Form **990** 

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For th	ne 2020 calen	dar year, or tax	x year begi	nning 7/	01	, 202	20, an	d endin	<b>g</b> 6,	/30	, :	<b>20</b> 2021	
В	Check i	if applicable:	С								D Employ	er identifi	ication number	
	Ad	ddress change	916 INK								46-	07055	510	
	$\vdash$	ame change	3301 37TH	AVENU	E #14						E Teleph			
	$\vdash$	-	SACRAMENT								(01	c) 20	1 7560	
		itial return		-, -							(91	b) Z8	84-7560	
	$\vdash$	nal return/terminated										<b>~</b>		
	$\mathbf{H}$	mended return	_								<b>G</b> Gross r			
	Ap	oplication pending		dress of princip	oal officer: DJ	WALDOW					s a group retu			X No
			SAME AS C	<u>ABOVE</u>						H(D) Are a	all subordinate: o," attach a list	s included: See instr	? Yes	No
<u> </u>	Tax-	exempt status:	X 501(c)(3)	501(c) (	)◄ (	insert no.)	4947(a)(1)	or	527					
J	Wel	bsite: ► WW	W.916INK.	ORG						H(c) Grou	p exemption n	umber ►		
K	Form	of organization:	X Corporation	Trust	Association	Other ►		L Year	of formati	ion: 201	12 <b>M</b> :	State of le	gal domicile: CA	
Pa	rt I	Summar	v			<u></u>								
			be the organiza	ation's mis	sion or most	significant a	activities:E	MPOV	VER C	HILDRI	EN AND	YOUTH	H THROUGH	
4.			WRITING.											
ဋ		20000				. – – – – -								
Governance														
Ş.	2	Check this bo	ox ► if the	organizati	on discontinu	ued its opera	ations or di	spose	ed of mo	ore than	25% of its	net ass	ets.	
ၓ			ting members									3		12
ంర	4	Number of in	dependent voti	ing membe	rs of the gov	erning body	(Part VI, I	ine 1b	0)			4		12
<u>ë</u>			of individuals									5		27
Activities &			of volunteers									6		140
Ą			ed business rev									7a		0.
	b	Net unrelated	l business taxa	able income	from Form	990-T, Part	I, line 11					7b		0.
											Prior Year		Current Y	ear
ø)			and grants (P								585,			<b>,</b> 965.
Revenue			rice revenue (F								150,3	327.	123	,085.
eve			ncome (Part VI									217.		342.
Œ			e (Part VIII, co									L65.		588.
			e – add lines 8								744,4	173.	1,036	<u>,980.</u>
			imilar amounts				-							
		•	to or for mem	•										
'n	15	Salaries, other	er compensation	on, employe	ee benefits (F	Part IX, colu	ımn (A), lir	es 5-	10)		457,1	L04.	611	,797.
Se	16a	Professional	fundraising fee	s (Part IX,	column (A),	line 11e)								
Expenses	h	Total fundrais	sing expenses	(Part IX co	olumn (D) lir	ne 25) ►		61	216.					
X	17		ses (Part IX, co								21.0	202	221	017
		•	•			-					216,2			<u>,917.</u>
			es. Add lines 1	-							673,3			<u>,714.</u>
		Revenue less	s expenses. Su	btract line	18 from line	12					71,0			<u>,266.</u>
s or		<b>-</b>	/D   \	-,						Beginn	ning of Curre		End of Ye	
Net Assets Fund Balanc			(Part X, line 16	•							316,9			<u>,574.</u>
A A			s (Part X, line	- /							137,0			,924.
			fund balances	s. Subtract	line 21 from	line 20					179,8	393.	389	<u>,650.</u>
Pa	ırt II	Signatur	e Block											
Unde	er penalt	ties of perjury, I de	eclare that I have ex arer (other than offic	camined this re	turn, including a	ccompanying scl	hedules and st	atemen	ts, and to	the best of	my knowledge	and belie	f, it is true, correct	t, and
COIII	picte. De	T.	arer (other than office	ci) is based of	ir air iriiorrilation	or writeri prepare	or rias arry Kilo	wicage.		1				
Sig	gn	Signatu	re of officer							L	Date			
He	re		HADLEY							EXE	CUTIVE :	DIR.		
		, ,	print name and title	e										
		Print/Type p	oreparer's name		Preparer's sig	gnature		Da	ate		Check	if P	PTIN	
Pa	id	JAMES H	. FRITZSCHE	, CPA							self-employ	ed P	00423351	
	epare	Firm's name	FRITZS	CHE ASSO	CIATES							•		
	e On				WAY STE 2	20				Firm's EIN ► 320343346				
			-	ENTO, CA		-					Phone no.		22-2111	
Ma	y the I	RS discuss th	nis return with t			ve? See ins	tructions						X Yes	No

4d Other program services (Describe on Schedule O.)

