Form **990-EZ**

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 for instructions and the latest information.

OMB No. 1545-1150 2018

Open to Public Inspection

| <u>A</u> | For the | 2018 calenda | r year, or tax year beginning , 201 | 8, and ending | | , 20 | | | | |
|------------|----------------|---|--|-----------------------|-------------------|-----------------------------------|--|--|--|--|
| В | Check if ap | pplicable: | C Name of organization | | D Employe | er identification number | | | | |
| | Address ch | nange | LANFest | | 45-1 | .135701 | | | | |
| | Name char | nge | Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite | E Telephor | ne number | | | | |
| | Initial returr | n | | | | | | | | |
| | Final return | n/terminated | 2616 12th Way SE | | (360 |))292-5471 | | | | |
| | Amended r | return | City or town, state or province, country, and ZIP or foreign postal code | | F Group E | xemption | | | | |
| | Application | pending | Olympia, WA 98501-2759 | | Number | > | | | | |
| G | Accounti | ing Method: | | | H Check ► | if the organization is not | | | | |
| | Website | | lanfest.intel.com | <u>_</u> _ | required to a | ttach Schedule B | | | | |
| <u>J</u> | Tax-exe | mpt status (d | theck only one) - 🗶 501(c)(3) | (a)(1) or 527 | (Form 990, 9 | 90-EZ, or 990-PF). | | | | |
| K | Form of | organization: | ☐ Corporation ☐ Trust ☐ Association ☐ O | ther | | | | | | |
| L | Add lines | s 5b, 6c, and | 7b to line 9 to determine gross receipts. If gross receipts are \$200,00 | 0 or more, or if tota | al assets | | | | | |
| (Pa | art II, colu | . ,, | | | | | | | | |
| P | art I | | e, Expenses, and Changes in Net Assets or Fund E | • | | · | | | | |
| | | | the organization used Schedule O to respond to any question | | | <u>x</u> | | | | |
| | 1 | | s, gifts, grants, and similar amounts received • • • • • • • • • • • | | | 1 2,762 | | | | |
| | 2 | | vice revenue including government fees and contracts · · · · · · | | | 2 158,807 | | | | |
| | 3 | | dues and assessments | | | 3 | | | | |
| | 4 | | ncome | | | 4 | | | | |
| | 5a | | nt from sale of assets other than inventory | 5a | | | | | | |
| | b | Less: cost or | | | | | | | | |
| | С | Gain or (loss |) from sale of assets other than inventory (Subtract line 5b from line 5 | 5a) • • • • • • • | | 5c | | | | |
| | 6 | Gaming and fundraising events: | | | | | | | | |
| | а | a Gross income from gaming (attach Schedule G if greater than \$15,000) | | | | | | | | |
| Jue | | \$15,000) • | | | | | | | | |
| Revenue | b | Gross incom | ons | | | | | | | |
| æ | | from fundrais | sing events reported on line 1) (attach Schedule G if the | | | | | | | |
| | | sum of such | gross income and contributions exceeds \$15,000) | 6b | | | | | | |
| | С | Less: direct | expenses from gaming and fundraising events | 6c | | | | | | |
| | d | | or (loss) from gaming and fundraising events (add lines 6a and 6b and | | | | | | | |
| | | , | | | | 6d | | | | |
| | | | of inventory, less returns and allowances · · · · · · · · · · · · · · · · · · · | 7a | 1,000 | | | | | |
| | b | Less: cost of | goods sold · · · · · · · · · · · · · · · · · · · | 7b | 99 | | | | | |
| | С | | or (loss) from sales of inventory (Subtract line 7b from line 7a) · · · · | | | 7c 901 | | | | |
| | 8 | | ue (describe in Schedule O) | | | 8 | | | | |
| | 9 | | ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 · · · · · · · · · · · · · · · | | | 9 162,470 | | | | |
| | 10 | | imilar amounts paid (list in Schedule O) · · · · · · · · · · · · · · | | _ | 10 116,155 | | | | |
| | 11 | | I to or for members · · · · · · · · · · · · · · · · · · · | | | 11 | | | | |
| S | 12 | | er compensation, and employee benefits • • • • • • • • • • • • • • • • • • • | | | 12 14,400 | | | | |
| JSe | 13 | | fees and other payments to independent contractors · · · · · · · · | | | 13 | | | | |
| Expenses | 14 | | rent, utilities, and maintenance | | | 14 2,431 | | | | |
| Ж | 15 | | lications, postage, and shipping • • • • • • • • • • • • • • • • • • | | | 15 | | | | |
| | 16 | | ses (describe in Schedule O) | | _ | 16 103,170 | | | | |
| _ | 17 | | ses. Add lines 10 through 16 · · · · · · · · · · · · · · · · · · | | | 17 236,156 | | | | |
| " | 18 | | eficit) for the year (Subtract line 17 from line 9) • • • • • • • • • • • | | | 18 (73,686 | | | | |
| Net Assets | 19 | | r fund balances at beginning of year (from line 27, column (A)) (must | - | | | | | | |
| As | | | igure reported on prior year's return) • • • • • • • • • • • • • • • • • • • | | | 19 132,564 | | | | |
| ét | 20 | | es in net assets or fund balances (explain in Schedule O) | | _ | 20 (1,611 | | | | |
| _ | 21 | Net assets o | r fund balances at end of year. Combine lines 18 through 20 | | ▶ | 21 57,267 | | | | |

