olidated basis, o ate basis	Consolidated basis	Both concolidate	d and separate basis					
		L			1					
(responsibility for oversight of th ependent accountant?			2c		
	If the organiz	zation changed O.	d either its oversight prod	cess or selection proc	ess during the tax year, explai	n				
3a	As a result of	f a federal award	d, was the organization realization re		dit or audits as set forth in the S	ingle		За		Х
ł					ization did not undergo the requi			3b		
BAA				TEEA0112L 08/03/	3				000 /	(2018)
DAH								i Ulli	550 ()

SCHEDULE A	
(Form 990 or 990-EZ)	

1

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.

Open to Public

OMB No. 1545-0047

2018

Name of the organization	

(C)

(D)

(E)

Total

Department of the Treasury Internal Revenue Service				Go to www.irs.gov/Form990 for instructions and the latest information.							
Name	Name of the organization							Employer identific	ation number		
916	I							46-070551			
Par					ganizations must o			1 /	tions.		
The c	rga	nization is not	a private found	lation because it is: (For lines 1 through 12,	check o	only one	box.)			
1		A church, conv	vention of church	es, or association of cl	nurches described in sect	tion 1 70((b)(1)(A)	(i).			
2		A school desci	ribed in section 1	70(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ).)				
3				• •	ization described in sec						
4		A medical res name, city, a	-	tion operated in conju	Inction with a hospital o	describe	d in sec	ction 170(b)(1)(A)(iii). E	Enter the hospital's		
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, sta	ite, or local gov	ernment or governme	ntal unit described in s	ection 1	1 70(b)(1))(A)(v).			
7	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9	Γ	An agricultura	research organi	zation described in sec	tion 170(b)(1)(A)(ix) operation	ated in c	onjuncti	on with a land-grant colle	ege		
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:										
10		from activities investment in	s related to its e come and unre	exempt functions-sub	33-1/3% of its support fr bject to certain exception income (less section Part III.)	ons, and	(2) no	more than 33-1/3% of	its support from gross		
11		An organizati	on organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	n 509(a)(4).			
12		or more publi	clv supported o	rganizations describe	ly for the benefit of, to d in section 509(a)(1) c upporting organization a	or sectio	on 509(a)(2). See section 509(a	ut the purposes of one a)(3). Check the box in		
а		Type I. A supp organization(s	orting organizati	on operated, supervise gularly appoint or elect	d, or controlled by its sup a majority of the director	norted c	rnanizat	ion(s) typically by giving	g the supported ion. You must		
b		Type II. A sup	porting organiz	ation supervised or c organization vested in	ontrolled in connection the same persons that co	with its ontrol or	suppor manage	ted organization(s), by the supported organization	having control or tion(s). You		
с		•			ion operated in connection olete Part IV, Sections	n with, a A, D, an	nd functi d E.	onally integrated with, its	supported		
d		Type III non-fu functionally ir instructions).	inctionally integrated. The of You must com	rated. A supporting org organization generally plete Part IV. Section	anization operated in cor must satisfy a distribu s A and D, and Part V.	nnection tion req	with its uiremer	supported organization(s it and an attentiveness) that is not requirement (see		
e		Check this bo integrated, or	ox if the organiz Type III non-fu	ation received a written nctionally integrated	en determination from t supporting organization	ı.			-		
				n about the supported		1		I	i		
(i) Na	ame of supported c	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your c	ls the tion listed joverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No	1			
							-				
(A)											
· · ·											
(B)											

Schedule A (Form 990 or 990-EZ) 2018 916 INK

Page 2

46-0705510

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.)

Section A. Public Support

	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	215,677.	193,790.	513,298.	491,957.	475,518.	1,890,240.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	215,677.	193,790.	513,298.	491,957.	475,518.	1,890,240.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						440,552.
6	Public support. Subtract line 5 from line 4						1,449,688.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	215,677.	193,790.	513,298.	491,957.	475,518.	1,890,240.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			2,208.	1,359.	216.	3,783.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		59,648.	-2,708.	11,939.	12,070.	80,949.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	4,296.	6,756.	8,554.	6,249.	3,516.	29,371.
11	Total support. Add lines 7 through 10						2,004,343.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	531,701.
13	First five years. If the Form 990 is organization, check this box and						►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	018 (line 6, column	n (f) divided by lin	e 11, column (f)).		14	72.33%
15	Public support percentage from a	2017 Schedule A,	Part II, line 14			15	68.42 %
16a	33-1/3% support test–2018. If t and stop here. The organization	he organization di qualifies as a put	d not check the bolicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	% or more, check	this box X
b	33-1/3% support test-2017. If the and stop here. The organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' f	and-circumstances test. The organiza	s' test, check this tion qualifies as a	box and stop her a publicly support	e. Explain in Parled organization.	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check th	is box and see ins	structions 🕨

