Form <b>990</b>
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Form <b>99</b>	0								OMB No. 1545	-0047
(Rev. January			#14         5824         diffee:       KATHY FLYNN         → (msert na.)       4947(a)(1) or         > (msert na.)       4947(a)(1) or         S27       File         Association       Other *         L       Very of the state at Lease answer/constructors         No       If No.         Association       Other *         L       Very of the state at Lease answer/constructors         No       If No.         Ing body (Part VI, line 1a).       3         of the governing body (Part VI, line 1a).       3         of the governing body (Part VI, line 1a).       3         of the governing body (Part VI, line 1a).       3         of the governing body (Part VI, line 1a).       3         of the governing body (Part VI, line 1a).       7a         or orm Form 990-T, line 39.       7b         Prior Year       Current Year         10).       10, 100, 100, 100, 100, 100, 100, 100,							
Department of Internal Reven	ue Service	<ul> <li>► Do not er</li> <li>► Go to www</li> </ul>	nter social security number .irs.gov/Form990 for ins	ers on this form as i	it may be mad	e public.			Inspecti	ublic on
A For the		<sup>,</sup> year, or tax year begin	ning 7/01	, 2019,	and ending	I 6/				
B Check if a	applicable: C									
Addr		16 INK								
Nam		301 37TH AVENUE					E Telepho	one num	lber	
Initia	I return	ACRAMENTO, CA 9	5824				(91	6) 2	84-7560	
	return/terminated nded return						<b>G</b> Gross r	eceipts	\$ 76	0,657.
Appl		Name and address of principa	I officer: KATHY FLY	YNN		.,	÷ .			
Tax-exe		501(c)(3) 501(c) (	) < (insert no.)	4947(a)(1) or	527	If "No,"	" attach a list	. (see ir	structions)	
		916INK.ORG	, (	10 17 (4)(1) 01	-	(c) Group	exemption n	imber I	•	
		Corporation Trust	Association Other	LY			· ·			۲Δ
Part I	Summary					101	-			
	CREATIVE W					 		 		  
<b>9</b> 3 N									55013.	11
								-		
								5		
			• •					-		140
-								-		
b N	let unrelated bu	usiness taxable income	from Form 990-1, lin	e 39		1		7b	• •	
	ontributions or	d grapte (Part \/III_lipa	16)					.10		
<b>8</b> C <b>9</b> P										
<u>-</u>	-	•	•.						15	
<b>4</b> 11 0										
				•						
<b>13</b> G	arants and simi	lar amounts paid (Part I	X, column (A), lines	1-3)						
<b>14</b> B	enefits paid to	or for members (Part I)	X, column (A), line 4)							
<b>15</b> S	alaries, other o	compensation, employee	e benefits (Part IX, co	olumn (A), lines	5-10)		411,7	/16.	45	7,104.
∯ 16a P	rofessional fun	draising fees (Part IX, d	column (A), line 11e)				·			
<u> </u>	otal fundraising	n expenses (Part IX, col	lumn (D), line 25) ►	1	0 059					
<b><sup>17</sup></b> 0							245 6	16	21	6 292
				/						•
			•				1			•
						Beginnir				
Assets or Balances L 15	otal assets (Pa	nt X, line 16)				Doginin	-			
§ <mark>8</mark> 21 ⊺										
· · · · ·	let assets or fu	nd balances. Subtract li	ne 21 from line 20.							•
Part II	Signature I	Block					10070		± ,	57050.
			urn, including accompanying all information of which prep	schedules and staten parer has any knowled	ments, and to th dge.	e best of m	iy knowledge	and be	lief, it is true, corr	ect, and
Sign	Signature o	f officer				Da	ate			
Here	IAN H	ADLEY				EXECI	UTIVE I	DIR		
		nt name and title					· · <b>-</b> ·			
	Print/Type prep	arer's name	Preparer's signature		Date		Check	if	PTIN	
Paid	JAMES H.	FRITZSCHE, CPA					self-employ	ed	P00423351	
Preparer	-	FRITZSCHE ASSOCI	IATES							
Use Only		► 1511 CORPORATE N					Firm's EIN	► 320	0343346	

SACRAMENTO, CA 95831 Phone no. 916-422-2111 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.

Form 990 (2019)

