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)

Go to www.irs.gov/Form990EZ for instructions and the latest information.

2018

Internal Revenue Service

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

Open to Public Inspection

B Occurs of Spacesbell And Address cranges and Address of Spaces of Spa	A	For the	2018 calenda	r year, or tax year beginning 08-01 , 2018, and ending	07	7-31 ,20	19
Image: charge State Stat	В	Check if ap	oplicable	C Name of organization D	Employer	identificat	ion number
		Address ch	nange	MULTIDISCIPLINARY ACADEMIC GRANTS IN CRYPTOCURRENC	82-53	183590	
Part		Name char	nge	Number and street (or P O box, if mail is not delivered to street address) Room/suite	Telephone	e number	
Aproxident return Day or town, table or province, country, and 2 fee freeing posal code F Group Exemption Approximation provided Number F Group Exemption Number Recursion Approximation Number F Group Exemption Number Recursion Recursion Number Recursion	X	Initial retun	n	18377 S. Opham Way, Littleton, Co, bold #209 3	() _	
Anematical return Dity or form, state or province, sourly, and 2 for faces postal acces P Group Exemption		Final return	n/terminated	DO BOX 270847 R6 12-10-2019	<u>03-7</u>	100 -	3d3/
Mebatie: Mew M. MAGTCGRANTS. ORG Meant no Metro Meant no Meant n	_	Amended r	return		Group Exc	emption	
Website: Name: NAMCICGRANTS. ORG Sotiol So	X	Application	pending	LITTLETON, CO 80127	Number	>	
Tax-exempt status (check only one) Storicip Storicip Amenton Storicip Storic	G	Account	ing Method	☐ Cash ☐ Accrual Other (specify) ► H Che	eck► 🔲	if the orga	inization is not
K Form of organization Corporation Trust Association Other	ı	Website	: ► <u>www.</u> 1	MAGICGRANTS.ORG req	uired to attr	ach Schedu	ile B
L Add lines 5h, 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part II. Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I	<u>J</u>	Tax-exe	mpt status (check only one) - 🕱 501(c)(3) 🔲 501(c)() ◀ (Insert no) 🔲 4947(a)(1) or 🔲 527 (Fo	rm 990, 99	0-EZ, or 99	0-PF)
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 96,699	K	Form of	organization	☐ Corporation ☐ Trust ☐ Association ☐ Other		=	
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	L	Add lines	s 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	ets		
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and smillar amounts received 1 95, 539 2 Program service revenue including government fees and contracts. 2 3 Membership dues and assessments. 3 4 Investment income 5a Gross amount from sale of assets other than inventory 5	<u>(Pa</u>	art II, colu	umn (B)) are \$	6500,000 or more, file Form 990 instead of Form 990-EZ	<u>. , 1</u>	\$	96,699
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less cost or other basis and sales expenses 5 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 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) 6 Less direct expenses from gaming and fundraising events 6 Net income or (loss) from gaming and fundraising events 6 Net income or (loss) from gaming and fundraising events 6 Less cost of goods sold. 7 Gross sales of inventory, less returns and allowances. 8 Less cost of goods sold. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 96, 699 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Cycupancy, rent utilities, and maintenance 14 Cycupancy, rent utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 1 D through 16 5, 151 17 Total expenses. Add lines 1 D through 16 5, 151 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (AI)) (must agree with end-of-year figure reported on proyear's return). 19 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year Combine lines 18 through 20. 21 Net assets or fund b	P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	structions	for Part I)	
2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 3 Membership dues and assessments. 4 Investment income. 5 Gross amount from sale of assets other than inventory. 5 Less cost or other basis and sales expenses. 5 D 5 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundraising events a Gross income from garning (attach Schedule G if greater than \$15,000). 5 Gross income from fundraising events (not including \$ of contributions f			Check if t	he organization used Schedule O to respond to any question in this Part I	<u></u>	<u></u>	<u> x</u>
3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less cost or other basis and sales expenses. 5 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than 315,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances. 7 Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances. 7 Less cost of goods sold. 7 Cross sprift or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 Cross sprift or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 8 Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members 12 Salaines, other compensation, and employee benefits 13 A, 405 14 Coupancy, rent fulthers, and maintenance 14 Less continued the spring of the payments to independent contractors 15 Photograpics, and lines 10 Horough 16. 16 Sp. 15 1, 805 17 Total expenses (describe in Schedule O). 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on pror year's return). 19 Other changes in net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pror year's return). 19 Other changes in net assets or fund balances at end of year Combine lines 18 through 20. 20 Other changes in net assets or fund balances at end of year Combine lines 18		1	Contributions	s, gifts, grants, and similar amounts received		1	96,699
4 Investment income 5a Gross amount from sale of assets other than inventory 5 Less cost or other basis and sales expenses. 5 b 5 c 6 Gaming and fundraising events a Gross ancome from gaming (attach Schedule G if greater than \$15,000) 6 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) 6 Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances. 7 Gross sales of inventory, less returns and allowances. 7 Gross sprift or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 96, 699 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Prinning, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at the different ines 7through 20 20 Other changes in net assets or fund balances expense (lever to lines 18 through 20 21 Net assets or fund balances at the different ines 7through 20 21 Net assets or fund balances expense (lever to line 18 through 20 21 Net assets or fund balances expense (lever to line 18 through 20 21 Net assets or fund balances expense (lever to line 18 through 20 21 Net assets or fund balances expense be se		2	Program ser	vice revenue including government fees and contracts	🗀	2	