Schedule A (Form 990 or 990-EZ) 2018

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	and membership fees received. (Do not include						
2	any 'unusual grants.') Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the						
•	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or						
Ũ	facilities furnished by a						
	governmental unit to the organization without charge						
6	а С						
	Total. Add lines 1 through 5 Amounts included on lines 1,						
	2, and 3 received from						
	disqualified persons						
b	Amounts included on lines 2 and 3 received from other than						
	disgualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line						
	7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
1 0 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include						
	gain or loss from the sale of capital assets (Explain in						
	Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990	is for the organiz	ation's first, secor	nd. third. fourth a	u or fifth tax vear as	a section 501(c)(3)
	organization, check this box and						
Sec	tion C. Computation of Pu	blic Support P	Percentage				
15	Public support percentage for 20	•					olo
16	Public support percentage from						00
Sec	tion D. Computation of Inv						
17	Investment income percentage f	or 2018 (line 10c,	column (f), divid	ed by line 13, col	umn (f))		00
18	Investment income percentage f	rom 2017 Schedu	lle A, Part III, line	17			010
19a	33-1/3% support tests-2018. If	the organization of	lid not check the	box on line 14, a	nd line 15 is more	than 33-1/3%, and	l line 17
ь.	is not more than 33-1/3%, check						
b	33-1/3% support tests — 2017. If the line 18 is not more than 33-1/3%						
20	Private foundation. If the organi		•				
	5		-			-	

Schedule A (Form 990 or 990-EZ) 2018 916 INK

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

5c

6

7

8

9a

9b

9c

10a

10b

A (Form 990 or 990-EZ) 2018	916 INK	46-0705510
Supporting Organizat	tions (continued)	

11 Ha	as the organization accepted a gift or contribution from any of the following persons?	
	person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the overning body of a supported organization?	11 <i>a</i>
b A f	family member of a person described in (a) above?	111

c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

Schedule A

Part IV

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization 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

		162	NO
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	No
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		L
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).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

2 Activities Test. Answer (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) 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? *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.

Schedule A (Form 990 or 990-EZ) 2018

Page 5

No

No

Yes

Yes

Voc No

Yes

2a

2b

3a

3h

No

11c

1

2

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Part V

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. 1 (B) Current Year (A) Prior Year Section A – Adjusted Net Income (optional) 1 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B – Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b **b** Average monthly cash balances 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 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 6 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C – Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 6 temporary reduction (see instructions)

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

BAA

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018	916 INK
	016 73777

Schedule A (Form 990 or 990-EZ) 2018 916 INK Part V Type III Non-Functionally Integrated 509(a	(3) Supporting Organiza	46-070)5510 Page
Section D – Distributions	(5) Supporting Organiza		Current Year
1 Amounts paid to supported organizations to accomplish exercise	amat auraccoc		Current rear
2 Amounts paid to perform activity that directly furthers exempt pu in excess of income from activity	urposes of supported organization	IS,	
3 Administrative expenses paid to accomplish exempt purpos	ses of supported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the o in Part VI). See instructions.	rganization is responsive (provide	e details	
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructio	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonab cause required – explain in Part VI). See instructions.	le		
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h ar from line 1. For result greater than zero, explain in Part VI. instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4	c.		
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
C Excoss from 2016			

e Excess from 2018.....

BAA

c Excess from 2016..... d Excess from 2017.....

Schedule A (Form 990 or 990-EZ) 2018

46-0705510 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part VI

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE			2018		2017		2016		2015		2014
INVENTORY SALES	TOTAL	\$ \$	<u>3,516.</u> 3,516.	\$ \$	6,249. 6,249.	\$ \$	8,554. 8,554.	\$ \$	6,756. 6,756.	\$ \$	4,296. 4,296.