No

rorn	n 990 (2019) 916 INK	46-070551	0	Page 2
Pa	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission:			
	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	vrior		
2	Form 990 or 990-EZ?		Yes 🛛	No
	If "Yes," describe these new services on Schedule O.			NO
3		services?	Yes X	No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program se Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocati and revenue, if any, for each program service reported.	rvices, as measure ons to others, the t	d by expe otal exper	nses. Ises,
	· · · · · · · · · · · · · · · · · · ·			
4 a		(Revenue \$	150,3	<u>327.</u> )
	916 INK SERVED 947 YOUTH THROUGH 39 CREATIVE WRITING WORKSHOP S			
	COMMUNITY PARTNER AND SCHOOL SITES. 916 INK PROGRAMS ARE PROVEN	- – – – – – –	LY_IMP.	ACT
	SELF-ESTEEM, WRITING CONFIDENCE, PERSONAL ACHIEVEMENT, AND OVER ENGAGEMENT. OUR PRE/POST EVALUATION RESULTS SHOW THAT AFTER SUC			
	A WORKSHOP: 83 PERCENT OF STUDENTS IMPROVED ATTITUDES TOWARD WR			
	87 PERCENT IMPROVE IN TERMS OF SOCIAL AND EMOTIONAL DEVELOPMENT			_'
	ANTHOLOGIES OF STUDENT POETRY, PROSE AND STORIES. PUBLISHED YOU			
	EMOTIONAL HEALTH GAINS AS THEY FIND THEIR VOICE, EXPRESS AND PR			
	CIRCUMSTANCES, AND ARE CELEBRATED FOR SHARING THEIR STORIES THR	OUGH THE PUB	LICATI	ON
	OF THEIR BOOK. ULTIMATELY, YOUTH BECOME RESILIENT-THEY KNOW WHO	THEY ARE, H	OW THE	Y GOT
	HERE, AND CAN WRITE THEIR TICKET INTO A MORE POSITIVE FUTURE.			
4 [	916 INK HELD 12-WEEK LONG SUMMER CAMPS AT THE IMAGINARIUM. 916 WAS ABLE TO ENGAGE 248 YOUTH IN THESE TRANSFORMATIONAL LEARNING OFFERING ENGAGING LEARNING OPPORTUNITIES TO STUDENTS THROUGHOUT	EXPERIENCES		) 
	PROVIDES YOUTH A SAFE AND POSITIVE PLACE TO SPEND THEIR TIME AN	· / ·		<u>NK</u>
	PROVIDES YOUTH A SAFE AND POSITIVE PLACE TO SPEND THEIR TIME AN PASSION FOR THE WRITTEN WORD.	· / ·		<u>NK</u>
		· / ·		<u>NK</u>   
		· / ·		<u>NK</u>
		· / ·		<u>NK</u>
		· / ·		<u>NK</u>
40	PASSION FOR THE WRITTEN WORD.	· / ·		<u>NK</u>
40	PASSION FOR THE WRITTEN WORD.	D_IGNITES_TH		
40	PASSION FOR THE WRITTEN WORD.	D_IGNITES_TH	EIR	
40	PASSION FOR THE WRITTEN WORD.	D_IGNITES_TH	EIR	
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	PASSION FOR THE WRITTEN WORD.	D_IGNITES_TH	EIR	
40	PASSION FOR THE WRITTEN WORD.         c (Code:       ) (Expenses \$ 34,194. including grants of \$ )         916 INK HELD FREE AFTER SCHOOL CREATIVE WRITING PROGRAMS FOR 75         IMAGINARIUM.       WORD SQUAD IS A ONCE WEEKLY PROGRAM OPEN TO ALL S         STUDENTS DO NOT NEED TO HAVE PREVIOUS 916 INK EXPERIENCE TO PAR         IS AN OPPORTUNITY FOR RETURNING STUDENTS, GRADES 6-12, TO DIVE         OF STORYTELLING, POETRY, AND CREATIVE NONFICTION.	D IGNITES TH	EIR	

	*** PUBLIC DISCLOSURE COPY ***			
Forn	n 990 (2019) 916 INK 46-070551	0	F	age
Pa	rt IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Yes X	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		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 donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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.	11 a		Х
ł	b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
(	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
(	<b>d</b> 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.	11 d	х	
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	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	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		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? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х

**b** If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II.* 21

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Forr	n 990 (2019) 916 INK 46-0705	5510	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)		1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		Yes	No
22	column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		Х
24 :	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
I	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	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?			
		240		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	<b>25</b> a		Х
I	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or			
	former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
i	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	'Yes,' complete Schedule L, Part IV		-	X
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	···· 28b		Х
(	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	<b>28</b> c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		
31	contributions? If 'Yes,' complete Schedule M			X X
32		51		
52	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? If 'Yes,' complete Schedule R, Part I	22		х
		33		^
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)?	<b>35</b> a		Х
I	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
50	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	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	1	<u>.                                    </u>
1	e Enter the number reported in Roy 3 of Form 1006. Enter 0, if not applicable	1 🗆	Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1 a         b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1 b	<u>17</u> 0		
		~		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			0011
BAA	LEEAU104L 07/31/19	Forr	n <b>990</b> (	(2019)

_	n 990 (2019)		46-0705510	)	F	Page 5
Par	tV	Statements Regarding Other IRS Filings and Tax Compliance (co.	ntinued)			
					Yes	No
2.	Entor the r	number of omnloveous reported on Form W.3. Transmittal of Wago and Tay State	] [			
28	ments, file	number of employees reported on Form W-3, Transmittal of Wage and Tax State- ed for the calendar year ending with or within the year covered by this return	<b>2</b> a 25			
b	<b>)</b> If at least o	one is reported on line 2a, did the organization file all required federal employmen		2 b	Х	
	Note: If the	e sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	structions)			
3 a	a Did the org	ganization have unrelated business gross income of \$1,000 or more during the yea	r?	3a		Х
b	<b>b</b> If 'Yes,' has it	t filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O		3 b		
4 a	a At any time financial a	e during the calendar year, did the organization have an interest in, or a signature or othe ccount in a foreign country (such as a bank account, securities account, or other fi	r authority over, a nancial account)?	4a		Х
b	<b>b</b> If 'Yes,' en	nter the name of the foreign country►				
	See instruct	tions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR).			
5 a	<b>a</b> Was the or	rganization a party to a prohibited tax shelter transaction at any time during the tax	k year?	5 a		Х
b	<b>b</b> Did any tax	xable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b		Х
c	c If 'Yes,' to	line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a	a Does the o solicit any	organization have annual gross receipts that are normally greater than \$100,000, a contributions that were not tax deductible as charitable contributions?	nd did the organization	6a		х
Ł	<b>b</b> If 'Yes,' did	I the organization include with every solicitation an express statement that such contributi ductible?	ons or gifts were	6 b		
7		ions that may receive deductible contributions under section 170(c).		0.0		
	a Did the org	ganization receive a payment in excess of \$75 made partly as a contribution and p		_		V
		rovided to the payor?	-	7a		Х
	-	d the organization notify the donor of the value of the goods or services provided?		7 b		
c	Did the orga Form 8282	anization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas required to file	7 c		Х
c		dicate the number of Forms 8282 filed during the year		-		
		ganization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		Х
	-	ganization, during the year, pay premiums, directly or indirectly, on a personal ben		7 f		Х
	-	nization received a contribution of qualified intellectual property, did the organization file F	-			
5		d?		7 g		
ł	Form 1098			7 h		
8		g organizations maintaining donor advised funds. Did a donor advised fund maintained				
	organizatio	on have excess business holdings at any time during the year?		8		
9	-	ng organizations maintaining donor advised funds.				
	•	onsoring organization make any taxable distributions under section 4966?		9 a		
	•	onsoring organization make a distribution to a donor, donor advisor, or related per	son?	9 b		
		01(c)(7) organizations. Enter:				
		ees and capital contributions included on Part VIII, line 12	10a			
Ł	Gross rece	eipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11	Section 50	01(c)(12) organizations. Enter:				
		ome from members or shareholders	11 a			
	against an	ome from other sources (Do not net amounts due or paid to other sources nounts due or received from them.).	11 b			
12 a	a Section 49	047(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		12 a		
Ł	<b>b</b> If 'Yes,' en	nter the amount of tax-exempt interest received or accrued during the year	12b			
		01(c)(29) qualified nonprofit health insurance issuers.				
а	a Is the orga	anization licensed to issue qualified health plans in more than one state?		13a		
	Note: See	the instructions for additional information the organization must report on Schedul	e O.			
b	• Enter the a which the d	amount of reserves the organization is required to maintain by the states in organization is licensed to issue qualified health plans	13b			
c	Enter the a	amount of reserves on hand	13c			
		ganization receive any payments for indoor tanning services during the tax year?	-	14a		Х
Ł	<b>b</b> lf 'Yes,' ha	as it filed a Form 720 to report these payments? If 'No,' provide an explanation on	Schedule O	14 b		
15	Is the orga	anization subject to the section 4960 tax on payment(s) of more than \$1,000,000 ir	n remuneration or			
		rachute payment(s) during the year? e instructions and file Form 4720, Schedule N.		15		X
16		anization an educational institution subject to the section 4968 excise tax on net in	vestment income?	16		Х
		mplete Form 4720, Schedule O.		-		

