Form 990-EZ Entern of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (accept private foundations)				Extended to November Short Form	15	, 20	18			ī	OMP No. 154	5 1150			
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K Form of organization: Corporation Titst X association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, column (6) below) are \$500,000 or more, life Form 990-fixed of Form 9	ΙV	Vebsi	te: 🕨 inte					not	t require	ed to atta	ach Schedul	e B			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 174, 048. Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part) I Check if the organization used Schedule 0 to respond to any question in this Part I III IIII 1 Contributions, gifts, grants, and similar amounts received 1 163., 841. 2 Program service revenue including government fees and contracts 3 3 4 Investment income See Schedule.O 4 18. 5a Gross mount from sale of assets other than inventory Isa 5a 5a 5a 6 Gaming on (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5a 5a 5a 6 Gaming and fundraising events Gaming and fundraising events 6a 5a 5a 6 Gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 6d 7a 7a 5a 7 Less: cost or other basis and sales \$15,000) Isa 6a 7b 7c 6d 7b	JT	ax-ex	cempt status (ch	eck only one) — 501(c)(3) X 501(c) (6) ◀(insert no.) [4	947(a)(1)	or 527	(Fo	rm 990	, 990-EZ	Z, or 990-PF).			
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15 Printing, publications, postage, and simpling 15 16 Other expenses (describe in Schedule 0) 16 15, 885. 17 Total expenses. Add lines 10 through 16 17 1779, 763. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -5, 715. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 124, 216. 20 0. 20 0. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 118, 501.	xpe	14	Occupancy, rer	nt, utilities, and maintenance					14						
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 0. 21 Net assets or fund balances at end of year. Combine lines 18 through 20	ш	15	Printing, public	cations, postage, and shipping					15						
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 0. 21 Net assets or fund balances at end of year. Combine lines 18 through 20			Other expenses	s (describe in Schedule O) Se	e S	ched	u⊥e O			<u> </u>					
Provide Image: Section19Net 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)19124,216.20Other changes in net assets or fund balances (explain in Schedule 0)200.21Net assets or fund balances at end of year. Combine lines 18 through 2021118,501.			Total expense	s. Add lines 10 through 16				. 🕨							
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 118,501.	ts								18		-5,	/12.			
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 118,501.	SSe	19							10		10/	216			
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 118,501.	∋t A	00							\vdash		124,				
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Form 990-EZ (2017) C/O Taksey Neff & Associa			20-	54663	377	Page 2
Part II Balance Sheets (see the instructions for Part II)				22000		
Check if the organization used Schedule O to res	pond to any questi	on in this Part II				
		(A) Beginning of year	1		End of year	
22 Cash, savings, and investments		124,216	• 22		118,5	501.
23 Land and buildings			23			
24 Other assets (describe in Schedule 0)			24			
25 Total assets		124,216	• 25		118,5	501.
26 Total liabilities (describe in Schedule 0)		0				0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		124,216	• 27		118,5	501.
Part III Statement of Program Service Accomplishme		tions for Part III)		E	xpenses	
Check if the organization used Schedule O to res	pond to any questi	on in this Part III	X		I for section	
What is the organization's primary exempt purpose? See Schedule C					and 501(c ions; optior	
Describe the organization's program service accomplishments for each of its three largest program	services, as measured by expe	nses. In a clear and concise		others.)	,	
manner, describe the services provided, the number of persons benefited, and other relevant inform	mation for each program title.					
28 See Schedule O						
(Grants \$) If this amount includes foreign g	grants, check here			28a		
29						
(Grants \$) If this amount includes foreign (grants, check here			29a		
30						
(Grants \$) If this amount includes foreign g	grants, check here			30a		
31 Other program services (describe in Schedule O)						
(Grants \$) If this amount includes foreign g				31a		
32 Total program service expenses (add lines 28a through 31a)			🕨	32		
Part IV List of Officers, Directors, Trustees, and Key E			see the	instructions 1	for Part IV)	
Check if the organization used Schedule O to res	<u> </u>	on in this Part IV			1	
	(b) Average hours per week devoted to	(C) Reportable compensation (Forms	contr	alth benefits, ributions to	(-)=	
(a) Name and title	per week devoted to	W-2/1099-MISC) (if not paid, enter -0-)	plans,	oyee benefit and deferred	amount o compen	
Jeremiah Johnston			com	pensation		
		0		0		0
President, Chairman	2.00	0.		0.		0.
Nat Cohen Director	4.00	0.		0.		0
Daniel Law	4.00	0.		0.	<u> </u>	0.
Director	2.00	12,000.		0.		0.
Jay Chapman	2.00	12,000.		0.		0.
Director	2.00	0.		0.		0.
Bob Mountain	2.00	0.		0.		0.
Director	2.00	0.		0.		0.
	2.00			0.	+	
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Internet Commerce Association C/O Taksey Neff & Associates LLC