Form 990-EZ (2018) LANFest 45-1135701 Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 22 Cash, savings, and investments 22 132,564 57,267 23 **24** Other assets (describe in Schedule O) 24 0 0 132,564 25 57,267 0 26 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21). 27 132,564 57,267 Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? Gaming conferences for community support 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for as measured by expenses. In a clear and concise manner, describe the services provided, the number of others.) persons benefited, and other relevant information for each program title. 28 LANFest organized and supported computer gaming conferences across the US to raise funds for charitable organizations. (Grants \$ 110,862) If this amount includes foreign grants, check here 28a 120,000 29 29a (Grants \$ If this amount includes foreign grants, check here 30 (Grants \$ If this amount includes foreign grants, check here 30a **31** Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 120,000 Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits. (b) Average (e) Estimated amount of compensation contributions to employe (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Katie Briggs Director & President 1.00 0 Gary Briggs Director & Vice President 1.00 0 0 0 Chris Grassel Director & Treasurer 1.00 0 0 Nathan Johnson Director & Secretary 1.00 0 Chris Dalton Director 1.00 0 Katherine Harrell Director 1.00 O 0 Travis Kreikemeier 1.00 0 Director

| Pai | t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the | <u></u> | | <u> </u> |
|------|--|---------|-----|----------|
| | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V | | | - 🗌 |
| | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | | |
| | 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 | | | |
| | 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 | | X |
| 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 | | Х |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O • • • • • | 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 | | | |
| | 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 • • • • • • • 37a | | | |
| | 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 |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved- · · · · · · · · · · · · · · · · · · · | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · · | | | |
| | 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: | | | |
| | section 4911 ; section 4912 ; section 4955 ; section 4955 | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | | | |
| | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year | ۱ | | 3.5 |
| | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part-I · · · · · · · · · · · · · · · · · · · | 40b | | X |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed | | | |
| | on organization managers or disqualified persons during the year under sections 4912, | | | |
| | 4955, and 4958 | | | |
| u | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| _ | | | | |
| е | 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 | | Х |
| 41 | | 406 | | Λ |
| | List the states with which a copy of this return is filed <u>WA</u> The organization's books are in care of <u>Tom Thournir</u> Telephone no. <u>360-2</u> | 02 5 | 471 | |
| 42 a | Located at ▶ 2616 12th Way SE, Olympia, WA ZIP+4 ▶ 98501 | | | |
| h | 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 | | X |
| | If "Yes," enter the name of the foreign country | | | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and | | | |
| | Financial Accounts (FBAR). | | | |
| С | At any time during the calendar year, did the organization maintain an office outside the United States? | 42c | | Χ |
| | If "Yes," enter the name of the foreign country | | | |
| 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 | | | |
| | | | Yes | No |
| 44 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 | | Х |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44c | | Χ |
| d | 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 | | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? • • • • • • • • • • • • • • • • • • • | 45a | | Χ |
| b | 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 | | | |
| | Form 900 F7 See instructions | 15h | ı I | V |