Forn	n 990 (2019) 916 INK 46-0705510		P	age 6
Pa	<b>rt VI Governance, Management, and Disclosure</b> 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 change Schedule O. See instructions.	ges o	n	
	Check if Schedule O contains a response or note to any line in this Part VI.			. Х
Sec	ction A. Governing Body and Management			
			Yes	No
1 8	a Enter the number of voting members of the governing body at the end of the tax year       1 a       11         If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.       1 a       11			
ł	b Enter the number of voting members included on line 1a, above, who are independent 1b 11			
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, trustees, or key employees to a management company or other person?	3		Х
4				
	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 7 a	Did the organization have members or stockholders? <b>a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	6 7 a		X X
ł	<b>b</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:			
ä	a The governing body?	8 a	Х	
ł	<b>b</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? If 'Yes,' provide the names and addresses on Schedule Q	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	venu	ie Co	ode.)
			Yes	No
10 a	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
ł	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	v	
	<b>a</b> 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>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	10		V
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		Х
	<b>b</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	12c	V	
	Did the organization have a written whistleblower policy?	13	X X	
14		14	Λ	
	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?		V	
	a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O.	15a	Х	v
1	<b>b</b> Other officers or key employees of the organization.	15 b		Х
10	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
	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
ł	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			
17				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 50	)1(c)(3	3)s on	ly)
	available for public inspection. Indicate how you made these available. Check all that apply.		,	.,
	Own website     Another's website     X     Upon request     Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availa the public during the tax year. SEE SCHEDULE O	ble to		
20				
	ACCOUNTANT 3301 37TH AVENUE, STE 14 SACRAMENTO CA 95824 (916) 284-7560			

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Part VII Com Inde	pensation of Officers, Directors, Trustees, Key Employees, Hig pendent Contractors	phest Compensated Employe	es, and
Check	if Schedule O contains a response or note to any line in this Part VII		
Section A. Of	ficers, Directors, Trustees, Key Employees, and Highest Comp	ensated Employees	
<b>1 a</b> Complete this ta organization's tax y	able for all persons required to be listed. Report compensation for the calendar year e ear.	ending with or within the	
	e organization's <b>current</b> officers, directors, trustees (whether individuals or orgater -0- in columns (D), (E), and (F) if no compensation was paid.	anizations), regardless of amount of	
	e organization's <b>current</b> key employees, if any. See instructions for definition o		

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

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(C)	1					
(A) Name and title	(B) Average hours	Pos thar is	s both	an o	officer /truste	eck mores s perso and a ee)		(D) Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) IAN HADLEY	40									
EXECUTIVE DIR.	0			Х				79,583.	0.	5,820.
(2) KATHY FLYNN	5									
PRESIDENT	0	Х		Х	'			0.	0.	0.
(3) DJ WALDOW VICE PRESIDENT	<u>5</u> 0	Х		Х				0.	0.	0.
(4) SHELLEY BLANTON-STROUD	5									
SECRETARY	0	Х		Х				0.	0.	0.
STACEY_POWELL TREASURER	<u>5</u> 0	x		х				0.	0.	0.
(6) DANIEL KAUFMAN	2									
DIRECTOR	0	Х						0.	0.	0.
(7) CHRIS WORDEN	2									
DIRECTOR	0	Х						0.	0.	0.
(8) XENIA SCHUTT	2									
DIRECTOR	0	Х						0.	0.	0.
(9) REKHA TEJPAL	2									
DIRECTOR	0	Х						0.	0.	0.
(10) VINCE WONG	2									
DIRECTOR	0	Х						0.	0.	0.
(11) BEATRICE TETTEH	2									
DIRECTOR	0	Х						0.	0.	0.
(12) LYNN LIZARRAGA	2									
DIRECTOR	0	Х			'			0.	0.	0.
(13)										
(14)										
ВАА	TEEA0	107L	07/31/	/19	L					Form <b>990</b> (2019)

