** PUBLIC DISCLOSURE COPY **

Extended to November 16, 2020

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Α	For the	2019 calendar year, or tax year beginning a	nd ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres change				
	Name change	Doing business as		82-070790	52
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/				
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,505,470.
L	Amend return			H(a) Is this a group re	
	Applica tion pendin	F Name and address of principal officer: Alique Willie		for subordinates	? Yes X No
	pendin	same as C above		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) D 501(c) () D (insert no.) D 4947(a)	(1) or 527	If "No," attach a	list. (see instructions)
J	Websit	e:▶ https://www.zfnd.org		H(c) Group exemption	n number 🕨
K	Form of	organization: X Corporation Trust Association Other	∟ Year	of formation: 2017 M	State of legal domicile: ${f DE}$
P		Summary			
0	1 [Briefly describe the organization's mission or most significant activities: Our	missic	on is to buil	ld privacy
Activities & Governance	1 :	infrastructure for the public good.			
rna	2	Check this box if the organization discontinued its operations or dis	sposed of more	e than 25% of its net as	sets.
ove.	1 8				5
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1			5
Š	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			3
ij	6	Total number of volunteers (estimate if necessary)			0
Ċţì	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, line 39		·····	0.
		·		Prior Year	Current Year
Revenue	8 (Contributions and grants (Part VIII, line 1h)		14,210,732.	6,426,138.
	9 1	Program service revenue (Part VIII, line 2g)		83,165.	52,986.
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		341.	26,346.
œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		14,294,238.	6,505,470.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		257,401.	146,239.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	· · · · · · · · · · · · · · · · · · ·	341,824.	1,104,138.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	Ь-	Fotal fundraising expenses (Part IX, column (D), line 25)	^		
Ж	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		572,077.	1,414,415.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,171,302.	2,664,792.
		Revenue less expenses. Subtract line 18 from line 12		13,122,936.	3,840,678.
Or Sec	3		Be	eginning of Current Year	End of Year
Net Assets or Find Ralances	20	Total assets (Part X, line 16)		8,549,182.	8,831,719.
ASS	21	Total liabilities (Part X, line 26)		36,657.	63,402.
] 	22 1	Net assets or fund balances. Subtract line 21 from line 20		8,512,525.	8,768,317.
P	art II	Signature Block		, ,	· · · · ·
Und	der penal	ties of perjury, I declare that I have examined this return, including accompanying scheo	dules and statem	nents, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information o			,
		Nata Mal		11/12/20	
Sig	ın İ	Signature of officer		Date	
He		Andrew Miller, Chair			
	.	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		Jie Chen, CPA	1	L1/09/20 if self-employe	d
	- +	Firm's name		Firm's EIN	u .
		Firm's address		7 5 Eliv	
				Phone no.	
Ma	v the IB	RS discuss this return with the preparer shown above? (see instructions)		1 110110 1101	X Ves No

Pai	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Our mission is to be a public charity dedicated to building Internet
	payment and privacy infrastructure for the public good, primarily
	serving the users of the Zcash protocol and blockchain.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 625,754 · including grants of \$ 146,239 ·) (Revenue \$ 52,986 ·)
	Community: We support the transition of Zcash into a large and healthy
	community with diverse stakeholders, held accountable to its userbase in the broadest sense.
	In the broadest sense.
4b	(Code:) (Expenses \$ 625, 287 • including grants of \$) (Revenue \$)
7.0	Protocol and Governance: The Zcash protocol and the open network it
	powers is valuable, privacy-protecting Internet infrastructure; it
	should be developed and maintained by an open and diverse community of
	experts and enthusiasts, and it should remain always a tool for
	financial privacy available to the general public. We will act as stewards of the Zcash protocol, providing leadership and supporting its
	continued maintenance and improvement.
	Continued maintenance and improvement:
	070 052
4c	(Code:) (Expenses \$ 978,952. including grants of \$) (Revenue \$) Science: Technical decisions are best supported by scientific
	activities, such as rigorous validation, empirical measurement, and
	continued innovation and refinement. We will therefore support these
	activities within our community. All cryptocurrencies, but especially
	Zcash, rely on cutting-edge contributions from the scientific research
	community, thus interaction with this community can also help the
	community stay healthy. We will encourage this scientific research and
	educate the public regarding the substance and benefits of these
	scientific developments.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,229,993.
	Form 990 (2019)