| Form 9 | 990-EZ (201 | 18) LANFest | | | | | | 45-1 | 1357 | 01 | Р | age 4 |
|---------|-------------|---|----------------------------------|-----------------|-------------------|------------|--------------|-----------|--------|--------------|---------|------------|
| | | | | | | | | | | | Yes | No |
| 46 | Did the | organization engage, directly or indirectly, i | n political campaign activi | ties on behal | f of or in opp | osition | | | | | | |
| | to candi | idates for public office? If "Yes," complete s | Schedule C, Part I | | | | | | [| 46 | | Х |
| Par | | Section 501(c)(3) Organizations | | | | | | | | | | |
| | | All section 501(c)(3) organizations | s must answer quest | ions 47 - 4 | 49b and 5 | 2, and | compl | ete the | table | es foi | line | S |
| | | 50 and 51. | | | | | | | | | | _ |
| | (| Check if the organization used Sc | hedule O to respond | l to any qเ | uestion in | this Pa | art VI | | | | | <u>. 🗌</u> |
| | | | | | | | | | | | Yes | No |
| 47 | Did the | organization engage in lobbying activities of | or have a section 501(h) el | ection in effe | ect during the | e tax | | | | | | |
| | year? If | "Yes," complete Schedule C, Part II | | | | | | | | 47 | | |
| 48 | Is the or | rganization a school as described in section | n 170(b)(1)(A)(ii)? If "Yes," | complete So | chedule E . | | | | | 48 | | X |
| 49 a | Did the | organization make any transfers to an exer | mpt non-charitable related | organization | 1? | | | | | 49a | | |
| b | - | was the related organization a section 527 | • | | | | | | · · [| 49b | | |
| 50 | Comple | ete this table for the organization's five highe | est compensated employe | es (other tha | ın officers, di | irectors, | trustees | and key | | | | |
| | employe | ees) who each received more than \$100,00 | 00 of compensation from the | ne organizati | on. If there i | is none, | enter "N | one." | | | | |
| | | | (b) Average | (c) Re | eportable | | lealth benef | | (a) F | etimata | d amour | nt of |
| | | (a) Name and title of each employee | hours per week | | ensation | | olans, and d | | | | npensat | |
| | | | devoted to position | (Forms W-2 | //1099-MISC) | C | ompensatio | n | | | | |
| | | | | | | | | | | | | |
| NON | Ε | | | | | | | | | | | |
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| | - | | | | | | | | | | | |
| f | | umber of other employees paid over \$100,0 | | 1 | | | | 41 | | | | |
| 51 | • | ete this table for the organization's five higher | • | | ors who eac | n receiv | ed more | than | | | | |
| | \$100,00 | 00 of compensation from the organization. | if there is none, enter "No | ne." | | | | | | | | |
| | (a) | Name and business address of each independent cont | ractor | (b) |) Type of service | е | | (c |) Comp | ensatio | n | |
| | | | | | | | | | | | | |
| NON | r | | | | | | | | | | | |
| NOIN | _ | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| d | Total nu | ımber of other independent contractors eac | h receiving over \$100,000 |) | - | | • | | | | | |
| 52 | Did the | organization complete Schedule A? Note: | All section 501(c)(3) organ | izations mus | t attach a | | | | | | | |
| | complet | ted Schedule A | | | | | | 🕨 | X | Yes | | No |
| Unde | penalties | of perjury, I declare that I have examined this ret | urn, including accompanying | schedules and | statements, a | and to the | best of m | y knowled | ge and | belief, | it is | |
| true, d | correct, an | d complete. Declaration of preparer (other than o | officer) is based on all informa | tion of which p | reparer has a | ny knowl | edge. | | | | | |
| | | Katie Briggs | | | | | | | | | | |
| Sig | ո | Signature of officer | | | | Da | te | | | | | |
| Her | e | Katie Briggs, President | | | | | | | | | | |
| | | Type or print name and title | | | | | | | | | | |
| | | Print/Type preparer's name | Preparer's signature | | Date | | Check | if | PTIN | ı | | |
| Paid | k | Mark Hancock CRTP | Mark Hancock CRTP | | 05-13-20 | 19 | self-en | nployed | ₽00 | 8570 | 85 | |
| Pre | parer | Firm's name Build Advisory | Corporation | | | | rm's EIN | • | | | | |
| Use | Only | Firm's address > 80 Cabrillo Hwy | | | | | | | | | | |
| | | Half Moon Bay C | | | | P | none no. | 415- | 952- | <u>369</u> 5 | | |
| May | the IRS o | discuss this return with the preparer shown | | | | | | > | X | Yes | | No |

SCHEDULE A

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

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number LANFest 45-1135701 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). 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 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 9 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: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 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 U 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 II, Type III, 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 (described on lines 1-10 other support (see support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E) Total