(Expenses \$ 32,995. including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► 530,340.

46-0705510

Page 3

# Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
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? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	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
	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		X
(	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	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		Χ
	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
ŀ	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		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
ŀ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		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? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), 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	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
	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		Х

Form 990 (2020) 916 INK

Part IV Checklist of Required Schedules (continued)

46-0705510

Page 4

	, , , , , , , , , , , , , , , , , , ,		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		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? <i>If 'Yes,' complete Schedule J.</i>	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
	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?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
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	25a		Х
	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	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):			
i	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
•	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.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	contributions? If 'Yes,' complete Schedule M	30		X
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 I</i>	33		Х
	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 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt 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			
	Check it Schedule O contains a response of hole to any line in this Part V		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	.10
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1	v	
BAA	(gambling) winnings to prize winners?  TEEA0104L 10/07/20	1 c Form	990	(2020)

# Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 27			
ŀ	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)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ŀ	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 8	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)?	4 a		Х
ŀ	olf '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).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
(	: 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?	6 a		Х
ŀ	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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		X
ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	n 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		
	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		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 a		
	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		
١	Note: See the instructions for additional information the organization must report on Schedule O.	154		
ŀ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
	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	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
_	If 'Yes,' complete Form 4720, Schedule O.			

Form 990 (2020) 916 INK 46-0705510 Page 6

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 12 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. **b** Enter the number of voting members included on line 1a, above, who are independent.... 12 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? ...... Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... 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 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 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? X a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O. ..... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records ACCOUNTANT 3301 37TH AVENUE, STE 14 SACRAMENTO CA 95824 (916)

Form 990 (2020) 916 INK

46-0705510

Page **7** 

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

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

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

- 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.

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

Check this box if neither the organization nor any relation	ed organiz	ation	con	nper	nsate	ed any	y cu	rrent officer, direct	or, or trustee.			
(C)												
(A) Name and title	(B) Average hours per week	thar	one both dir	box, an o ector	unles officer truste/	ss pers r and a ee)	on	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from		
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W 211033 MICO)	(11 21 1333 111 110 11)	the organization and related organizations		
(1) IAN HADLEY	40											
EXECUTIVE DIR.	0			Χ				88,375.	0.	7,084.		
(2) DJ WALDOW	5											
PRESIDENT	0	Χ		Χ				0.	0.	0.		
(3) BEATRICE TETTEH	5											
VICE PRESIDENT	0	Χ		Χ				0.	0.	0.		
(4) SHELLEY BLANTON-STROUD	5	]										
SECRETARY	0	Χ		Χ				0.	0.	0.		
_(5)_TIGH_RICKMAN	5											
TREASURER	0	Х		Χ				0.	0.	0.		
(6) DANIEL KAUFMAN	2											
DIRECTOR	0	Х						0.	0.	0.		
(7) CHRIS WORDEN	2											
DIRECTOR	0	Х						0.	0.	0.		
(8) KATHY FLYNN	2											
DIRECTOR	0	Х						0.	0.	0.		
(9) PATRICK HARBISON	2											
DIRECTOR	0	Х						0.	0.	0.		
(10) VINCE WONG	2											
DIRECTOR	0	Х						0.	0.	0.		
(11) JANAY BROWN WOOD	2											
DIRECTOR	0	Х						0.	0.	0.		
(12) LYNN LIZARRAGA	2											
DIRECTOR	0	Х						0.	0.	0.		
(13) MICHELLE WARSHAW	2											
DIRECTOR	0	Χ						0.	0.	0.		
(14)												