SCHEDULE D Supplem		plemental Financial Statements			OMB No	. 1545-0047
(Form 990)	► Comple	te if the organization answered 'Yes' on Form 990, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b	b.		20)18
Department of the Treasury Internal Revenue Service		Attach to Form 990. s.gov/Form990 for instructions and the latest inform			Open Inspec	to Public
Name of the organization		-		Employer ic	lentification i	
916 INK				46-070	5510	
Part I Organiz Comple	ations Maintaining Done te if the organization ans	wered 'Yes' on Form 990, Part IV, line 6.	or Acco	ounts.		
	-	(a) Donor advised funds	(b) Fι	inds and o	other acco	ounts
1 Total number a	t end of year					
2 Aggregate value of	contributions to (during year)					
3 Aggregate value of	grants from (during year)					
4 Aggregate valu	e at end of year					
5 Did the organiz are the organiz	ation inform all donors and do ation's property, subject to the	nor advisors in writing that the assets held in donor organization's exclusive legal control?	advised f	unds	Yes	No
6 Did the organiz for charitable p	ation inform all grantees, dong urposes and not for the benefi	ors, and donor advisors in writing that grant funds ca t of the donor or donor advisor, or for any other pur	an be use pose conf	d only ferring		
			<u> </u>		Yes	No
	vation Easements. te if the organization ans	wered 'Yes' on Form 990, Part IV, line 7.				
	-	y the organization (check all that apply).				
Preservatio	n of land for public use (e.g.,	recreation or education) Preservation of a h	historicall	y importa	nt land are	ea
Protection	of natural habitat	Preservation of a c	certified h	nistoric str	ucture	
Preservatio	n of open space					
		held a qualified conservation contribution in the form of	a conserv	ation ease	ment on th	e
last day of the	tax year.	-			End of th	e Tax Year
• Total number o	f conservation assemants		2a	eid at the	End of th	e lax fear
		ements.	2 a 2 b			
0		ified historic structure included in (a)	2 D 2 C			
			20			
structure listed	in the National Register	in (c) acquired after 7/25/06, and not on a historic	2 d			
3 Number of conse tax year ►	ervation easements modified, tra	nsferred, released, extinguished, or terminated by the or	rganizatior	n during th	e	
4 Number of states	s where property subject to cons	ervation easement is located ►				
		egarding the periodic monitoring, inspection, handlin				—
		nts it holds?inspecting, handling of violations, and enforcing conserv			Yes Iring the ye	ear No
· · · · · · · · · · · · · · · · · · ·	nses incurred in monitoring, insp	ecting, handling of violations, and enforcing conservation	n easemei	nts during	the year	
	servation easement reported o	n line 2(d) above satisfy the requirements of sectior	n 170 <i>(</i> h) <i>(</i> 2	N(B)(i)		
and section 170	D(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •		· · · · · · L	Yes	No
9 In Part XIII, deso include, if appli conservation ea	cable, the text of the footnote	s conservation easements in its revenue and expense si to the organization's financial statements that descr	tatement, ribes the o	and balan organizati	ce sheet, a on's accoi	nd unting for
Part III Organiz Comple	ations Maintaining Collecter te if the organization ans	ections of Art, Historical Treasures, or Oth wered 'Yes' on Form 990, Part IV, line 8.	her Sim	ilar Ass	ets.	
art, historical tre	asures, or other similar assets h	r SFAS 116 (ASC 958), not to report in its revenue - eld for public exhibition, education, or research in furthe ncial statements that describes these items.	statemen rance of p	t and bala oublic servi	ance shee ice, provide	t works of e,
following amou	nts relating to these items:	er SFAS 116 (ASC 958), to report in its revenue state for public exhibition, education, or research in furtherance			e sheet wo provide the	rks of art,
		, line 1				
2 If the organization amounts require	on received or held works of art, ed to be reported under SFAS	historical treasures, or other similar assets for financial (116 (ASC 958) relating to these items:	gain, prov	ide the foll	lowing	
		e 1				
b Assets included	1 In Form 990, Part X			🏲 Ş		

BAA	For Paperwork R	eduction A	Act Notice,	see the	Instructions	for Form 9	990 .