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 Garning and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) . 6a 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 (add lines 6a and 6b and subtract line 6c) . 6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . 7a Gross sales of inventory, less returns and allowances . 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) . 8 9 Total revenue (describe in Schedule O) . 8 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . 9 9 96, 699 10 Grants and similar amounts paid (list in Schedule O) . 10 Grants and similar amounts paid (list in Schedule O) . 10 Grants and similar amounts paid (list in Schedule O) . 10 Grants and similar amounts paid (list in Schedule O) . 10 Grants and similar amounts paid (list in Schedule O) . 10 Grants and similar amounts paid (list in Schedule O) . 10 Grants and similar amounts paid (list in Schedule O) . 10 Grants and similar amounts paid (list in Schedule O) . 10 Grants and similar amounts paid (list in Schedule O) . 10 Grants and similar amounts paid (list in Schedule O) . 10 Grants and similar amounts paid (list in Schedule O) . 10 Grants and similar amounts paid (list in Schedule O) . 10 Grants and similar amounts paid (list in Schedule O) . 10 Grants and similar amounts paid (list in Schedule O) . 10 Grants and similar amounts paid (list in Schedule O) . 10 Grants and similar amounts paid (list in Schedule O) . 10 Grants and similar amounts paid (list in Schedul		3	Membership	dues and assessments	🚉	3	
b Less cost or other basis and sales expenses. 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). 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 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. 7a Gross sprofit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7c 8 Other revenue (describe in Schedule O). 9 Total revenue (describe in Schedule O). 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Gross such and similar amounts paid (list in Schedule O). 15 Salanes, other compensation, and employee benefits 16 Other expenses (describe in Schedule O). 17 Total expenses (describe in Schedule O). 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 9). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year Combine lines 18 through 20. 22 Net assets or fund balances at end of year Combine lines 18 through 20. 23 Net assets or fund balances at end of year Combine lines 18 through 20. 5 Form 990-EZ (2018)		4	Investment in	ncome	· · · · <u> _</u> '	4	<u></u> _
c Gann or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5a	Gross amou	nt from sale of assets other than inventory			
6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000)		b	Less cost or	other basis and sales expenses			
a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. b Less cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 9 96, 699 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salanes, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 13 3, 405 15 Printing, publications, postage, and shipping. 20 Other expenses (describe in Schedule O). 16 5, 1,51 17 Total expenses. Add lines 10 through 16. 18 Excess or (deflict) for the year (Subtract line 17 from line 9). 20 Other changes in 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). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Benefits part of the paid to the payments of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Benefits part of the payments of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 21 Benefits part of the payments of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 22 Other changes in net assets or fund balances (explain in Schedule O). 23 Net assets or fund balances at end of year Combine lines 18 through 20.		C	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from line 5a)	5	ic	
\$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances. b Less cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 9 96, 699 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 3,405 14 Cocupancy, rent, utilities, and maintenance. 14 Salaries, other compensation, and employee benefits. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Benefits paid to or for members. 18 86,338 19 Foressons figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Benefits paid to or for members. 22 Other changes in net assets or fund balances (explain in Schedule O). 23 Printing figure reported on prior year's return). 24 Description for the year (Subtract line 17 from line 9). 25 Prantey figure reported on prior year's return). 26 Other changes in net assets or fund balances (explain in Schedule O). 27 Description figure reported on prior year's return). 28 Description figure r		6	Gaming and	fundraising events			
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)		а	Gross incom	e from gaming (attach Schedule G if greater than			
sum of such gross income and contributions exceeds \$15,000). c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. b Less cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7b Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 7f Total expenses, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 7f Total expenses, Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances at end of year Combine lines 18 through 20. For Paperwork Reduction Act Notice, see the separate instructions. For Paperwork Reduction Act Notice, see the separate instructions. 6b 6c 6c 6d 7a For Baperwork Reduction Act Notice, see the separate instructions. 6d 7a For Baperwork Reduction Act Notice, see the separate instructions. 6d 7a For Baperwork Reduction Act Notice, see the separate instructions. 6d 6c 6c 6d 6d 6d 7a For Baperwork Reduction Act Notice, see the separate instructions. 6d 6d 7a For Baperwork Reduction Act Notice, see the separate instructions.	Ę		\$15,000)			[