Part VII   Section A. Officers, Directors, 110	(B)	Ney		ibid	_	es,	anc	i nighest com	iperisateu Empi	oyees	• (COTILI	nuea)
<b>(A)</b> Name and title	Average hours per	box,	, unles	Pos heck ss pe	sition more erson	than is botl or/trus	h an	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	Estima	(F)	ount
	week (list any hours for related	Individual trustee or director	Institution	Officer	Key employee	Highest c employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe the o and	of other nsation rganizat d related anization	ion 1
	organiza - tions below dotted line)	il trustee or	nstitutional trustee		loyee	Highest compensated employee						
<u>(15)</u>												
(16)												
(17)												
(18)												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Subtotal							<b>•</b>	88,375.	0.		7,0	)84.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)							<b>▶</b>	0. 88,375.	0.		7 (	0. 084.
2 Total number of individuals (including but not limited							ved			ensatio		004.
from the organization • 0											Yes	No
3 Did the organization list any <b>former</b> officer, direct on line 1a? <i>If 'Yes,' complete Schedule J for suc</i>	tor, truste h individu	ee, ke ıal	ey er	nplo	oyee	e, or	high	nest compensated	l employee	. 3		X
<b>4</b> For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	f reportab er than \$1	le coi 50,00	mpe 00?	nsa If '}	ition <i>es,</i>	and con	oth <i>ple</i>	er compensation te Schedule J for	from	4		X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? <i>If 'Yes</i>	e comper	nsatio	n fra	om	anv	unre	late	ed organization or	individual	5		X
Section B. Independent Contractors	,,						, , , , , , , , , , , , , , , , , , ,					
1 Complete this table for your five highest compen compensation from the organization. Report comper	sated indessation for	epend the ca	dent alend	coı dar	ntra year	ctors endi	tha ng v	t received more to vith or within the or	han \$100,000 of ganization's tax year			
(A) Name and business add	ress							Description (	of services	Compe	C) nsatio	n
2 Total number of independent contractors (including the \$100,000 of compensation from the organization		ited to	o tho	se I	listed	d abo	ve)	who received more	than			

46-0705510

Page 9

		Check if Schedule O contains a response or note to any	line in this Part V	III		
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts		Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues				
P, (		Fundraising events 1c 12,262.				
重		Related organizations 1 d				
imi,		Government grants (contributions) 1 e 608,735.				
함	ī	All other contributions, gifts, grants, and similar amounts not included above 1f 291, 968.				
Contribution and Other	g	Noncash contributions included in				
걸	Ī	lines la-1f				
	h	Total. Add lines 1a-1f Business Code	912,965.			
ž	2.		102 005	100.005		
Program Service Revenue	Z a b	PROGRAM SERVICE FEES 900099	123,085.	123,085.		
용	D					
Ĭ.	q					
Š	e					
gra	f	All other program service revenue				
ě		Total. Add lines 2a-2f	123,085.			
	3	Investment income (including dividends, interest, and	120,000.			
		other similar amounts)	342.			342.
	4	Income from investment of tax-exempt bond proceeds <b>\rightarrow</b>				
	5	Royalties				
	_	(i) Real (ii) Personal				
		Gross rents				
		Less: rental expenses 6b				
		Rental income or (loss) 6c				
		Net rental income or (loss)				
	7 a	Gross amount from				
		other than inventory   /a				
	b	Less: cost or other basis and sales expenses 7 b				
	С	Gain or (loss) 7c				
	d	Net gain or (loss)				
ø	8a	Gross income from fundraising events				
	-	(not including \$ 12,262.				
eve		of contributions reported on line 1c).				
Other Revenu		See Part IV, line 18         8a         9,522				
<u>e</u>		Less: direct expenses 8b 9,522.				
δ	С	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19				
	h	See Part IV, line 19         9a           Less: direct expenses         9b				
		Net income or (loss) from gaming activities				
	iva	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory	588.			588.
र्		Business Code				
g a	11 a					
Miscellaneous Revenue	b					
scellaneo Revenue	С					
ĭ Z		All other revenue				
		Total. Add lines 11a-11d ▶				
	12	<b>Total revenue.</b> See instructions▶	1,036,980.	123,085.	0.	930.

46-0705510

Page 10

# Part IX | Statement of Functional Expenses

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

	Crieck ii Scriedule O contains a r				
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) 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 foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	05.450	47.720	20, 627	10.000
6	trustees, and key employees	95,459. 0.	47,730. 0.	28,637.	19,092.
7		435,235.	265,379.	147,959.	21,897.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	433,233.	203,379.	147,939.	21,097.
9	Other employee benefits	34,887.	21,584.	11,350.	1,953.
10	Payroll taxes	46,216.	27,517.	15,209.	3,490.
11	Fees for services (nonemployees):	,	,	,	•
a	Management				
k	<b>)</b> Legal				
c	Accounting	25,400.		25,400.	
C	<b>I</b> Lobbying				
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 (A) amount, list line 11g expenses on Schedule 0.)	1,200.		1,200.	
12	Advertising and promotion	8,250.	4,739.	2,584.	927.
13	Office expenses	4,272.	86.	4,186.	327.
14	Information technology	-,		-/	
15	Royalties				
16	Occupancy	24,858.		24,858.	
17	Travel	4,408.	33.	4,288.	87.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	·		·	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,667.		5,667.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PROGRAM EXPENSES	87,455.	77,691.	6,502.	3,262.
	TECHNOLOGY	20,694.	1,948.	18,502.	244.
	BAD DEBT	14,946.	14,946.		
	BANK & PAYROLL FEES	9,628.	6.	8,852.	770.
e	All other expenses	15,139.	68,681.	-63,036.	9,494.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	833,714.	530,340.	242,158.	61,216.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2020) 916 INK 46-0705510 Page 11