Form 990 (2019) Zcash Foundation Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11.5		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3,7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	i-tu		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2019) Zcash Foundation Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	 		X
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
Ū	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSa		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	J		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	

O19) Zcash Foundation Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country ▶						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			,,			
	to file Form 8282?	7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization during the year pay promiume directly or indirectly an a personal benefit contract?						
f	J , J , , , , , , , , , , , , , , , , ,						
g							
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
^	sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.	00					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-					
	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
	Gross income from other sources (Do not net amounts due or paid to other sources against	1					
~	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		Х			
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a		<u> </u>		
	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	, · ·		
~		7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
		8a	х	
b		8b	 -	Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion D. 1 onoice (This occion B requests information about policies not required by the internal revenue code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b		114		
12a	The state of the s	12a	х	
ıza b		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	1	
C		12c	х	
10	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
13	Did the organization have a written whisheblower policy? Did the organization have a written document retention and destruction policy?	14	X	
14 15		14	125	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	х	
a	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b	1	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
Iba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		Х
	taxable entity during the year?	16a		- 22
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VA	0/- '	A =: "	lak!
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))	്യs onl	y) avail	apie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncıal	
••	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Antonie Hodge -			

Form 990 (2019)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

ot Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Andrew Miller	0.50	X		x				0.	0.	0
Chairman/Treasurer	0.50	Α		^				0.	0.	0.
(2) Peter Van Valkenburgh Director	0.50	Х						0.	0.	0.
(3) Matthew Green	0.50									
Director		Х						0.	0.	0.
(4) Amber Baldet	0.50									
Director		Х						0.	0.	0.
(5) Ian Miers	0.50									_
Director		Х						0.	0.	0.
(6) Josh Cincinnati	40.00									
Executive Director				Х				185,333.	0.	18,148.
(7) Antonie Hodge	40.00									_
Secretary				Х				107,917.	0.	0.
(8) Henry de Valence	40.00							0.55 0.50		
Principal Cryptographic Researcher (40.00					Х		267,872.	0.	5,602.
(9) Deirdre Connolly	40.00					٠,,		145 020	0	4 600
Core Engineer	40 00					Х		145,032.	0.	4,600.
(10) George Tankersley	40.00					x		160 417	0	2 242
Director of Engineering						^		160,417.	0.	3,242.
		l								

Section A. Officers, Directors, Trus	Directors, Trustees, Key Employees, and Highest Compensated Employees (con							es (continued)					
(A)	(B)	(C) Position					(D)	(E)			(F)		
Name and title	Average hours per		not c	heck	more	than			Reportable	I			
	week					is bot or/trus			compensation from related			nount other	Of
	(list any	tor						the organization				ation	
	hours for	r direc				pa:		organization	(W-2/1099-MIS			om th	
	related	stee o	rustee			oen sa		(W-2/1099-MISC)				anizat	
	organizations below	nal tru	onal t		oloyee	ee ee						d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orga	anizati	0115
		=	=	0	×	王 10	ш.						
		1											
1h Subtotal								866,571.		0.	3	1.5	92.
1b Subtotal c Total from continuation sheets to Part VI								0.		0.		_,_	0.
d Total (add lines 1b and 1c)								866,571.		0.	3	1,5	92.
2 Total number of individuals (including but n								received more than \$100	,000 of reportab	le			
compensation from the organization													5
2 Did the appropriation list on farmon officer	alius saasu asuusaa	1			la		د ا حا د			ľ		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•		•		•		•	•	•		3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	· · · · · · · · · · · · · · · · · · ·		-					· · · · · · · · · · · · · · · · · · ·			4	X	
5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	dual for services	i			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .					5		X
Section B. Independent Contractors									*		,		
1 Complete this table for your five highest co the organization. Report compensation for										npens	ation f	rom	
(A)								(B)			(C		
Name and business	address							Description of s		C	ompe	nsatio	n
								Grant buildi improvement	iig aiid		21	6.2	00.
Parity								_	_				
								Software dev			11	υ,9	97.
Wallet software development						11	0.7	18.					
												- , ,	

\$100,000 of compensation from the organization

3

Total number of independent contractors (including but not limited to those listed above) who received more than