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Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements						
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	s Part	: V	X			
			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						
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	NT /	X			
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A			
C	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	0.5	x				
00	requirements during the year? If "Yes," complete Schedule C, Part III	35c					
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	0.0		x			
27.0	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions I 37a 0 .	36					
	Did the organization file Form 1120-POL for this year?	37b		x			
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	07.0					
	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 38b N/A						
39	Section 501(c)(7) organizations. Enter:	-					
a	Initiation fees and capital contributions included on line 9 39a N/A						
	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 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A						
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 that has not been reported on any						
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	A			
C	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 N/A						
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization N/A						
•	by the organization N / A All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter						
c	transaction? If "Yes," complete Form 8886-T	40e		x			
41	List the states with which a copy of this return is filed None	400					
	The organization's books are in care of ► Taksey Neff Feinberg LLC Telephone no. ► 301-29	94-1	100				
	Located at > 2 Research Place, Suite 310, Rockville, MD	2085	0				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority						
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No			
	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).						
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X			
40	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	N/A	🕨				
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A					
			Ves	No			
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		.03				
	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			
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х			
	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		X			
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 990-EZ (see instructions)	45b					
		Form 9	90-EZ	(2017)			

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10111 330-LZ (2				20-	54005			No			
46 Did the o											
	omplete Schedule C, Part I								46		X
	Section 501(c)(3) organizations	•	10h								
	All section 501(c)(3) organizations must a Check if the organization used Schedule										
	oneokii the organization abou conedate		900000111101							Yes	No
	rganization engage in lobbying activities or hav	()		• •	,			·	47		
	anization a school as described in section 170								48		
	rganization make any transfers to an exempt n vas the related organization a section 527 orga								49a 49b		
50 Complete	e this table for the organization's five highest c	ompensated employees	(other than offic	ers, director	s, trustees,	and key e	mploye	es) who ea		eived	more
	0,000 of compensation from the organization.					,		,	_		
	(a) Name and title of each employee		(b) Average hours (c) R per week devoted to			ortable ion (Forms	` contri	Ith benefits, butions to	s, (e) Estin		
	N/A	A Contraction of the second seco	per week de positi		W-2/109		plans, a	yee benefit and deferred bensation		npens	
		7					COLL	Derisation			
f Total nun	nber of other employees paid over \$100,000		I								
	e this table for the organization's five highest co			no each rece	eived more th	nan \$100,	000 of (compensat	ion fro	om the	9
	ion. If there is none, enter "None." \mathbf{N}/A										
(a) N	lame and business address of each independe	ent contractor		(b) Type of ser	rvice		(c) Co	omper	nsatio	n
	nber of other independent contractors each re rganization complete Schedule A? Note: All se				🕨 _						
	d Schedule A								Yes	s 🗆	No
	s of perjury, I declare that I have examined this						st of my	/ knowledg	e and	belief	, it is
true, correct, a	nd complete. Declaration of preparer (other the	an officer) is based on a	ll information of	which prepa	arer has any	knowledg	e.				
Sign	Signature of officer						Date				
Here	Nat Cohen, Treasure	er									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date			heck	if	f PTIN			
Paid	Edward Neff	Edward Nef	f	0.8 / 0.9		elf- emplo	yeu	D003	591	218	
Preparer	Firm's name Taksey Neff			08/09/18 C		Firm's EIN ► 56			00359218 2360192		
Use Only	Firm's address > 2 Research	Place Suit				Phone no. (301)294-1100					
	Rockville,							Γ.	_		
May the IRS di	scuss this return with the preparer shown abo	ve? See instructions						,	Yes		<u>No</u>
								FO	rm 99	90-EZ	(2017)

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