Part X Balance Sheet (A) Beginning of year **(B)** End of year 1 Cash — non-interest-bearing. 172,454 305,891. Savings and temporary cash investments..... 85,008 2 2 160,854. 3 3 Pledges and grants receivable, net..... Accounts receivable, net ..... 26,024 4 89,730. Loans and other receivables from 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 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... 6 Notes and loans receivable, net..... 7 Inventories for sale or use..... 8 Prepaid expenses and deferred charges..... 9 12,167. 6,156 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10 a 10 c 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.... 27,265 24,932. 15 593,574. 316,907. 16 16 Total assets. Add lines 1 through 15 (must equal line 33).... 17 Accounts payable and accrued expenses..... 39,131 17 65,583 18 Grants payable ..... 18 19 19 6,946. 48,814. 20 Tax-exempt bond liabilities ..... 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 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 23 23 Unsecured notes and loans payable to unrelated third parties..... 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 90,937 25 89,527. Total liabilities. Add lines 17 through 25..... 137,014 26 203,924. Organizations that follow FASB ASC 958, check here ▶ **Fund Balances** and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 164,893. 27 374,650. Net assets with donor restrictions..... 15,000 15,000.

Total liabilities and net assets/fund balances..... 316,907. 593,574. BAA TEEA0111L 10/07/20 Form **990** (2020)

29

30

31

32

33

389,650.

179,893

Organizations that do not follow FASB ASC 958, check here >

Capital stock or trust principal, or current funds.....

Paid-in or capital surplus, or land, building, or equipment fund.....

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

and complete lines 29 through 33.

ö

Net Assets

31 32

33

Form 990 (2020) 916 INK 46-0705510 Page 12

Part XI Reconciliation of Net Assets

Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI.				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,03	6,98	80.
2	Total expenses (must equal Part IX, column (A), line 25).	2	83	3,7	14.
3	Revenue less expenses. Subtract line 2 from line 1	3	20	3,2	66.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17	9,89	93.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O). SEE SCHEDULE 0	9		6,49	91.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	38	9,6	50.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
			)	'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?		2 a		Χ
	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:	d on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2 b		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separar basis, consolidated basis, or both:	te			
	Separate basis Consolidated basis Both consolidated and separate basis				
•	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?		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	a 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?		3 a		Х
ا	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA			Form 9	990 (2	2020)
	•		. 01111	.50 (2	.525)

**SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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.

OMB No. 1545-0047

2020

Open to Public Inspection

lame o	f the	e organization					Em	ployer identific	ation numb	er
916	I	NK					46	5-070551	0	
Part	ı	Reason for Public Cha	rity Status. (All o	rganizations must	comple	ete this	s part.) S	ee instrud	ctions.	
he o	rga	nization is not a private found	lation because it is: (l	For lines 1 through 12,	check o	nly one	box.)			
1		A church, convention of church	es, or association of ch	nurches described in <b>sect</b>	tion 1 <mark>70</mark> (	b)(1)(A)(	(i).			
2		A school described in section 1	<b>70(b)(1)(A)(ii).</b> (Attach	Schedule E (Form 990 or	990-EZ	).)				
3		A hospital or a cooperative h	ospital service organi	ization described in sec	ction 170	0(b)(1)(A	۹)(iii).			
4		A medical research organiza	tion operated in conju	unction with a hospital of	describe	d in <b>sec</b>	ction 170(b)	(1)(A)(iii). E	inter the	hospital's
		name, city, and state:								
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle	ge or university owned	or oper	ated by	a governm	ental unit de	escribed	in
6		A federal, state, or local gove		ental unit described in <b>s</b>	ection 1	<b>70(b)(</b> 1)	)(A)(v).			
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	eart of its support from a	governm	ental uni	it or from the	e general pul	blic descr	ribed
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	l.)					
9		An agricultural research organi			•	oniunctio	on with a lar	nd-grant colle	eae	
•		or university or a non-land-gran								
		university:	3 3	,		, ,,		J		
10		An organization that normally from activities related to its investment income and unreduced June 30, 1975. See section 5	exempt functions, sub lated business taxable	oject to certain exceptio e income (less section	ns; and	(2) no r	more than 3	33-1/3% of i	ts suppo	rt from gross
11		An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	n 509(a)(4).			
12		An organization organized ar	nd operated exclusive	elv for the benefit of, to	perform	the fun	nctions of, o	or to carry o	ut the pu	rposes of one
		or more publicly supported o	rganizations describe	d in <b>section 509(a)(1)</b> c	r <b>sectio</b>	n 509(a	ı <b>)(2).</b> See <b>s</b> e	ection 509(a	<b>)(3).</b> Che	ck the box in
_		lines 12a through 12d that de							. 41	
а		Type I. A supporting organization organization (s) the power to re complete Part IV, Sections A	gularly appoint or elect	a, or controlled by its sup a majority of the director	rs or trus	stees of t	the supportin	aliy by giving ng organizati	on. <b>You r</b>	nust
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ted organizate the support	ation(s), by ed organizat	having o ion(s). <b>Y</b> o	control or <b>Du</b>
С		Type III functionally integrated organization(s) (see instruction	. A supporting organizat	ion operated in connection	n with, ai	nd functio	onally integra	ated with, its	supported	d
d		Type III non-functionally integrated. The constructions). You must com	r <b>ated.</b> A supporting org	anization operated in cor must satisfy a distribu	nection	with its s	supported or	ganization(s	) that is r	not
е		Check this box if the organiz	ation received a writte	en determination from t	the IRS	that it is	s a Type I,	Туре II, Тур	e III fund	ctionally
f	Fr	integrated, or Type III non-fu Iter the number of supported o								
a.		ovide the following information	~							
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv)	s the	(v) Amoun	t of monetary	(vi)	Amount of other
			.,	(déscribed on Tines 1-10 above (see instructions))	organizat	ion listed	support (see	e instructions)		t (see instructions)
					Yes	No				
A)										
B)										
C)										
D)										
D)										
E)										
[otal										