га	11	7 111	Check if Schedule O contain		or note to any li	ne in this Part VIII			
			Check if Schedule O Contain	s a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants, a similar amounts not included above Noncash contributions included in lines 1a- Total. Add lines 1a-1f	1b 1c 1d s) 1e and 1f 6,	426,138. 423,269.	6,426,138.			
					Business Code				
Program Service Revenue	2	a b c d	Meeting Registra	tion	900099	52,986.	52,986.		
Pro		e f	All other program service revenu						
			Total. Add lines 2a-2f			52,986.			
	3		Investment income (including divother similar amounts)	ridends, intere	est, and oroceeds	26,346.			26,346.
	5	1	Royalties	(i) Real	(ii) Personal				
	6	b	Gross rents 6a Less: rental expenses 6b	(i) Fical	(ii) i cisonai				
			Rental income or (loss) [6c] Net rental income or (loss)						
	7		` ' 	i) Securities	(ii) Other				
er Revenue		С	Less: cost or other basis and sales expenses 7b Gain or (loss) 7c						
Ä			Net gain or (loss)						
Othe	8		Gross income from fundraising event including \$ contributions reported on line 1c Part IV, line 18 Less: direct expenses	of). See 8a					
			Net income or (loss) from fundrai		•				
	9		Gross income from gaming activ Part IV, line 19	ties. See					
			Less: direct expenses						
	10		Net income or (loss) from gaming Gross sales of inventory, less ret and allowances	urns	>				
		b	Less: cost of goods sold		1				
		С	Net income or (loss) from sales of	f inventory	>				
Sr					Business Code				
Miscellaneous Revenue	11								
lar ven		b				-			
isce Re		q	All other revenue			1			
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			6,505,470.	52,986.	0.	26,346.

Form 990 (2019) Zcash Foundation Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	21 000	21 000		
	and domestic governments. See Part IV, line 21	21,066.	21,066.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	55,950.	55,950.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	69,223.	69,223.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3		311,398.	248,097.	63,301.	
•	trustees, and key employees	311,370.	240,077.	03,301.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		560 000	4 4 9 4 9 9	
7	Other salaries and wages	705,882.	562,389.	143,493.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	25,083.	19,984.	5,099.	
10	Payroll taxes	61,775.	49,217.	12,558.	
11	Fees for services (nonemployees):	-	-	-	
	Management				
		93,772.		93,772.	
b	Legal	33,413.		33,413.	
	Accounting	33,413.		33,413.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	` •				
	column (A) amount, list line 11g expenses on Sch O.)	116,226.	115,923.	303.	
12	Advertising and promotion	3,905.	3,905.		
13	Office expenses	73,669.	10,179.	63,490.	
14	Information technology				
15	Royalties				
16					
	Occupancy	72,339.	72,339.		
17	Travel	12,333.	72,333.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	104 006	104 000		
19	Conferences, conventions, and meetings	194,806.	194,806.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	18,500.		18,500.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Research expenses	806,915.	806,915.		
-	Dues and subscriptions	755.	500,513.	755.	
b	Donation incentives	115.		115.	
С.	Donacton Incentives	113.		113.	
d					
е	All other expenses	0.664.700	0 000 000	424 522	
25	Total functional expenses . Add lines 1 through 24e	2,664,792.	2,229,993.	434,799.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
02201	0.01-20-20				Form 990 (2019)