Schedule D (Form 990) 2018

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 Schedule D (Form 990) 2018 916 INK Part III Organizations Maintaining Collections of Art, Historical Treasures, or a 3 Using the organization's acquisition, accession, and other records, check any of the following that are items (check all that apply): a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or to be sold to raise funds rather than to be maintained as part of the organization's collection? 	exempt pu other sim wered 'Y	rpose in ilar assets	collection	1	Page 2 ed)
 3 Using the organization's acquisition, accession, and other records, check any of the following that are items (check all that apply): a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or 	exempt pu other sim wered 'Y	rpose in ilar assets	collection	1	<u>ed)</u>
 items (check all that apply): a Public exhibition b Scholarly research c Preservation for future generations d Loan or exchange programs e Other Other 	exempt pu other sim wered 'Y	rpose in ilar assets	Yes		
 b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or 	other sim wered 'Y	ilar assets			
 c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or 	other sim wered 'Y	ilar assets			
 4 Provide a description of the organization's collections and explain how they further the organization's Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or 	other sim wered 'Y	ilar assets			
Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or	other sim wered 'Y	ilar assets			
5 During the year, did the organization solicit or receive donations of art, historical treasures, or to be sold to raise funds rather than to be maintained as part of the organization's collection?	wered 'Y				
	wered 'Y		rm 990		No
Part IV Escrow and Custodial Arrangements. Complete if the organization ans line 9, or reported an amount on Form 990, Part X, line 21.	r assets no), Par	t IV,
1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other		ot included	Yes		No
on Form 990, Part X?			les		
			Amount		
c Beginning balance	1c		/ infound		
d Additions during the year.					
e Distributions during the year.					
f Ending balance.					
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial a		hility?	Yes		No
b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided		-			
				· · · · L	
Part V Endowment Funds. Complete if the organization answered 'Yes' on For	m 000	Dart IV/ li	no 10		
(a) Current year (b) Prior year (c) Two years back		ree years back		our years	e hack
1 a Beginning of year balance	(u) 111	CC years back	(0)	our your	Duck
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities					
and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held a	s:				
a Board designated or quasi-endowment ► %					
b Permanent endowment ► %					
c Temporarily restricted endowment ► %					
The percentages on lines 2a, 2b, and 2c should equal 100%.					
3 a Are there endowment funds not in the possession of the organization that are held and administered to	for the		_		
organization by:				Yes	No
(i) unrelated organizations			. 3a(i)		
(ii) related organizations			. 3a(ii)		
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?			. 3b		
4 Describe in Part XIII the intended uses of the organization's endowment funds.					
Part VI Land, Buildings, and Equipment.					
Complete if the organization answered 'Yes' on Form 990, Part IV, line	11a. See	e Form 99	0, Par	: X, lir	ne 10.
Description of property (a) Cost or other basis (b) Cost or other basis (other)	(c) Accu depre	imulated ciation	(d) E	Book va	lue
1 a Land					
b Buildings					
c Leasehold improvements.					
d Equipment					
e Other					
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					Ω
BAA			ule D (Fo	orm 990	0.2018

Schedule D (Form 990) 2018

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Schedule D (Form 990) 2018 916 INK		46-070)5510 Page 3
Part VII Investments – Other Securities.		N/A	
Complete if the organization answere			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-or	I-year market value
 (1) Financial derivatives. (2) Closely-held equity interests. 			
(3) Other (A)			
(B)	_		
(C)			
(D)			
(E)			
(F)			
(G)	_		
(H)			
()			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		NT / 7	
Complete if the organization answere	d 'Yes' on Form 990	N/A 9, Part IV, line 11c. See Form 9	90, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).	>		
Part IX Other Assets. Complete if the organization answere	d 'Vac' on Form 000	Part IV line 11d See Form 0	00 Dart V lina 15
	escription	, Fait IV, line Thu. See Form 9	(b) Book value
(1) BENEFICIAL INTEREST IN COMMUNITY	FDN		18,717.
(2) CASH HELD AS FISCAL AGENT			19,500.
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
			00.015
Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities.	(B) line 15.)	▶	38,217.
Part X Other Liabilities. Complete if the organization answered 'Yes' on	Form 990. Part IV. line 11	e or 11f. See Form 990. Part X. line 25.	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) DEPOSITS HELD AS FISCAL AGENT	19,50	0.	
(3) (4)			
(5)			
(6)		-	
(7)			
(8)			
(9)			
(10) (11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	▶ 19,50	0	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the			liability for uncertain

tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2018 916 INK		16-0705510	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements		Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Pa	art IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		. 1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		. 2e	
3 Subtract line 2e from line 1		. 3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b.	4a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b		. 4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5	
Part XII Reconciliation of Expenses per Audited Financial Statement	ts With Expenses pe	r Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Pa	art IV, line 12a.		
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	2 a		
b Prior year adjustments	2 b		
	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		. 2e	
3 Subtract line 2e from line 1		. 3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b.	4a		
	4 b		
c Add lines 4a and 4b			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		. 5	
Part 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.