# 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.)

Sec	tion A. Public Support	<u></u>					
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	513,298.	491,957.	475,518.	585,764.	912,965.	2,979,502.
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	513,298.	491,957.	475,518.	585,764.	912,965.	2,979,502.
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)						375,774.
	<b>Public support.</b> Subtract line 5 from line 4						2,603,728.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
7	Amounts from line 4	513,298.	491,957.	475,518.	585,764.	912,965.	2,979,502.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,208.	1,359.	216.	217.	342.	4,342.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-2,708.	11,939.	12,070.	6,437.		27,738.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	8,554.	6,249.	3,516.	1,728.	588.	20,635.
11	Total support. Add lines 7 through 10						3,032,217.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	679,419.
13	<b>First 5 years.</b> If the Form 990 is organization, check this box and	for the organizatio	n's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)	▶
	tion C. Computation of Pul						_
	Public support percentage for 20	•	• • •				85.87%
15	Public support percentage from 2	2019 Schedule A,	Part II, line 14			15	79.12 %
16a	<b>33-1/3% support test—2020.</b> If the and <b>stop here.</b> The organization	ne organization did qualifies as a pub	d not check the bo licly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	% or more, check	this box
b	<b>33-1/3% support test—2019.</b> If the and <b>stop here.</b> The organization	e organization did qualifies as a pub	not check a box oblicly supported or	on line 13 or 16a ganization	, and line 15 is 33	3-1/3% or more, c	theck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-ar	nd-circumstances	test, check this b	oox and stop here	. 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-ard-circumstances' t	nd-circumstances est. The organiza	test, check this betion qualifies as a	oox and <b>stop here</b> a publicly support	Explain in Part 'ed organization	VI how the ►
18	Private foundation. If the organiz	zation did not ched	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	structions ►

BAA

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		picase complete i	<u> </u>			
	lar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2010	(5) 2517	(0) 2010	(a) 2313	(6) 2020	(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> 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 disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6.)						
	tion B. Total Support					1	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b.  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.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here					▶
	tion C. Computation of Pul						
	Public support percentage for 20	•	• • •		•		<u> </u>
	Public support percentage from 2						%
	tion D. Computation of Inv					T T	
17		•	• • •	-		<b>├</b>	
	Investment income percentage for					<u> </u>	8
	<b>33-1/3% support tests—2020.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organization.	
	<b>33-1/3% support tests—2019.</b> If t line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box	and <b>stop here.</b> Th	e organization qu	alifies as a public	cly supported organ	ization ▶

# Part IV Supporting Organizations

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

# **Section A. All Supporting Organizations**

	11 0 0			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b			
	and 3c 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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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 lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI,</b> 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).	5a		
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?	5c		
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? <i>If</i> 'Yes,' provide detail in <b>Part VI</b> .	6		
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).	7		
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).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI.</b>	9b		
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 <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	10a		
		ıva		
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.).	10b		

