

Form **990EZ**  
Department of the Treasury  
Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.

OMB No 1545-1150  
**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

- B** Check if applicable:
  - Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C Name of organization**  
Print on Demand Initiative Incorporated

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
1240 Jefferson Road

City or town, state or province, country, and ZIP or foreign postal code  
Rochester, NY 14623

**D Employer identification number**  
16-1541294

**E Telephone number**  
(585) 239-6063

**F Group Exemption Number** ▶

**G Accounting Method**  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:** ▶ [www.podi.org](http://www.podi.org)

**J Tax-exempt status** (check only one) -  501(c)(3)  501(c)(6) ◀ (insert no )  4947(a)(1) or  527

**K Form of organization**  Corporation  Trust  Association  Other \_\_\_\_\_

**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts** If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 110,566

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

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

	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .																										
	2																									110,543		
	3	Membership dues and assessments . . . . .																										
	4																									23		
	5a	Gross amount from sale of assets other than inventory . . . . .																		5a								
	b	Less cost or other basis and sales expenses . . . . .																		5b								
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .																		5c								
	6	Gaming and fundraising events																										
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .																		6a								
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .																		6b								
c	Less direct expenses from gaming and fundraising events . . . . .																		6c									
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .																		6d									
7a	Gross sales of inventory, less returns and allowances . . . . .																		7a									
b	Less cost of goods sold . . . . .																		7b									
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .																		7c									
8	Other revenue (describe in Schedule O) . . . . .																											
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶																								110,566			
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .																										
	11	Benefits paid to or for members . . . . .																										
	12	Salaries, other compensation, and employee benefits . . . . .																										
	13																									134,055		
	14	Occupancy, rent, utilities, and maintenance . . . . .																										
	15	Printing, publications, postage, and shipping . . . . .																										
	16																									45		
17	Total expenses. Add lines 10 through 16 . . . . . ▶																								134,100			
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .																										
	19																									-23,534		
	20	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .																										
	21																									23,525		
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																										
	20																									0		
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .																										
	21																									-9		



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of Rab Govil Telephone no (585) 239-6063 Located at 1240 Jefferson Road Rochester, NY ZIP + 4 14623

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

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

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>46</b>		No

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

		<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<b>47</b>		
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>		
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
W Caslon & Company 1240 Jefferson Road Rochester, NY 14623	Consulting and Management Services	133,475

**d** Total number of other independent contractors each receiving over \$100,000. . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  Yes  No

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

<b>Sign Here</b> ***** Signature of officer	2019-02-20 Date
Rab Govil, President Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name John F Heveron Jr	Preparer's signature	Date 2019-02-19	Check <input type="checkbox"/> if self-employed	PTIN P00023043
	Firm's name ▶ Heveron & Company CPAs PLLC			Firm's EIN ▶ 27-1895149	
	Firm's address ▶ 260 Plymouth Avenue South Rochester, NY 14608			Phone no (585) 232-2956	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 16-1541294

**Name:** Print on Demand Initiative Incorporated

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p><b>28</b> Infrastructure Development Developed and released an industry standard for variable data printing called PPML 3 0 This standard is an enhanced version of the previous standard PPML 2 2 The new version solves problems related to printing variable files constructed using the latest graphics software packages Industry adoption of the standard began in 2011 and will continue through 2017</p> <p>(Grants \$ 0) <span style="float: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></span></p>	<b>28a</b>	0

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

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<p><b>29</b>                      Market and Community Development The organization now has over 800 member companies who are interested in new business opportunities enabled by digital printing Each year another 45-50 case studies are published that members can use to promote digital printing All told more than 500 case studies have been published Each year PODi members also attend webinars, download white papers and reports, and attend an annual conference                      (Grants \$ 0) <span style="float: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></span></p>	<p><b>29a</b></p>	<p style="text-align: right;">0</p>

## **TY 2018 Transfers Personal Benefits Contracts Declaration**

**Name:** Print on Demand Initiative Incorporated

**EIN:** 16-1541294

**Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

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

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

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Name of the organization

Print on Demand Initiative Incorporated

Employer identification number

16-1541294

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 4 - Other Investment Income	Description Interest Income Amount 23

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990-EZ, Part I, Line 16 - Other Expenses	Description Office Expenses Amount 45

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990-EZ, Part II, Line 24 - Other Assets	Description Accounts Receivable Beg of Year Amount 1,113 End of Year Amount 11,995

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990-EZ, Part II, Line 26 - Other Liabilities	Description Accounts Payable Beg of Year Amount 0 End of Year Amount 18,475