			** P	UBLIC C	OPY **			
	Suppleme	ental Informa	tion Reg	arding F	undraising or Gami	ng Act	ivities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)						2018		
► Attach to Form 990 or Form 990-EZ.						Open to Public		
Internal Revenue Service	► G	o to www.irs.go	ov/Form99	90 for inst	ructions and the latest	informa		Inspection
916 INK							Employer identific 46-070551	
Fundraising	Activities. Comple Z filers are not re	te if the organiza	tion answe	ered 'Yes' o	on Form 990, Part IV, line	e 17.		
					owing activities. Check	all that	apply.	
a 🗌 Mail solicitati				e		•	0	
	email solicitations	5		f	Solicitation of gove		0	
c Phone solicit d In-person sol				g	Special fundraising) events		
2 a Did the organization	on have a written o	r oral agreement	with any i	ndividual (i	including officers, directo	rs, truste	ees, or key	
	,	, ,			rofessional fundraising ursuant to agreements			
compensated at I	east \$5,000 by th	e organization.		alsols) pe				
(i) Name and addres		(ii) Activity	(iii) Did fundraiser		(iv) Gross receipts	(or i	nount paid to retained by)	(vi) Amount paid to (or retained by)
or entity (fund	raiser)	(,) total ()	of contr	dy or control ibutions?	from activity		aiser listed in olumn (i)	organization
			Yes	No				
1								
2								
3								
4								
5								
5								
6	6							
7								
8								
9								
10								
10								
Total				*				
Total 0. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								
or licensing.								

Schedule G (Form 990 or 990-EZ) 2018 916 INK

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Par	t II	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts green to be a set of the set of t	event contributions	nswered 'Yes' on Fo s and gross income	orm 990, Part IV, I on Form 990-EZ,	ine 18, or reported lines 1 and 6b.
RE			(a) Event #1 HOT LITERARY N (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
RENENDE	1	Gross receipts	22,530.			22,530.
Ē	2	Less: Contributions	1,300.			1,300.
	3	Gross income (line 1 minus line 2)	21,230.			21,230.
	4	Cash prizes				
	5	Noncash prizes				
D I R	6	Rent/facility costs				
R E C T	7	Food and beverages	1,437.			1,437.
E X P	8	Entertainment	1,000.			1,000.
шХ₽шХЅшЅ	9	Other direct expenses	6,723.			6,723.
S	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fr				
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ition answered 'Yes	s' on Form 990, Par	rt IV, line 19, or re	ported more than
REVENDE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ē	1	Gross revenue				
	2	Cash prizes				
EXPENSE	3	Noncash prizes				
CS TE S	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No °	No No	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)		
	ls th	er the state(s) in which the organization contended or the organization licensed to conduct gaming lo,' explain:				Yes No
		e any of the organization's gaming license 'es,' explain:	es revoked, suspended,	-	e tax year?	Yes No

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Schedule G (Form 990 or 990-EZ) 2018

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11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming?		Yes	No
	Indicate the percentage of gaming activity conducted in:			0
	a The organization's facility.			010
	a An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and reco			6
14		ius.		
	Name ►			
	Address ►			
ł	a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and of gaming revenue retained by the third party ► \$ c If 'Yes,' enter name and address of the third party:			No
	Name ►			,
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain th state gaming license?		Yes	No
ł	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the	—	—
	organization's own exempt activities during the tax year ► \$			
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information. See instructions.	columns (any additi	iii) and (onal	v);

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

916 INK

Employer identification number

46-0705510

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE ORGANIZATION USES AN OUTSIDE CPA TO PREPARE THE FORM 990 WHICH IS THEN REVIEWED

BY THE BOARD PRIOR TO FILING.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD OF DIRECTORS. THE

BOARD REVIEWS THE SALARIES OF EXECUTIVES OF OTHER NON-PROFITS OF SIMILAR SIZE WHILE

TAKING INTO ACCOUNT BUDGETARY CONSTRAINTS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G **OTHER FEES FOR SERVICES**

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
		TOTAL	SERVICES	& GENERAL	RAISING
OTHER CONTRACT SERVICES		94,631.	94,631.		
	TOTAL <u>\$</u>	94,631.	<u>\$ 94,631.</u>	<u>\$0.</u>	<u>\$0.</u>

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN BENEFICIAL	INTEREST	\$ -744.
	TOTAL	\$ -744.