Pa	art IV	Supporting Organizations (continued)				
11	Hac	the organization accepted a gift or contribution from any of the following persons?		Yes	No	
		erson who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,				
	the	governing body of a supported organization?	11a			
	<b>b</b> A fa	amily member of a person described in line 11a above?	11b			
_		% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c			
Se	ction	B. Type I Supporting Organizations		.,		
1	or n offic <i>orga</i>	the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's zers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported anization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more		Yes	No	
	wer	n one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees e allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers ing the tax year.	1			
2	that <i>ben</i>	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such efit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2			
Se	ction	C. Type II Supporting Organizations				
				Yes	No	
1	Wer	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the				
	sup	porting organization was vested in the same persons that controlled or managed the supported organization(s).	1			
Se	ction	D. All Type III Supporting Organizations				
1	orga	the organization provide to each of its supported organizations, by the last day of the fifth month of the anization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		Yes	No	
		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?				
2	orga	re any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported anization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2			
3	voic all t	eason of the relationship described in line 2, above, did the organization's supported organizations have a significant see in the organization's investment policies and in directing the use of the organization's income or assets at imes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played his regard.	3			
Se		E. Type III Functionally Integrated Supporting Organizations				
'		ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  The organization satisfied the Activities Test. Complete line 2 below.				
	ᆷ	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.				
	ᆷ	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	instru	uctions	s).	
2	2 Acti	vities Test. Answer lines 2a and 2b below.		Yes	No	
	supp <b>org</b> a	substantially all of the organization's activities during the tax year directly further the exempt purposes of the ported organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> anizations and explain how these activities directly furthered their exempt purposes, how the organization was ponsive to those supported organizations, and how the organization determined that these activities constituted				
		stantially all of its activities.	2a			
	mor	the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or e of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the sons for the organization's position that its supported organization(s) would have engaged in these activities				
		for the organization's involvement.	2b			
3	Pare	ent of Supported Organizations. Answer lines 3a and 3b below.				
	<b>a</b> Did eacl	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of h of the supported organizations? If 'Yes' or 'No,' provide details in <b>Part VI</b> .	3a			
		the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its	3b			

46-0705510

Page 6

Pa	rt v   Type iii Noil-Functionally integrated 505(a)(5) Supporting Orga	IIIIZat	10115	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
(	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2020

BAA

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont	inued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in <b>Part VI</b> )	5	
6	Other distributions (describe in Part VI). See instructions.	6	
_ 7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	_
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
<b>b</b> Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
RΛΛ		Cabadula A (Fa	rm 990 or 990-F7) 202

BAA

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part VI

916 INK

46-0705510

Page 8

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

# PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2020	2019	2018	2017	2016
INVENTORY SALES	TOTAL S	588. 588.	\$ 1,728. \$ 1,728.	\$ 3,516. \$ 3,516.	\$ 6,249. \$ 6,249.	\$ 8,554. \$ 8,554.

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

INAIII	e of the organization				Employer identificatio	ii iiuiiiber
910	5 INK				46-0705510	
Pa		r Advised Funds or Other wered 'Yes' on Form 990, I	<b>Similar Fu</b> Part IV, line	nds or Acco		
		(a) Donor advised fur	nds	<b>(b)</b> Fu	inds and other ac	counts
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	ssets held in d	onor advised f	unds Yes	No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing of the donor or donor advisor, o	that grant fun or for any othe	ds can be use r purpose conf	d only erring Yes	□ No
Pa	Conservation Easements. Complete if the organization answ	wered 'Yes' on Form 990, I	Part IV, line	e 7.		
1						
	Preservation of land for public use (for examp	ole, recreation or education)	Preservat	tion of a histori	ically important la	ind area
	Protection of natural habitat		Preservat	tion of a certific	ed historic structu	ire
	Preservation of open space		_			
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation contrib	oution in the for	m of a conserv	ation easement on	the
					eld at the End of t	the Tax Year
	a Total number of conservation easements					
	<b>b</b> Total acreage restricted by conservation easer					
	c Number of conservation easements on a certif	fied historic structure included in	(a)	2c		
	d Number of conservation easements included in	n (c) acquired after 7/25/06, and	not on a histo	oric 2 d		
2	structure listed in the National Register				during the	
3	tax year	isierreu, reieaseu, extiriguistieu, or	terrimated by	ille organization	r during the	
4	Number of states where property subject to conse	rvation easement is located ►				
5	Does the organization have a written policy reand enforcement of the conservation easemer	garding the periodic monitoring,				□No
6	Staff and volunteer hours devoted to monitoring, i					
7	Amount of expenses incurred in monitoring, insper ▶ \$	ecting, handling of violations, and e	nforcing conser	rvation easemer	nts during the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?					No
9	In Part XIII, describe how the organization rep include, if applicable, the text of the footnote t conservation easements.	to the organization's financial sta	atements that of	describes the o	organization's acc	counting for
Pa	Organizations Maintaining Colle Complete if the organization answ	<b>ctions of Art, Historical Tr</b> wered 'Yes' on Form 990, I	<b>reasures, o</b> Part IV, line	r Other Sim	ilar 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	ld for public exhibition, education	n, or research	tatement and in furtherance	balance sheet wo of public service,	rks of art, provide in
	b 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	esearch in furth	erance of public	c service, provide t	of art, he
	(i) Revenue included on Form 990, Part VIII,					
	(ii) Assets included in Form 990, Part X				▶\$	
2	If the organization received or held works of art, hamounts required to be reported under FASB	nistorical treasures, or other similar ASC 958 relating to these items:	assets for finar	ncial gain, prov	ide the following	
	a Revenue included on Form 990, Part VIII, line					