Form 990 (2019) Part X Balance Sheet

га	IL A	balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1		
	2	Savings and temporary cash investments \dots	4,990,305.	2	4,126,751.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any curren				
		trustee, key employee, creator or founder, su				
		controlled entity or family member of any of t		5		
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons descri			6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		4,670.	9	79,708.
	10a	Land, buildings, and equipment: cost or other	er			
		basis. Complete Part VI of Schedule D	- 			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	2 554 225	11		
	12	Investments - other securities. See Part IV, lir	3,554,207.	12	3,736,234.	
	13	Investments - program-related. See Part IV, li		13	222	
	14	Intangible assets		14	889,026.	
	15	Other assets. See Part IV, line 11		0.540.400	15	0 004 840
	16	Total assets. Add lines 1 through 15 (must e		8,549,182.		8,831,719.
	17	Accounts payable and accrued expenses \dots		36,192.	17	63,402.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
es	22	Loans and other payables to any current or f				
Ħ		trustee, key employee, creator or founder, su		4.6.5		
Liabilities		controlled entity or family member of any of t		465.	22	
_	23	Secured mortgages and notes payable to un			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D		36,657.	25	62 402
	26	Total liabilities. Add lines 17 through 25		30,037.	26	63,402.
S		Organizations that follow FASB ASC 958, o	check here			
ŭ		and complete lines 27, 28, 32, and 33.		0 512 525		8,768,317.
ala	27			8,512,525.	27	0,700,317.
P P	28	Net assets with donor restrictions		28		
Ξ		Organizations that do not follow FASB ASC	C 958, check here ► L			
Net Assets or Fund Balances		and complete lines 29 through 33.	4-			
ets	29	Capital stock or trust principal, or current fun			29	
\ss	30	Paid-in or capital surplus, or land, building, or			30	
et /	31	Retained earnings, endowment, accumulated		8,512,525.	31	8,768,317.
Ž	32	Total net assets or fund balances	8,549,182.	32	8,831,719.	
	33	Total liabilities and net assets/fund balances		0,343,104.	33	0,031,719.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9	6,50 2,66 3,84 8,51 -3,44	5,4 4,7 0,6 2,5	92. 78. 25. 20.	
9 10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	9			••	
10		10	8,76	8.3	17.	
Pa	column (B)) rt XII Financial Statements and Reporting	10	0,10	0,0		
	Check if Schedule O contains a response or note to any line in this Part XII					
	•			Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				X	
b	Were the organization's financial statements audited by an independent accountant?		2b			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	e basis,				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Zcash Foundation 82-0707962 Part I 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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: 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). 7 X 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.) 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). 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Section A. Public Support									
Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019	(f) Total								
1 Gifts, grants, contributions, and									
membership fees received. (Do not									
include any "unusual grants.") 409,872. 14,210,732. 5,537,112.	20,157,716.								
2 Tax revenues levied for the organ-									
ization'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	20,157,716.								
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,	10 606 246								
column (f)	19,686,346. 471,370.								
6 Public support. Subtract line 5 from line 4. Section B. Total Support	4/1,3/0.								
	(f) Total								
Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 7 Amounts from line 4 409,872. 14,210,732. 5,537,112.	20,157,716.								
8 Gross income from interest,	20,137,710.								
dividends, payments received on									
securities loans, rents, royalties,									
and income from similar sources 27. 341. 26,346.	26,714.								
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	20,184,430.								
12 Gross receipts from related activities, etc. (see instructions)	136,151.								
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)									
organization, check this box and stop here	X								
Section C. Computation of Public Support Percentage									
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	%								
15 Public support percentage from 2018 Schedule A, Part II, line 14	%								
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box									
stop here. The organization qualifies as a publicly supported organization									
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this	s box								
and stop here. The organization qualifies as a publicly supported organization	▶□								
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% of the control of the cont									
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization									
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	0% or								

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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	<u></u>	•	1
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>	<u> </u>	1.6	<u> </u>	504(.)(2)	<u> </u>
14	First five years. If the Form 990 is for	_			•		
<u>S</u>	check this box and stop here ction C. Computation of Publ						<u> </u>
	Public support percentage for 2019 (l			column (f))		15	%
	Public support percentage from 2018					16	
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20					17	%
	Investment income percentage from 2			(1)		18	%
	33 1/3% support tests - 2019. If the						
.50	more than 33 1/3%, check this box a						▶ □
ŀ	33 1/3% support tests - 2018. If the						and
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						

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 E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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 organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **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.
- **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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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 was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
 - **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.)

,		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3с		
	4a		
	70		
	4b		
	4c		
	5a		
	эa		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	ອນ		
	9с		
	10a		
	iva		
	10b		
m 9	90 or 99	0-EZ	2019

Pai	rt IV Supporting Organizations (continued)			
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	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		
Sec	tion B. Type I Supporting Organizations			
			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			
	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		
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		ı
<u>Sec</u>	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	tion 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			
	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruction:	s)	
2	Activities Test. Answer (a) and (b) below.	1011 40110110	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
u	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	Zd		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Ols		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
р	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.

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orgar	nizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. Al					
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 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				
Sect	ion 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				
7	Check here if the current year is the organization's first as a non-functional		ed Type III supportina ord	anization (see		
	instructions).	, 5), ii 9	•		

Schedule A (Form 990 or 990-EZ) 2019

Pai	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Sect	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Supplemental Information. Provide the columnic propriet by Part II, the 10. Part II, lims 17 ac 17b, Part III, lims 17b, Part II	Scriedule A	(FOIII 990 01 990-EZ) 2019 ZEGGET T GGTGGGET GTGGGGG						
(See Instructions.)	Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.						
		(See instructions.)						