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Part VII Section A. Officers, Directors, Tru		Key	En			es, a	and	d Highest Con	pensated Emp	oyees	(continued)
(A) Name and title	(B) Average hours per week	box	, unle	ess pe	sition more erson directe	than is both pr/trus	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	Estima	(F) ted amount
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	the or and	Isation from ganization I related nizations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1 b Subtotal							•	79,583. 0.	0.		5,820.
d Total (add lines 1b and 1c)							•	79,583.	0.		5,820.
2 Total number of individuals (including but not limited from the organization ► 0	to those I	isted	abo	ve) v	who	receiv	ved	more than \$100,00	00 of reportable comp	ensatior	)
3 Did the organization list any <b>former</b> officer, direct	tor tructo			mol	0.100	or	hiat	ant componented			Yes No
on line 1a? If 'Yes,' complete Schedule J for such	h individu	al								. 3	Х
<b>4</b> For any individual listed on line 1a, is the sum of the organization and related organizations greate <i>such individual</i>	er than \$1	50,0	00?	<i>lf</i> '}	es,'	com	ple	te Schedule J for		. 4	X
5 Did any person listed on line 1a receive or accrude for services rendered to the organization? If 'Yes	e comper s,' comple	nsatio ete So	on fr chec	om dule	any <i>J fo</i>	unre r suc	late :h p	ed organization or erson	individual	. 5	X
Section B. Independent Contractors 1 Complete this table for your five highest compension	cotod ind	0000	don	too	ntra	otore	tha	t received more t	hap \$100,000 of		
compensation from the organization. Report compen-	sation for	the c	alen	dar	year	endi	ng v	with or within the or	ganization's tax year		
(A) Name and business addr	ress							(B) Description	of services	(C Comper	;) nsation
2 Total number of independent contractors (including b \$100,000 of compensation from the organization		ited t	o tha	ose l	listec	l abo	ve)	who received more	than		

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Par	t VIII Statement of Revenue	u line in this Dart )/			
	Check if Schedule O contains a response or note to ar	Ay line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants evenue and Other Similar Amounts	1 a Federated campaigns       1 a         b Membership dues       1 b         c Fundraising events       1 c         d Related organizations       1 d         e Government grants (contributions)       1 e         f All other contributions, gifts, grants, and similar amounts not included above       1 f         g Noncash contributions included in lines 1a-1f.       1 g         h Total. Add lines 1a-1f       Business Code         2a PROGRAM SERVICE FEES       900099	-	150,327.		
Program Service Revenue	b c d f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and	150,327.			
	other similar amounts)       •         4       Income from investment of tax-exempt bond proceeds         5       Royalties         6a       •         b Less: rental expenses       6b         c Rental income or (loss)       6c         d Net rental income or (loss)       •	217.			217.
	7 a Gross amount from sales of assets other than inventory     (i) Securities     (ii) Other       7 a     7 a     7 a       7 b     7 b     7 c       6 Gain or (loss)     7 c     7 c				
Other Revenue	<ul> <li>8 a Gross income from fundraising events (not including \$ 21,000. of contributions reported on line 1c). See Part IV, line 18</li> <li>b Less: direct expenses</li> <li>b Less: direct expenses</li> <li>c Net income or (loss) from fundraising events</li> </ul>	6,437.			6,437.
-	9 a Gross income from gaming activities. See Part IV, line 19       9 a         b Less: direct expenses       9 b         c Net income or (loss) from gaming activities	·			
	10 a Gross sales of inventory, less       10 a       1,728.         b Less: cost of goods sold       10 b       10 b         c Net income or (loss) from sales of inventory       8 winner Cade	1,728.			1,728.
Miscellaneous Revenue	Business Code 11a b c d All other revenue e Total. Add lines 11a-11d	-			
	12 Total revenue. See instructions	744,473.	150,327.	0.	8,382.

	rt IX Statement of Functional Expense				
Sec	tion 501(c)(3) and 501(c)(4) organizations must com	•	÷		
	Check if Schedule O contains a r				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	85,403.	72,593.	10,675.	2,135
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	2,100
7	Other salaries and wages	312,660.	281,451.	29,277.	1,932
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	512,000.	2017101.	237277.	1,552
9	Other employee benefits	22,865.	20,583.	2,140.	142
10	Payroll taxes	36,176.	32,196.	3,618.	362
1	Fees for services (nonemployees):		- ,	- ,	
ä	a Management				
ł	<b>b</b> Legal				
0	c Accounting	25,535.		25,535.	
(	<b>d</b> Lobbying	·			
e	e Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	73,776.	73,776.		
2	(A) amount, list line 11g expenses on Schedule O.SCH. C Advertising and promotion	4,018.	4,018.		
3	Office expenses	5,039.	4,485.	504.	5
4	Information technology	5,059.	4,403.	504.	5
5	Royalties				
	Occupancy	16,509.	15,189.	825.	49.
	Travel.	6,833.	6,082.	683.	68
	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0,033.	0,002.		
9		2,173.		2,173.	
20	Interest	2,113.		۷, ۲۱۵.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	4,296.	3,952.	215.	12
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ä	PRINTING_AND_PUBLICATIONS	21,934.	20,179.	1,097.	658
	• INFORMATION TECHNOLOGY	15,463.	13,762.	1,546.	155
	PROGRAM EXPENSES	12,313.	12,313.		
	BANK & PAYROLL FEES	8,686.		8,686.	
e	e All other expenses	19,717.	9,324.	6,460.	3,933
5	Total functional expenses. Add lines 1 through 24e	673,396.	569,903.	93,434.	10,059
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following				
	SOP 98-2 (ASC 958-720)				