TEEA3301L 08/18/20

Part III Organizations Maintaining Colle	ections of Art, Histo	ricai i reasures, or	Otner Similar Ass	sets (continuea)		
3 Using the organization's acquisition, accession, a items (check all that apply):	nd other records, check ar	ny of the following that ma	ake significant use of its	collection		
a Public exhibition	<b>d</b> Loan o	or exchange program				
<b>b</b> Scholarly research	e Other					
c Preservation for future generations						
4 Provide a description of the organization's collect Part XIII.	ions and explain how they	further the organization's	exempt purpose in			
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?						
Part IV Escrow and Custodial Arrangen line 9, or reported an amount on	<b>nents.</b> Complete if the Form 990, Part X,	ne organization ans line 21.	swered 'Yes' on Fo	orm 990, Part IV,		
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary	for contributions or othe	r assets not included	☐ Yes ☐ No		
<b>b</b> If 'Yes,' explain the arrangement in Part XIII a						
· · · · · ·	·			Amount		
c Beginning balance			1с			
<b>d</b> Additions during the year			1 d			
e Distributions during the year			1 e			
<b>f</b> Ending balance			1f			
2a Did the organization include an amount on Fo	rm 990, Part X, line 21,	for escrow or custodial	account liability?	Yes No		
<b>b</b> If 'Yes,' explain the arrangement in Part XIII.	Check here if the explan	ation has been provided	d on Part XIII			
Part V Endowment Funds. Complete if	the organization and	swered 'Yes' on Fo	<u>rm 990, Part IV, li</u>	ne 10.		
(a) Current	year <b>(b)</b> Prior year	(c) Two years back	(d) Three years back	(e) Four years back		
1 a Beginning of year balance						
<b>b</b> Contributions						
<b>c</b> Net investment earnings, gains,						
and losses						
<b>d</b> Grants or scholarships						
e Other expenditures for facilities						
and programs						
f Administrative expenses						
g End of year balance	ent year and halance (line	a 1a column (a)) hold s	001			
a Board designated or quasi-endowment ►	sitt year end balance (iii)	e rg, coluinin (a)) nelu a	15.			
<b>b</b> Permanent endowment						
c Term endowment ► %						
The percentages on lines 2a, 2b, and 2c should e	ogual 100%					
The percentages of times 2a, 2b, and 2c should e	quai 100 %.					
<b>3 a</b> Are there endowment funds not in the possessior organization by:	of the organization that a	re held and administered	for the	Yes No		
(i) Unrelated organizations				3a(i)		
(ii) Related organizations				3a(ii)		
<b>b</b> If 'Yes' on line 3a(ii), are the related organiza				3b		
4 Describe in Part XIII the intended uses of the	·					
Part VI Land, Buildings, and Equipmen						
Complete if the organization ans		n 990 Part IV line	11a See Form 99	00 Part X line 10		
Description of property				(d) Book value		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(a) book value		
<b>1 a</b> Land	, ,	` ′				
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment						
<b>e</b> Other						
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, c	olumn (B), line 10c.)		0.		

BAA

Schedule D (Form 990) 2020

Part VII	Investments – Other Securities.		N/A	
	Complete if the organization answered			
	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	-year market value
	ial derivatives			
	held equity interests			
(3) Other				
$\frac{(A)}{(B)}$ – – –				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(l)				
	nn (b) must equal Form 990, Part X, column (B) line 12.) 🕨	•		
Part VIII	Investments – Program Related. Complete if the organization answered	l 'Vec' on Form 990	N/A N Part IV line 11c See Form 99	00 Part Y line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)	(L) Decemple of the second of	(b) Doon value	(5)	or your manner range
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	(h) must small from 000 Dark V salama (D) line 12.)			
Part IX	nn (b) must equal Form 990, Part X, column (B) line 13.) • Other Assets.	N/A		
I di CiX	Complete if the organization answered	d 'Yes' on Form 990	), Part IV, line 11d. See Form 99	
	<b>(a)</b> De	scription		<b>(b)</b> Book value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(10)				
	lumn (b) must equal Form 990, Part X, column (	B) line 15.)		
Part X	Other Liabilities.		1	
	Complete if the organization answered 'Yes' on F		1e or 11f. See Form 990, Part X, line 25.	4.5
1.	ral income taxes	ription of liability		<b>(b)</b> Book value
(2) PPP				89,527.
(3)	HOTH			03,321.
(4)				
(5)				
(6)				
(7)				
(8)				
(10)				
(11)				
	nn (b) must equal Form 990, Part X, column (B) line 25.)			89,527.
	r uncertain tax positions. In Part XIII, provide the text of the fo			
	under FASB ASC 740. Check here if the text of the footnote ha			