sum of such gross income and contributions exceeds \$15,000). c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. b Less cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7b Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 7f Total expenses, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 7f Total expenses, Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances at end of year Combine lines 18 through 20. For Paperwork Reduction Act Notice, see the separate instructions. For Paperwork Reduction Act Notice, see the separate instructions. 6b 6c 6c 6d 7a For Baperwork Reduction Act Notice, see the separate instructions. 6d 7a For Baperwork Reduction Act Notice, see the separate instructions. 6d 7a For Baperwork Reduction Act Notice, see the separate instructions. 6d 6c 6c 6d 6d 6d 7a For Baperwork Reduction Act Notice, see the separate instructions. 6d 6d 7a For Baperwork Reduction Act Notice, see the separate instructions.	, ver	b	Gross incom	e from fundraising events (not including \$ of contributions			
c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. b Less cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7b Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 13 3, 405 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year Combine lines 18 through 20. 21 Net assets or fund balances at end of year Combine lines 18 through 20. 21 Net assets or fund balances at end of year Combine lines 18 through 20. 21 Net assets or fund balances at end of year Combine lines 18 through 20. 22 Experior of fund balances at end of year Combine lines 18 through 20. 23 Experior of fund balances at end of year Combine lines 18 through 20. 24 Experior of fund balances at end of year Combine lines 18 through 20. 25 Experior of fund balances at end of year Combine lines 18 through 20. 26 Experior of fund balances at end of year Combine lines 18 through 20. 27 Experior of fund balances at end of year Combine lines 18 through 20. 28 Experior of fund balances at end of year Combine lines 18 through 20.	æ		from fundrais	sing events reported on line 1) (attach Schedule G if the			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. 7b Less cost of goods sold. 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 3, 405 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 26 Other expenses (describe in Schedule O). 16 5, 151 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year Combine lines 18 through 20. 21 Net assets or fund balances at end of year Combine lines 18 through 20. 22 In Net assets or fund balances at end of year Combine lines 18 through 20. 23 For Paperwork Reduction Act Notice, see the separate instructions.			sum of such	gross income and contributions exceeds \$15,000) 6b			
Inne 6c). 7a Gross sales of inventory, less returns and allowances. b Less cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year Combine lines 18 through 20. 21 Net assets or fund balances at end of year Combine lines 18 through 20. Form 990-EZ (2018)		C	Less direct	expenses from gaming and fundraising events			
7a Gross sales of inventory, less returns and allowances. 7a		d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	<u> </u>		
b Less cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year Combine lines 18 through 20. 21 Net assets or fund balances at end of year Combine lines 18 through 20. 21 Separetwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2018)			line 6c)		<u>_</u> e	6d	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 9 96, 699 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 26 Other expenses (describe in Schedule O). 27 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year Combine lines 18 through 20. 21 Net assets or fund balances at he separate instructions. Form 990-EZ (2018)		7a	Gross sales	of inventory, less returns and allowances			
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 9 96, 699 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 3, 405 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year Combine lines 18 through 20. 21 Net assets or fund balances at the separate instructions. Form 990-EZ (2018)							
10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 13 3,405 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year Combine lines 18 through 20. 21 86,338 För-Paperwork Reduction Act Notice, see the separate instructions.						c	
10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 13 3,405 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year Combine lines 18 through 20. 21 86,338 För-Paperwork Reduction Act Notice, see the separate instructions.		8	Other revenu	e (describe in Schedule O)	٤٠٠٠ _٤		
## Benefits paid to or for members ## 11 12 13 13 14 15 15 14 15 16 16 16 17 16 17 17 18 18 19 19 19 19 19 19	_	9	Total revenu	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u>▶ </u>		96,699
Professional fees and other payments to independent contractors 13 3,405 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year Combine lines 18 through 20. För Paperwork Reduction Act Notice, see the separate instructions.			Grants and s	imilar amounts paid (list in Schedule O)			
Professional fees and other payments to independent contractors 13 3,405 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year Combine lines 18 through 20. För Paperwork Reduction Act Notice, see the separate instructions.			Benefits paid	to or for members	_		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	S	12	Salaries, oth	er compensation, and employee benefits $\ldots \ldots \sim 29 jj \ldots \sim 3 cj$!/~ 	-	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	nse	13	Professional	fees and other payments to independent contractors	` ` ⊢		3,405
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	×pe	(14	Occupancy,	rent, utilities, and maintenance	_		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	ш	2 15	Printing, publ	ications, postage, and shipping	7∧		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		216	Other expens	ses (describe in Schedule O)	· · · · —		
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)		(5)17	lotal expen	ses. Add lines 10 through 15			
För Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2018)	χ	18	•		· · · ·	8	<u>86,338</u>
För Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2018)	ese	₹ ¹⁹					
För Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2018)	t As		•		·		
För Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2018)	Ş,	20	-				
Form 990-EZ (2018)					<u> ► 2</u>		
	rol 联	g raperw	vork Reduction	on Act Notice, see the separate instructions.		ron	ii 330-€∠ (2018)