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#### Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ..... (A) Beginning of year (B) End of year 1 172,454. 1 Cash – non-interest-bearing..... 72,092 Savings and temporary cash investments..... 85,003. 2 2 85,008. 3 3 Pledges and grants receivable, net..... Accounts receivable, net ..... 4 20,577 4 26,024. 5 Loans and other receivables from any current or former officer, director, controlled entity or family member of any of these persons ..... 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B) ..... 6 7 Notes and loans receivable, net. 7 Inventories for sale or use..... 8 8 Assets Prepaid expenses and deferred charges..... 9 6,156. 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ..... 10 a 10 a 10 c Investments – publicly traded securities. 11 11 12 Investments – other securities. See Part IV, line 11..... 12 13 Investments – program-related. See Part IV, line 11..... 13 14 14 Intangible assets..... 15 Other assets. See Part IV, line 11..... 38,217 27,265. 15 215,889. 16 316,907. 16 Total assets. Add lines 1 through 15 (must equal line 33).... 17 Accounts payable and accrued expenses ..... 48,645 17 39,131 18 Grants payable ..... 18 19 Deferred revenue 19 38,866. 6,946. 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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... 22 Secured mortgages and notes payable to unrelated third parties ..... 23 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 19,500 25 90,937. 26 Total liabilities. Add lines 17 through 25..... 107,011 26 137,014. Organizations that follow FASB ASC 958, check here ► Х Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 93,878. 27 164,893. Net assets with donor restrictions..... 28 15,000 28 15,000. Organizations that do not follow FASB ASC 958, check here > and complete lines 29 through 33. 5 Capital stock or trust principal, or current funds..... 29 29 Assets 30 Paid-in or capital surplus, or land, building, or equipment fund..... 30

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Net

31

32

33

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Retained earnings, endowment, accumulated income, or other funds.....

Total net assets or fund balances.....

Total liabilities and net assets/fund balances.....

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179,893.

316,907.

31

32

33

108,878

215,889.

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Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI.			Х
1 Total revenue (must equal Part VIII, column (A), line 12)	1	74	4,473.
2 Total expenses (must equal Part IX, column (A), line 25)	2		3,396.
3 Revenue less expenses. Subtract line 2 from line 1	3		1,077.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		8,878.
5 Net unrealized gains (losses) on investments.	5		
6 Donated services and use of facilities	6		
7 Investment expenses	7		-186.
8 Prior period adjustments	8		
9 Other changes in net assets or fund balances (explain on Schedule O). SEE SCHEDULE O	9		124.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
column (B))	10	17	9,893.
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			
		1	'es No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a		
<b>b</b> Were the organization's financial statements audited by an independent accountant?		24	х
		2 b	A
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	lle		
Separate basis Consolidated basis Both consolidated and separate basis			
<ul> <li>c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> </ul>		2 c	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud	it		
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
BAA TEEA0112L 01/21/20		Form S	<b>90</b> (2019)

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2019 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service
Name of the organization

(Form 990 or 990-EZ)

SCHEDULE A

Name o	ame of the organization Employer identification number							
916	5 INK 46-0705510							
Part	I	Reason for Public Cha	rity Status (All or	ganizations must o	comple	te this	part.) See instruc	tions.
The o	rga	nization is not a private found	lation because it is: (	For lines 1 through 12,	check o	nly one	box.)	
1		A church, convention of church	es, or association of cl	nurches described in sect	tion 1 <b>70(</b>	b)(1)(A)(	i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative h	ospital service organi	ization described in sec	tion 170	)(b)(1)(A	A)(iii).	
4		A medical research organiza						Inter the hospital's
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle	ge or university owned				escribed in
6		A federal, state, or local gov	ernment or governme	ntal unit described in s	ection 1	<b>70(b)(</b> 1)	(A)(v).	
7	Х	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p					blic described
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	l.)			
9	Π	An agricultural research organi	zation described in <b>sec</b>	tion 170(b)(1)(A)(ix) oper	ated in c	oniunctio	on with a land-grant colle	eae
•		or university or a non-land-gran						
		university:					Ũ	
10		An organization that normally r		22 1/29/ of its support fr	om cont	ributions	momborship foos and	
	ш	from activities related to its e	exempt functions-sub	pject to certain exception	ons, and	(2) no I	more than 33-1/3% of	its support from gross
		investment income and unre	lated business taxable	e income (less section	511 tax)	from b	usinesses acquired by	the organization after
11		June 30, 1975. See section s		•			E00/->///	
11		An organization organized ar	•	5	2			
12		An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	d in section 509(a)(1) o	or <b>sectio</b>	n 509(a	)(2). See section 509(a	a)(3). Check the box in
а		Type I. A supporting organization organization(s) the power to re complete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup a majority of the director	ported o rs or trus	rganizat tees of t	ion(s), typically by giving the supporting organization	g the supported ion. <b>You must</b>
b		Type II. A supporting organiz		ontrolled in connection	with its	support	ed organization(s) by	having control or
-		management of the supporting must complete Part IV, Secti	organization vested in	the same persons that c	ontrol or	manage	the supported organization	tion(s). <b>You</b>
С		Type III functionally integrated organization(s) (see instruction	A supporting organizat	ion operated in connection	n with, ar	nd functio	onally integrated with, its	supported
d								
u		<b>Type III non-functionally integr</b> functionally integrated. The c instructions). <b>You must com</b>	proanization generally	must satisfy a distribu	tion requ	uiremen	t and an attentiveness	requirement (see
е		Check this box if the organiz	ation received a writte	en determination from t	the IRS	that it is	а Туре I, Туре II, Тур	e III functionally
4	En	integrated, or Type III non-fu iter the number of supported (						
		ovide the following information						
		me of supported organization	(ii) EIN		(- )	- 44	(v) Amount of monetary	(ui) Amount of other
(	<b>)</b> INd			(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	ion listed overning	support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
					103	NO		
(A)								
(~)								
(P)								
(B)								
(C)								+
(D)								
<u>(E)</u>								
Total								