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | ction A. Public Support | | | | | | |
|------|--|----------------------------|----------------------|-----------------------|---------------------|-------------------|------------------|
| Cale | 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.") | 79,002 | 50,542 | 26,858 | 51 | 2,762 | 159,215 |
| 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 | 141,958 | 122,868 | 122,176 | 158,040 | 158,807 | 703,849 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 • | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 220,960 | 173,410 | 149,034 | 158,091 | 161,569 | 863,064 |
| / a | Amounts included on lines 1, 2, and 3 received from disqualified persons · · · · · | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 863,064 |
| Sec | ction B. Total Support | | | | | | 000,001 |
| Cale | endar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 · · · · · · · · · · · · · · · · · · | 220,960 | 173,410 | 149,034 | 158,091 | 161,569 | 863,064 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b · · · · · · · · · · · · · · · · · · · | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on • • • | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) • • • • • • • • • • • • • • • • • • • | 220,960 | 173,410 | 149,034 | 158,091 | 161,569 | 863,064 |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop here | | cond, third, fourth, | or fifth tax year as | a section 501(c)(3) |) | ▶ □ |
| Sec | ction C. Computation of Public Su | | | | | | |
| 15 | Public support percentage for 2018 (line 8, c | olumn (f), divided b | y line 13, column (| f))- | | 15 | 100.00 % |
| | Public support percentage from 2017 Sched | | | | | 16 | 100.00 % |
| | ction D. Computation of Investme | | | | | | |
| 17 | Investment income percentage for 2018 (line | • • • | • | . , , | | 17 | 0.00 % |
| 18 | Investment income percentage from 2017 Sc | hedule A, Part III, li | ine 17 | | | 18 | 0.00 % |
| 19a | 33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box | | | | · | | ▶ 🏻 |
| | 33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this | box and stop here . | The organization of | qualifies as a public | ly supported organ | ization • • • • • | |
| 20 | Private foundation. If the organization did n | ot check a box on li | ne 14, 19a, or 19b | , check this box an | d see instructions | | ▶ 📙 |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 45-1135701 LANFest

| 01. List of grants and similar amo | ounts paid (Part I, line 10) |
|------------------------------------|------------------------------------|
| Activity | 501(c)(3) |
| Grantee | Make-A-Wish America |
| Street | 1702 E. Highland Ave |
| City, State, Zip | Phoenix, AZ 85016 |
| Amount | 8,804 |
| Activity | 501(c)(3) |
| Grantee | Operation Homefront |
| Street | 1355 Central Parkway S, Ste. 100 |
| City, State, Zip | San Antonio, TX 78232 |
| Amount | 5,714 |
| Activity | 501(c)(3) |
| Grantee | EI.BO |
| Street | 1511 Pranther Ave |
| City, State, Zip | Saint Louis, MO 63139 |
| Amount | 13,971 |
| | |
| Activity | 501(c)(3) |
| Grantee | Cattaraugus Local Development Corp |
| Street | PO Box 1 |
| City, State, Zip | Cattaraugus, NY 14719 |
| Amount | 4,616 |

Schedule O (Form 990 or 990-EZ) (2018) Page 2

| Name of the organization | | Employer identification number |
|--------------------------|---------------------------------------|--------------------------------|
| LANFest | | 45-1135701 |
| Activity | 501(c)(3) | |
| Grantee | Fallen Officers Online | |
| Amount | 3,900 | |
| Activity | 501(c)(3) | |
| Grantee | Gamers Outreach Foundation | |
| Street | P.O. Box 694 | |
| City, State, Zip | Saline, MI 48176 | |
| Amount | 31,899 | |
| Activity | 501(c)(3) | |
| Grantee | Ablegamers Charity | |
| Street | 179 E Burr Blvd, Suite Q | |
| City, State, Zip | Kearneysville, WV 25430 | |
| Amount | 838 | |
| | | |
| Activity | 501(c)(3) Children's Miracle Network | |
| <u>Grantee</u> Street | 205 W 700 S | |
| City, State, Zip | | |
| Amount | | _ |
| | | |
| Activity | 501(c)(3) | |
| Grantee | Stack Up | |
| Street | 5877 Commerce Street | |
| City, State, Zip | Pittsburgh, PA 15206 | |
| Amount | 3,118 | |

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

Employer identification number

| 45-1135701 |
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