Form **990-EZ** (2018)

EEA

Part II Balance Sheets (see the instruct						
Check if the organization used Sc	hedule O to respond to any o	question			1	
			(A)	Beginning of year	∔ ,	(B) End of year
22 Cash, savings, and investments				0	22	641
23 Land and buildings				0	23	0
24 Other assets (describe in Schedule O)				0_	24	85,697
25 Total assets				0	25	86,338
26 Total liabilities (describe in Schedule O)				0	26	0
27 Net assets or fund balances (line 27 of colum	nn (B) must agree with line 21).			0	27	86,338
Part III Statement of Program Service						
Check if the organization used S				_		Expenses
What is the organization's primary exempt purpose?					1	quired for section
What is the organizations primary exempt purpose	Demonstration to toba				501	(c)(3) and 501(c)(4)
Describe the organization's program service accom-					orga	anizations, optional for
as measured by expenses in a clear and concise m	•	/ided, the	number of		othe	ers)
persons benefited, and other relevant information for					+	
28 CREATED APPLICATION PROCESS FOR						
STUDENT APPLICATIONS; REVIEWED						
\$2,000 EACH IN VARIOUS CRYPTOC						
(Grants \$) If this amount includes foreign o	grants, ch	eck here	<u> ▶ </u>	28a	1
29						
(Grants \$) If this amount includes foreign g	rants, ch	eck here	▶ 🔲	29a	ı
30		-		<u>-</u>		
						