*** PUBLIC DISC	LOSURE	COPY	***
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#### Schedule A (Form 990 or 990-EZ) 2019 916 INK

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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

000	tion All upile ouppoit						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	193,790.	513,298.	491,957.	475,518.	585,764.	2,260,327.
	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	193,790.	513,298.	491,957.	475,518.	585,764.	2,260,327.
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)						378,440.
	Public support. Subtract line 5 from line 4						1,881,887.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
7	Amounts from line 4	193,790.	513,298.	491,957.	475,518.	585,764.	2,260,327.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		2,208.	1,359.	216.	217.	4,000.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	59,648.	-2,708.	11,939.	12,070.	6,437.	87,386.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). SEE PART VI	6,756.	8,554.	6,249.	3,516.	1,728.	26,803.
11	Total support. Add lines 7 through 10						2,378,516.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	617,000.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	►
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20						79.12%
15	Public support percentage from 2	2018 Schedule A,	Part II, line 14				72.33%
16a	<b>33-1/3% support test–2019.</b> If the and <b>stop here.</b> The organization	he organization di qualifies as a pub	d not check the b blicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	3% or more, check	<pre>&lt; this box ► X</pre>
b	33-1/3% support test-2018. If th and stop here. The organization	e organization dic qualifies as a put	I not check a box plicly supported of	on line 13 or 16a rganization	, and line 15 is 3	3-1/3% or more, o	check this box ►
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	s' test. check this	box and stop her	e. Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances test. The organiza	s' test, check this tion qualifies as a	box and <b>stop her</b> a publicly support	re. Explain in Parl ed organization.	VI how the
18	Private foundation. If the organiz	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) 2019

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INK 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) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include						
•	any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade						
	or business under section 513. Tax revenues levied for the						
4	organization's benefit and						
	either paid to or expended on						
5	its behalf The value of services or						
5	facilities furnished by a						
	governmental unit to the						
	organization without charge						
	<b>Total.</b> Add lines 1 through 5						
7a	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.						
	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) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
1 <b>0</b> 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						
c	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 organization, check this box and						
Sec	tion C. Computation of Pu						
15	Public support percentage for 20			ine 13, column (f)	))		00
16	Public support percentage from	2018 Schedule A	, Part III, line 15.				010
Sec	tion D. Computation of Inv					II	
17	Investment income percentage f				umn (f))		010
18	Investment income percentage f	-		-			0/0
	33-1/3% support tests-2019. If						l line 17
	is not more than 33-1/3%, check	this box and <b>sto</b>	p here. The organ	nization qualifies	as a publicly supp	orted organization	•
b	33-1/3% support tests-2018. If i	the organization o	lid not check a bo	ox on line 14 or line	ne 19a, and line 1	6 is more than 33-	1/3%, and
20	line 18 is not more than 33-1/3%						
20	Private foundation. If the organi	zation ald not che	eck a box on line	14, 198, or 190, 0	check this box and	a see instructions.	· · · · · · · · · · · · · · · · · · ·

### Schedule A (Form 990 or 990-EZ) 2019 916 INK

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No

Yes

1

2

3a

3b

3c

4a

Δh

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

# Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

Schedule A	(Form 990 or 990-EZ) 2019	916 INK	46-0705510	) Page <b>5</b>
Part IV	Supporting Organizat	ions (continued)		

11	Has the organization accepted a gift or contribution from any of the following persons?
ä	<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

**b** A family member of a person described in (a) above?

c A 35% controlled 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

- 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

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> 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		
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 <b>Part VI</b> 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 <b>Part VI</b> 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.

Yes

Yes

11a

11b 11c

1

2

No

No

No

Yes

2a

2b

3a

3h

#### Schedule A (Form 990 or 990-EZ) 2019 916 INK Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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): Acquisition indebtedness applicable to non-exempt-use assets 2 2 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) 2019

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Schedule A (Form 990 or 990-EZ) 2019 916 INK		46-070	)5510 Page <b>7</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza		
Section D – Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt pur	poses		
2 Amounts paid to perform activity that directly furthers exempt purposes o	f supported organization	IS,	
in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in <b>Part VI</b> ). See instructions.			
<b>7 Total annual distributions.</b> Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organizatio in Part VI). See instructions.	on is responsive (provide	e details	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
e From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount     c Remainder. Subtract lines 4a and 4b from 4.			
<ul> <li>5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</li> </ul>			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
<b>b</b> Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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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	2019	2018	2017	2016	2015
INVENTORY SALES	<u>\$    1,728.</u>	<u>\$    3,516.</u>	<u>\$ 6,249.</u>	<u>\$ 8,554.</u>	\$ <u>6,756.</u>
TOTAI	<u>\$    1,728.</u>	<u>\$    3,516.</u>	<u>\$ 6,249.</u>	<u>\$ 8,554.</u>	\$ <u>6,756.</u>

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OMB No. 1545-0047 2019

Supplemental	Financial	Statements
Complete if the organi	zation answor	d 'Vos' on Form 99