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

Zcash Foundation 82-0707962 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

Zcash Foundation

82-0707962

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$5,065,646.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	\$ 21,470.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	\$ 889,026.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Zcash Foundation

82-0707962

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Cryptocurrency	_	
			12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	Crytocurrency	_	
			12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	Cryptocurrency	_	
			12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	Trademark	_	
			12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	

Employer identification number

Name of organization

82-0707962 Zcash Foundation Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Zcash Foundation

Employer identification number 82-0707962

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		I I
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990 Part Y		

Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	er Simila	ar Asse	ts (contin	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following th	at make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progi	ram					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizat	tion's exe	mpt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran								line 9, or		
	reported an amount on Form 990, Par	t X, line 21.		_							
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other a	ssets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	· · ·								Amount	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•]
Par										<u> </u>	
	·	(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears l	back
1a	Beginning of year balance	(, ,	(-)	,	(-)		()		(-,		
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
Ŭ	and programs										
f	Administrative expenses										
	End of year balance										
g 2	Provide the estimated percentage of the curr	ont year and balance	L (lino 1	a column (a)) hold ac:						
	Board designated or quasi-endowment		%	g, column (ajj Heid as.						
	Permanent endowment	%	_′°								
C		-									
2-	The percentages on lines 2a, 2b, and 2c shows the read and surpose the percentages on lines 2a, 2b, and 2c shows the percentages on lines 2a, 2b, and 2c shows the percentages on lines 2a, 2b, and 2c shows the percentages on lines 2a, 2b, and 2c shows the percentages on lines 2a, 2b, and 2c shows the percentages on lines 2a, 2b, and 2c shows the percentages on lines 2a, 2b, and 2c shows the percentages on lines 2a, 2b, and 2c shows the percentages on lines 2a, 2b, and 2c shows the percentages on lines 2a, 2b, and 2c shows the percentages on lines 2a, 2b, and 2c shows the percentages on lines 2a, 2b, and 2c shows the percentage and a percentage a		ation the	at ara bald s	and administ	arad far ti	ha araani-	otion			
Sa	Are there endowment funds not in the posse	SSION OF THE Organiz	alion in	at are rielu a	iliu aulillilisi	ered for ti	ne organiz	alion	Г	Voc	No.
	by:								20(i)	Yes	No
	(i) Unrelated organizations										
h	(ii) Related organizations	tions listed as requi		ahadula Da	· · · · · · · · · · · · · · · · · · ·				3a(ii)		
									3b		
Dar	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		owment	iunas.							
ı aı	Complete if the organization answered) Dort I	/ line 11e (O Dort V	lina 10				
									/ N.D		
	Description of property	(a) Cost or o		. ,	t or other	1 ' '	ccumulate	a	(d) Bool	k value)
		basis (investr	nent)	Dasis	(other)	uer	oreciation				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other		· ·	(D) "	10)			_			
Total	. Add lines 1a through 1e. (Column (d) must ed	auai ⊦orm 990. Part	X. colur	nn (B). line '	IUC.)						0.

Part VII Investments - Other Securities.			- trans = rage
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) Virtual currency	3,736,234.	End-of-Year Market	Value
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,736,234.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)	>	
Part X Other Liabilities. Complete if the organization answered "Yes"	on Form 000 Dort IV line:	110 or 11f Coo Form 000 Port V line 0	=
1. (a) Description of liability	off Form 990, Fart IV, line	The of Thi. See Form 990, Part A, line 25	(b) Book value
(1) Federal income taxes			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements	that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII..

Zcash Foundation Schedule D (Form 990) 2019 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: a Donated services and use of facilities 2a **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

932054 10-02-19 Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Zcash Foundation 82-0707962 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes X No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region North America 0 Research grant 38,800. Middle East and North Africa 0 Event sponsorship 15,771. 0 Grant distribution South Asia 10,693. 0 Grant distribution South America 1,346. Europe (Including Iceland & Greenland) 1,070. 0 Grant distribution East Asia and the Pacific 0 Grant distribution 1,543. 3 a Subtotal 0 0 69,223. **b** Total from continuation sheets to Part I 0 c Totals (add lines 3a 0 69,223.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2019

and 3b)

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		Middle East and							
		North Africa	Event Sponsorship	15,771.	Cash	0.			
		North America	Research Grant	0.		38,800.	Crytocurrency	FMV	
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt									