(Grants \$) If this amount includes foreign g	rante ch	eck here		30a	,
·						·
31 Other program services (describe in Schedule () If this amount includes foreign g			_	31a	
	·				32	
20 T-4-1 / / / /					1 34	
32 Total program service expenses (add lines 2						
Part IV List of Officers, Directors, Trustee	s, and Key Employees (list eac	h one ev	en if not compens	ated - see the inst		ons for Part IV)
	s, and Key Employees (list eac	h one ev	en if not compens	ated - see the inst	• •	ons for Part IV)
Part IV List of Officers, Directors, Trustee	s, and Key Employees (list eac	h one eve in this Pa	en if not compens art IV (c) Reportable	ated - see the inst	 ıs,	ons for Part IV)
Part IV List of Officers, Directors, Trustee	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one eve in this Pa ge eek	en if not compens art IV (c) Reportable compensation	(d) Health benefit	s, ployee	ons for Part IV)
Part IV List of Officers, Directors, Trustee Check if the organization used Sched	s, and Key Employees (list eac lule O to respond to any question (b) Avera	h one eve in this Pa ge eek	en if not compens art IV (c) Reportable	(d) Health benefit contributions to embenefit plans, an	s, ployee d	ons for Part IV)
Part IV List of Officers, Directors, Trustee Check if the organization used Sched	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one eve in this Pa ge eek	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	s, ployee d	ons for Part IV)
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one eve in this Pa ge eek	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	s, ployee d	ons for Part IV)
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and little SARA CUMMINGS	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Pa ge eek sition	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	s, ployee d	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Pa ge eek sition	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	s, ployee d	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	n this Page eek silion	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ss, ployee d ation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT MATTHEW SHROYER	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Page eek sition 8.00	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ss, ployee d ation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT MATTHEW SHROYER TREASURER	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	n this Page eek silion	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ss, ployee d ation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT MATTHEW SHROYER TREASURER JUSTIN EHRENHOFER	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Page eek sition 8.00	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ors, ployee d ation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT MATTHEW SHROYER TREASURER	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Page eek sition 8.00	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ss, ployee d ation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT MATTHEW SHROYER TREASURER JUSTIN EHRENHOFER	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Page eek sition 8.00	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ors, ployee d ation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT MATTHEW SHROYER TREASURER JUSTIN EHRENHOFER	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Page eek sition 8.00	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ors, ployee d ation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT MATTHEW SHROYER TREASURER JUSTIN EHRENHOFER	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Page eek sition 8.00	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ors, ployee d ation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT MATTHEW SHROYER TREASURER JUSTIN EHRENHOFER	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Page eek sition 8.00	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ors, ployee d ation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT MATTHEW SHROYER TREASURER JUSTIN EHRENHOFER	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Page eek sition 8.00	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ors, ployee d ation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT MATTHEW SHROYER TREASURER JUSTIN EHRENHOFER	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Page eek sition 8.00	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ors, ployee d ation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT MATTHEW SHROYER TREASURER JUSTIN EHRENHOFER	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Page eek sition 8.00	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ors, ployee d ation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT MATTHEW SHROYER TREASURER JUSTIN EHRENHOFER	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Page eek sition 8.00	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ors, ployee d ation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT MATTHEW SHROYER TREASURER JUSTIN EHRENHOFER	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Page eek sition 8.00	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ors, ployee d ation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT MATTHEW SHROYER TREASURER JUSTIN EHRENHOFER	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Page eek sition 8.00	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ors, ployee d ation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT MATTHEW SHROYER TREASURER JUSTIN EHRENHOFER	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Page eek sition 8.00	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ors, ployee d ation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT MATTHEW SHROYER TREASURER JUSTIN EHRENHOFER	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Page eek sition 8.00	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ors, ployee d ation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT MATTHEW SHROYER TREASURER JUSTIN EHRENHOFER	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Page eek sition 8.00	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ors, ployee d ation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT MATTHEW SHROYER TREASURER JUSTIN EHRENHOFER	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Page eek sition 8.00	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ors, ployee d ation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT MATTHEW SHROYER TREASURER JUSTIN EHRENHOFER	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Page eek sition 8.00	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ors, ployee d ation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT MATTHEW SHROYER TREASURER JUSTIN EHRENHOFER	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Page eek sition 8.00	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ors, ployee d ation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Sched (a) Name and title SARA CUMMINGS EXECUTIVE DIRECTOR BRANDON GOODELL PRESIDENT MATTHEW SHROYER TREASURER JUSTIN EHRENHOFER	s, and Key Employees (list eac lule O to respond to any question (b) Avera hours per w	h one even in this Page eek sition 8.00	en if not compens art IV (c) Reportable compensation (Forms W-2/1099-MIS	(d) Health benefit contributions to embenefit plans, an	ors, ployee d ation	(e) Estimated amount of other compensation