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

Name of the organization
Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

Par	916 INK	or Advised Funds or Other	Similar Funds or Acc	46-0705510
r ai	Complete if the organization answ	wered 'Yes' on Form 990, F	Part IV, line 6.	Journal
		(a) Donor advised fun	ds (b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the as organization's exclusive legal co	sets held in donor advised	funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	t of the donor or donor advisor, or	for any other purpose cor	nferring
Par	t II Conservation Easements. Complete if the organization answ	wered 'Yes' on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by	y the organization (check all that	apply).	
	Preservation of land for public use (for example	ple, recreation or education)	Preservation of a histo	rically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization h last day of the tax year.	neld a qualified conservation contrib	ution in the form of a conser	vation easement on the
	hast day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements			
Ł	Total acreage restricted by conservation ease	ments		
c	Number of conservation easements on a certification	fied historic structure included in	(a) <b>2c</b>	
c	Number of conservation easements included in	n (c) acquired after 7/25/06, and	not on a historic	
	structure listed in the National Register			
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguished, or	terminated by the organization	on during the
4	Number of states where property subject to conse			
5	Does the organization have a written policy re and enforcement of the conservation easement			
6	Staff and volunteer hours devoted to monitoring, i			
Ŭ	<ul> <li>Image: A second second to monitoring, in</li> </ul>	inspecting, nanaling of violations, a		sements during the year
7	Amount of expenses incurred in monitoring, inspe ►\$	ecting, handling of violations, and er	forcing conservation easeme	ents during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?			(4)(B)(i) Yes No
9	In Part XIII, describe how the organization rep include, if applicable, the text of the footnote to conservation easements.	oorts conservation easements in i to the organization's financial sta	ts revenue and expense st tements that describes the	atement and balance sheet, and organization's accounting for
Par	t III Organizations Maintaining Colle Complete if the organization ans	<b>ctions of Art, Historical Tr</b> wered 'Yes' on Form 990, F	easures, or Other Sin Part IV, line 8.	nilar Assets.
1 a	If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	Id for public exhibition, education	, or research in furtherance	balance sheet works of art, e of public service, provide in
Ł	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, or re	search in furtherance of publ	lic service, provide the
	(i) Revenue included on Form 990, Part VIII,			
•	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, h amounts required to be reported under FASB	ASC 958 relating to these items:		
	Revenue included on Form 990, Part VIII, line Assets included in Form 990, Part X			• • •
	For Paperwork Reduction Act Notice, see the			Schedule D (Form 990) 2019

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Schedule D (Form 990) 2019 916 ]	INK						46-070	5510	Page <b>2</b>
Part III Organizations Mainta	ining Colle	ections	of Art, Histe	orica	l Treasures, or	<sup>r</sup> Othe	er Similar Ass	ets (contir	nued)
3 Using the organization's acquisition items (check all that apply):	, accession, a	nd other	records, check a	any of	the following that m	iake sig	nificant use of its o	collection	
a Public exhibition			d Loan	or exc	change program				
<b>b</b> Scholarly research			e Other						
c Preservation for future gener	ations								
4 Provide a description of the organiz Part XIII.	ation's collect	ions and	explain how the	y furth	er the organization's	s exem	ot purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or nan to be ma	receive intained	donations of a as part of the o	rt, hist organi	orical treasures, o zation's collection	or other ?	similar assets	Yes	No
Part IV Escrow and Custodia	l Arrangen	nents.	Complete if	the o	rganization and	swere	d 'Yes' on For	rm 990, P	art IV,
line 9, or reported an	amount on	Form	990, Part X,	line	21.				
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	an or oth	er intermediary	for co	ontributions or othe	er asse	ts not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII a	and com	olete the follow	ing tal	ole:		-	Amount	
<b>c</b> Beginning balance						1	c	anount	
<b>d</b> Additions during the year							d		
e Distributions during the year							e		
f Ending balance							f		
<b>2a</b> Did the organization include an a							-	Yes	No
<b>b</b> If 'Yes,' explain the arrangement							-		
		011001111				a on i			
Part V Endowment Funds. C	omplete if	the ord	anization ar	iswe	red 'Yes' on Fo	orm 99	90. Part IV. lir	ne 10.	
	(a) Current		(b) Prior yea		(c) Two years back		d) Three years back	(e) Four ye	ears back
<b>1 a</b> Beginning of year balance		,					, ,		
<b>b</b> Contributions									
c Net investment earnings, gains, and losses									
<b>d</b> Grants or scholarships									
e Other expenditures for facilities									
and programs									
f Administrative expenses									
<b>g</b> End of year balance									
2 Provide the estimated percentage		ent year e		ne 1g,	column (a)) held	as:			
<b>a</b> Board designated or quasi-endowm			010						
b Permanent endowment ►	%	i							
c Term endowment ►	olo								
The percentages on lines 2a, 2b, and	nd 2c should e	equal 100	%.						
3 a Are there endowment funds not in t	he possessior	n of the o	rganization that	are he	ld and administered	l for the	!		
organization by:								Yes	s No
(i) Unrelated organizations								3a(i)	
(ii) Related organizations								3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the rela	-		•					3b	
4 Describe in Part XIII the intended		-	ation's endowm	ent tu	nas.				
Part VI Land, Buildings, and			Waal on Ear	m 00	0 Dort IV/ line	110	Soo Form 00	Dort V	line 10
Complete if the organi	zation ans	wered	res on For	m 99	u, Part IV, line	e Ha.	See Form 990		
Description of property			or other basis vestment)		) Cost or other basis (other)		Accumulated epreciation	<b>(d)</b> Book	value
<b>1 a</b> Land									
<b>b</b> Buildings									
c Leasehold improvements						_			
<b>d</b> Equipment									
<b>e</b> Other	<u></u>								
Total. Add lines 1a through 1e. (Colum	nn (d) must e	qual Fori	m 990, Part X,	colum	n (B), line 10c.)	<u>.</u>	►		0.
ВАА							Schedu	ule D (Form 9	90) 2019