Part XI Reconciliation of Revenue per Audited Financial States	ments With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' on Form 99	00, 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>b</b> Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2 e
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>b</b> Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
		Return. N/A
Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 99		Return. N/A
	90, Part IV, line 12a.	Return. N/A
	90, Part IV, line 12a.	T . T
Complete if the organization answered 'Yes' on Form 99  1 Total expenses and losses per audited financial statements	90, Part IV, line 12a.	T . T
Complete if the organization answered 'Yes' on Form 99  1 Total expenses and losses per audited financial statements	00, Part IV, line 12a.	T . T
Complete if the organization answered 'Yes' on Form 99  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	00, Part IV, line 12a 2a 2b	T . T
Complete if the organization answered 'Yes' on Form 99  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments	2a 2b 2c	T . T
Complete if the organization answered 'Yes' on Form 99  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.	2a 2b 2c 2d	T . T
Complete if the organization answered 'Yes' on Form 99  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)	2a 2b 2c 2d	1
Complete if the organization answered 'Yes' on Form 99  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	1 2e
Complete if the organization answered 'Yes' on Form 99  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.	2a	1 2e
Complete if the organization answered 'Yes' on Form 99  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.  b Other (Describe in Part XIII.)	2a	2e 3
Complete if the organization answered 'Yes' on Form 99  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.  b Other (Describe in Part XIII.)  c Add lines 4a and 4b.	2a	1
Complete if the organization answered 'Yes' on Form 99  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.  b Other (Describe in Part XIII.)	2a	2e 3

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2020

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

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 46-0705510 916 INK **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. 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.

46-0705510

Page **2** 

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or r more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and						
		List events with gross receipts gre	event contributions	s and gross income	on Form 990-EZ,	lines I and 6b.
n)			(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))
Revenue	1	Gross receipts	21,784.			21,784.
~	2	Less: Contributions	12,262.			12,262.
	3	Gross income (line 1 minus line 2)	9,522.			9,522.
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
rect E	8	Entertainment				
莅	9	Other direct expenses	9,522.			9,522.
	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 for	• , ,			5,0
Par	t III	Gaming. Complete if the organiza	ation answered 'Ye			
	1	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(add column (a) through column (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes 8	
	7	Direct expense summary. Add lines 2 thr	rough 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract li	ine 7 from line 1, colum	nn (d)		
	Da Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?					

Sche	edule G (Form 990 or 990-EZ) 2020 916 INK	46-0705510	Page 3
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?		No
13	Indicate the percentage of gaming activity conducted in:	1 1	
á	a The organization's facility	13a	%
ı	<b>b</b> An outside facility	13b	00
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:	
	Name ►		. – – – – -
	Address ►		
ı	a Does the organization have a contract with a third party from whom the organization receives gaming revenue if 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and of gaming revenue retained by the third party ► \$ tild 'Yes,' enter name and address of the third party:	enue? <b>Ye</b> ed the amount	s No
	Name •		. – – – – 1
	Address •		i 
16	Gaming manager information:		
	Name ►		· <b></b> -
	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 the		
ı	state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent		s No
	organization's own exempt activities during the tax year ► \$		
Pai	<b>Supplemental Information.</b> 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 (iii) and any additional	(v);

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

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

**2020** 

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

916 INK

46-0705510

### FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

916 INK HELD 10-WEEK LONG SUMMER CAMPS AT THE IMAGINARIUM. 916 INK WAS ABLE TO ENGAGE 120 YOUTH IN THESE TRANSFORMATIONAL LEARNING EXPERIENCES. BY OFFERING ENGAGING LEARNING OPPORTUNITIES TO STUDENTS THROUGHOUT THE SUMMER, 916 INK PROVIDES YOUTH A SAFE AND POSITIVE PLACE TO SPEND THEIR TIME AND IGNITES THEIR PASSION FOR THE WRITTEN WORD.

### 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. 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 XI. LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN BENEFICIAL INTEREST	\$ 6,491.
TOTAL	\$ 6,491.