	\sim)	
82-51	9259	Page	2

Pa	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	<u></u> .		<u>- </u>
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
٠,	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	<u> </u>		<u> </u>
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1		İ
	during the year? If "Yes," complete applicable parts of Schedule N	36		X_
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	<u> </u>	ļ	
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	4		
39	Section 501(c)(7) organizations Enter			١.
_	Initiation fees and capital contributions included on line 9	-		
b 40 =	Gross receipts, included on line 9, for public use of club facilities	-{		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
h	section 4911 ▶, section 4912 ▶, section 4955 ▶			
,	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part.I	40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			<u> </u>
	on organization managers or disqualified persons during the year under sections 4912,	1 ,		
	4955, and 4958			`
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			1
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed CO			
42 a	The organization's books are in care of ► SARA CUMMINGS Telephone no ► 303-9	16-4	618	
	Located at ► PO BOX 270847, LITTLETON, CO ZIP + 4 ► 80127			
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	-	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u>X</u>
	If "Yes," enter the name of the foreign country			j
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	_		I
	Financial Accounts (FBAR)			-
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u>X</u>
13	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			Γ-
•>	and enter the amount of tax-exempt interest received or accrued during the tax year	i		L_
	and enter the amount of tax-exempt interest received of accided during the tax year.		Yes	No
14 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
15 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Χ
	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," Form 990 and Schedule R may need to be completed instead of	<u> </u>		
	Form 990-EZ See instructions	45b		<u>X</u> _

Form 9	90-EZ (201	8) MULTIDISCIPLINA	RY ACADEMIC GRAN	TS IN CRYPTOCURE	ENC 8	32-5183590	F	age
							Yes	No
		organization engage, directly or indirectly, ii		·			-	
Part		dates for public office? If "Yes," complete S		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	46		X
<u>Fari</u>		Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51.		ons 47 - 49b and 52	2, and complete	the tables for	· lines	1
		Check if the organization used Sch	nedule O to respond	to any question in t	his Part VI			. 🗆
							Yes	No
		organization engage in lobbying activities of "Yes," complete Schedule C, Part II				47		Х
	-	rganization a school as described in section					\top	X
		organization make any transfers to an exen						Х
		was the related organization a section 527	•	-				
		te this table for the organization's five highes						
	employe	es) who each received more than \$100,000	0 of compensation from th	e organization If there is	s 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 employ benefit plans, and defer compensation		ed amou	-
NONE	2					-		
								