Schedule D (Form 990) 2019

Schedule D	) (Form 990) 2019	916 INK			46-0705510	Page 3
Part VII		Other Securities. organization answered	'Yos' on Form 990	N/A Nart IV line 11b 9	Soo Form 990 Port	V line 12
(a) Descr		gory (including name of security)	(b) Book value		on: Cost or end-of-year market	
· · ·		ts				
(3) Other						
(A)						
(B)						
(D)						
(E)						
$\frac{(G)}{(H)}$						
$\frac{(1)}{(1)}$						
	n (h) must equal Form 99	00, Part X, column (B) line 12.) 🕨				
	Investments –	Program Related.		N/A		
	Complete if the	e organization answered		), Part IV, line 11c. S		
	(a) Description of	investment	(b) Book value	(c) Method of valuation	: Cost or end-of-year m	arket value
(1)						
(2)						
(3) (4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colum Part IX	n (b) must equal Form 99 Other Assets.	90, Part X, column (B) line 13.) 🕨				
Fartix	Complete if the	e organization answered	'Yes' on Form 990	), Part IV, line 11d. S	See Form 990, Part	X, line 15.
	•	(a) Des	scription	, ,		ok value
		REST IN COMMUNITY F	DN			18,655.
(2) CAS (3)	H HELD AS FIS	SCAL AGENT				8,610.
(4)						
(5)						
(6)						
(7)						
(8) (9)						
(10)						
	lumn (b) must equa	l Form 990, Part X, column (E	3) line 15.)			27,265.
Part X	Other Liabilitie	S.				
	Complete if the org	anization answered 'Yes' on F		1e or 11f. See Form 990, F		<u> </u>
1.	ral income taxes	(a) Descri	ption of liability		(b) Boo	ok value
		S FISCAL AGENT				8,610.
(3) PPP						82,327.
(4)						
(5)						
(6) (7)						
(7) (8)						
(9)						
(10)						
(11)						
Total. (Colum	nn (b) must equal Form 99	00, Part X, column (B) line 25.)			·····	90,937.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019 916 INK	46-0705510	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 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		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d		
e Add lines <b>2a</b> through <b>2d</b>	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.) 4b		
<b>c</b> Add lines <b>4a</b> and <b>4b</b>	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 Statements With Expenses	per Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part 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 2a		
b Prior year adjustments 2b		
c Other losses		
d Other (Describe in Part XIII.) 2d		
e Add lines <b>2a</b> through <b>2d</b>	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		
b Other (Describe in Part XIII.)		
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.

		*** F	UBLIC I	DISCLO	SURE COPY ***			
	Suppleme	ental Informa	tion Reg	jarding F	undraising or Gami	ng Act	ivities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ) Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, organization entered more than \$15,000 on Form 990-EZ, line 6a.				, or 19, or a.	r if the	2019		
Department of the Treasury Internal Revenue Service	► G				or Form 990-EZ. ructions and the latest	informa	ation.	Open to Public Inspection
Name of the organization							Employer identific	
916 INK						17	46-070551	0
Form 990-E	Z filers are not re	quired to comp	lete this p	art.	on Form 990, Part IV, lin	e I/.		
_	-	raised funds thr	ough any		owing activities. Check			
	email solicitations	5		f	Solicitation of gove		0	
d In-person sol				g		Jevenis		
		r oral agreement	with any i	ndividual (i	including officers, directo	ors, truste	ees, or key	
employees listed	in Form 990, Par	t VII) or entity i	n connect	tion with p	rofessional fundraising	services	s?	
compensated at l	east \$5,000 by th	lividuals or enti le organization.	ties (tundi	raisers) pl	ursuant to agreements	under w	nich the fundra	Iser is to de
(i) Name and addres			(iii) Did	fundraiser			mount paid to	(vi) Amount paid to
or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(or reta fundraise	retained by) aiser listed in	(or retained by) organization
			Yes	No		С	olumn <b>(i)</b>	organization
1			Tes	NO				
-								
-								
2								
3								
4								
•								
5								
-								
6								
7								
8								
9								
10								
Tabal			•					
	hich the organization				ontributions or has been	notified	it is exempt from	0.
or licensing.				So Sonore C		u	o oxompenon	

-		ule G (Form 990 or 990-EZ) 2019 916 INK 46-0705					
Par	tll	Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, lin more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lin List events with gross receipts greater than \$5,000.					
R E V			(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))	
V E N U	1	Gross receipts	42,171.			42,171.	
Ĕ	2	Less: Contributions	21,000.			21,000.	
	3	Gross income (line 1 minus line 2)	21,171.			21,171.	
	4	Cash prizes					
_	5	Noncash prizes					
D I R	6	Rent/facility costs					
R E C T	7	Food and beverages	4,611.			4,611.	
E X P	8	Entertainment					
EXPENSES	9	Other direct expenses	11,573.			11,573.	
ŝ		Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fro					
Par		<b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes				
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
E	1	Gross revenue					
E	2	Cash prizes					
	3	Noncash prizes					
EXPENSES	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)	►		
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?							
		e any of the organization's gaming license 'es,' explain:	s revoked, suspended,	-	e tax year?		

Schedule G (Form 990 or 990-EZ) 2019

Sche	edule G (Form 990 or 990-EZ) 2019 916 INK	46-070	05510	Page <b>3</b>
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?	to	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	<b>a</b> The organization's facility	13a		00
	<b>b</b> An outside facility			 90
	Enter the name and address of the person who prepares the organization's gaming/special events books and reco			0
	Name ►			
	Address ►			
ł	a Does the organization have a contract with a third party from whom the organization receives gaming reveloted by the organization ► \$ an of gaming revenue retained by the third party ► \$ c If 'Yes,' enter name and address of the third party:	enue?	···· Yes	
	Name ►			
	Address ►			   
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain th		<b></b>	<b>—</b>
	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		
Dat	organization's own exempt activities during the tax year ► \$ <b>rt IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b,	oolumna	(iii) and i	<u>())</u> .
Pal	<b>rt IV</b> 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.			v),

#### SCHEDULE O (Form 990 or 990-EZ)

\*\*\* PUBLIC DISCLOSURE COPY \*\*\* Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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)	(C)	(D)
		PROGRAM	MANAGEMENT	FUND-
-	TOTAL	SERVICES	& GENERAL	RAISING
CONTRACTS AND SUBCONTRACTORS	73,776.	73,776.		
TOTAL	\$73,776.	\$ 73,776.	\$0.	\$0.

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

CHANGE IN BENEFICIAL	INTEREST	\$ 124.
	TOTAL	\$ 124.