						- - -		
51	Complet	Imber of other employees paid over \$100,00 te this table for the organization's five highes 00 of compensation from the organization If	t compensated independe		received more than			
	(a)	Name and business address of each independent contra	ctor	(b) Type of service	e	(c) Compensation	nc	
NONE	<u> </u>							
				-				
		·						
d	Total nu	mber of other independent contractors each	n receiving over \$100.000	<u> </u>				
		organization complete Schedule A? Note : ed Schedule A				. ▶ ဩ Yes	. П	No
	<u> </u>	ed Schedule A						.10
		d complete Declaration of preserver (other than o					,	
	1	1/2/1/ 22/10			12-10-2	019		
Sign		Signature of officer			Date			
Here		BRANDON GOODELL, PRESIDEN Type or print name and title	IT					
_		,	Preparer's signature	Date	Check] _{if} PTIN		
Paid		LINDA AKEY	Sinda Nev	12-10-20		red P01616	446	
Prep	arer	Firm's name	ANCE FOR NONPRO	FITS	Firm's EIN ▶	6-275	28	77
Use (Only	Firm's address ► PO BOX 66086						
May +	he IDe 4	BURIEN WA 98166	hour? See instructions		Phone no 7	20-320-7014 . ► 🏿 Yes		No
EEA	<u>16 11(3 0</u>	scuss this return with the preparer shown a	nove/ See instructions	<u> </u>	<u> </u>	Form 99		
							,	

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.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

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

Employer identification number MULTIDISCIPLINARY ACADEMIC GRANTS IN CRYPTOCURRENC 82-5183590 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 П An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) П 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D)

(E) Total

82-5183590

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					96,699	96,699
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					96,699	96,699
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)						82,752
6	Public support. Subtract line 5 from line 4						13,947
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4				<u></u>	96,699	96,699
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10 .						96,699
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	. <u> </u>	<u> </u>	urth, or fifth tax yea	ar as a section 501	(c)(3)	▶⊠
14	tion C. Computation of Public Su Public support percentage for 2018 (line 6, c			<u></u>	- -	14	
	Public support percentage from 2017 Sched						
15 16a	33 1/3% support test - 2018. If the organiz						
IUa	box and stop here. The organization qualif						▶ □
h	33 1/3% support test - 2017. If the organization						🗀
	this box and stop here. The organization q						▶ □
17a	10%-facts-and-circumstances test - 2018	·					
,,,	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact				-		
	organization		=				▶ □
b	10%-facts-and-circumstances test - 2017						,
_	15 is 10% or more, and if the organization i	-					
	Explain in Part VI how the organization mee			•	•	clv	
	supported organization			-			▶ □
18	Private foundation. If the organization did						
	instructions						▶ □

82-5183590

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you check	ed the box on alify under th	line 10 of Part e tests listed b	I or if the orga elow, please c	-/ anization failed omplete Part II	to qualify unde	r/Part II.
	ction A. Public Support		,	,	,		
Cal	endar year (or fiscal year beginning in) ▶ 📙	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .				/	1	
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	de la la companya de					
6	Total. Add lines 1 through 5				{	+	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		_		_		
	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		_				
	Add lines 7a and 7b			/	20		
	Public support. (Subtract line 7c from line 6)	· .					
	ction B. Total Support				T	1	I
_	endar year (or fiscal year beginning in) 🕨 📙	(a) 2014	(b) 2015/	(c) 20 <u>16</u>	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		 /			-	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					_	
С	Add lines 10a and 10b	/					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on				_		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)				-		
14	First five years. If the Form 990 is for the organization, check this box and stop here.						▶ 🗓
	ction C. Computation of Public Sur					, r	
	Public support percentage for 2018 (line/8, col						%
				<u> </u>	<u></u>	16	
	ction D. Computation of Investmen					1	
17	Investment income percentage for 2018 (line						<u>%</u>
18	Investment income percentage from 2017 Sc						%
	33 1/3% support tests - 2018, if the organization is not more than 33 1/3%, check this box a	and stop here. T	he organization qu	ialifies as a public	ly supported organ	nization	▶ □
	33 1/3% support tests - 2017. If the organization 18 is not more than 33/1/3%, check this bearing from the organization did not not support the organization of the or	oox and stop her	e. The organizatio	n qualifies as a pu	iblicly supported o	rganization	
20	rrivate foundation, if the organization did no	DECLE OF DOX OF	inio 14, 138,00 l	JU, CHECK HIIS DUX	and see monucing	/1903	<u> </u>

Part IV

Supporting Organizations

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

Sec	tion A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	-'-		
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3-				
Sa	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
L		Ja		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	2 h		
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		1	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			:
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action	<u>-</u>		—
	was accomplished (such as by amendment to the organizing document).	5a		
b	3, 3, 3	J		
	designated in the organization's organizing document?	5b		
	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			į
	anyone other than (ı) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	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	[- <u>-</u>		
_	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 Part VI	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			لـــــــــــــــــــــــــــــــــــــ
	the supporting organization had an interest? If "Yes," provide detail in Part VI	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
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		

$\overline{}$	rt IV Supporting Organizations (continued)			
<u>a</u>	TETY Supporting Organizations (continued)	$\neg \neg$	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
٠ "	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	etion B. Type I Supporting Organizations	ت: نــــــــــــــــــــــــــــــــــــ		
	Mon Di Type i oupporting Organizatione		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		i	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
	guinzations and must contain or containers, it any, approach to story			
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			ļ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	-			
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations		4:	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	Struct	uons	,.
	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. The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	(coo ir	etruc	tions)
_		300 111	Yes	
2	Activities Test <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	•	103	110
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

<u> </u>			
٧a	n	е	1

Data VIII Tara III Nam Francticus III Internated 500(a)(2) Companying Or		-4'	
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying		• • •	•
instructions. All other Type III non-functionally integrated supporting organi	zations	must complete Section	
Section 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		<u> </u>
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year).			,
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		<u> </u>
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	٠.	•	
factors (explain in detail in Part VI)			
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 1-1/2% 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 .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	-	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	<u> </u>	

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

- 7 Excess distributions carryover to 2019 Add lines 31 and 4c.
- 8 Breakdown of line 7
- a Excess from 2014
- **b** Excess from 2015
- c Excess from 2016
- d Excess from 2017
- e Excess from 2018

or 990-EZ) 2018 upplemental Informat	tion. Provide the e	xolanations requi	red by Part II line	e 10: Part II line 17	Page 8
, line 12; Part IV, Secti	ion A, lines 1, 2, 3t), 3c, 4b, 4c, 5a, 6	6, 9a, 9b, 9c, 11a	, 11b, and 11c; Par	IV, Section
lines 1 and 2, Part IV,	, Section C, line 1,	Part IV, Section [), lines 2 and 3; f	Part IV, Section E, I	nes 1c, 2a, 2b,
a, and 3b; Part V, line					t V, Section E,
es 2, 5, and 6. Also co	omplete this part fo	r any additional ir	formation. (See	instructions.)	
			-		
					
					<u></u>
					
	···· <u>·</u> ·				
	••••			***************************************	
			_		
		•••••	***************************************		
		•••••	***************************************		
			<u> </u>		
				····	
			·····		
				-	
					

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or 990-EZ.

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

Name of the organization Employer identification number 82-5183590 MULTIDISCIPLINARY ACADEMIC GRANTS IN CRYPTOCURRENC 01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT BOARD MEETINGS 3,466 COMPUTER AND INTERNET 1,408 OFFICE EXPENSES 227 50 TAXES AND LICENSES 02. Description of other assets (Part II, line 24) END OF YEAR CATEGORY BEGINNING OF YEAR 0 85,697 COST BASIS IN CRYPTO HOLDINGS