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

82-0707962

82-0707962

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
South Asia	1	0.		477.	Cryptocurrency	FMV
South America	1	0.		10.	Crystocurrency	FMV
South America	1	0		1 335	Cryptocurrency	FMV
	-					
South Asia	2	0.		1,843.	.Cryptocurrency	FMV
Europe (Including						
Greenland)	1	0.		1,070.	Cryptocurrency	FMV
East Asia and the				1.542		
Pacific	1	0.		1,543.	Cryptocurrency	FMV
South Asia	2	0.		8,373.	.Crytocurrency	FMV
	South Asia South America South America South Asia Europe (Including Iceland & Greenland) East Asia and the Pacific	South Asia 1 South America 1 South America 1 South Asia 2 Europe (Including Iceland & Greenland) 1 East Asia and the Pacific 1	South Asia 1 0. South America 1 0. South America 1 0. South Asia 2 0. Europe (Including Iceland & Greenland) 1 0. East Asia and the Pacific 1 0.	South Asia 1 0. South America 1 0. South America 1 0. South Asia 2 0. Europe (Including Iceland & Greenland) 1 0. East Asia and the Pacific 1 0.	South Asia 1 0. 477.	South Asia 1 0. 477.Cryptocurrency South America 1 0. 10.Crystocurrency South America 1 0. 1,335.Cryptocurrency South Asia 2 0. 1,843.Cryptocurrency Europe (Including Iceland & Greenland) 1 0. 1,070.Cryptocurrency East Asia and the Pacific 1 0. 1,543.Cryptocurrency

Schedule F (Form 990) 2019 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
Part I, Line 2:
After 6 months receiving the funding, grantee submits (as a comment to he
Foundation's proposal's Github issue) a short report explaining your
progress and success in performing the work covered by the proposal.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► 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
Zcash Fo							82-0707962
Part I General Information on Grants							
1 Does the organization maintain records							
criteria used to award the grants or ass	sistance?						X Yes No
2 Describe in Part IV the organization's p						/	NV Bas Of famous
Part II Grants and Other Assistance to recipient that received more than	-				janization answered "	res" on Form 990, Pan	IV, line 21, for any
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
or government	(b) Liiv	(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
Human Rights Foundation							
		501(c)3	15,000.	0.			General support
Colorado Crypto Conferences, LLC.							
				6.066	FMV based on		
			0.	6,066.	,ບຣບ	Cryptocurrency	General support
2 Enter total number of section 501(c)(3)	-	-	he line 1 table				<u>1.</u>
3 Enter total number of other organization	ne lietad in the line	1 table					1.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
esearch	1	0.	42,810.	FMV based on USD	Cryptocurrency
Research	1	0.	13,140.	FMV based on USD	Cryptocurrency
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
Part I, Line 2:					
After 6 months receiving the fundi	ng, gran	tee submit	s (as a co	mment to he	
Foundation's proposal's Github iss	sue) a sh	ort report	explainin	g your	
progress and success in performing	the wor	k covered	by the pro	posal.	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Zcash Foundation

Questions Regarding Compensation

Employer identification number 82-0707962

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	Discretionary spending account.			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		X
~	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
~	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			_
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
		ب		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title (B) Base compensation compensation compensation compensation compensation compensation compensation (I) Josh Cincinnati (I) 165,333	(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
Executive Director				incentive	reportable		benefits	(6)(1)-(U)	reported as deferred	
Executive Director (i) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(1) Josh Cincinnati	(i)	165,333.	20,000.			18,148.	203,481.	0.	
Principal Cryptographic Researcher (iii) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.										
(3) George Tankersley (1) 160,417. 0. 0. 0. 0. 3,242. 163,659. 0. Director of Engineering (1) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		(i)								
Director of Engineering (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Principal Cryptographic Researcher ((ii)								
	(3) George Tankersley	(i)						163,659.	0.	
	Director of Engineering	(ii)	0.	0.	0.	0.	0.	0.	0.	
(i) (ii) (ii) (iii) (i		(i)								
		(ii)								
(i) (ii) (ii) (iii) (i										
(ii) (iii) (
(i) (ii) (ii) (iii) (iii										
(ii) (iii) (
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(i) (ii) (ii) (iii) (iii		г								
(i) (i) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiii) (iiiiiii) (iiiiiii) (iiiiiiii) (iiiiiiii) (iiiiiiii) (iiiiiiii) (iiiiiiii) (iiiiiiiii) (iiiiiiiiii) (iiiiiiiiii) (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii										
		г								
(i) (i) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiiiii) (iiiiiiii		` '								
(i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii		г								
(i) (i) (ii) (iii)		` '								
(ii) (ii) (iii) (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiiii		` '								
(i)		Г								
		` '								
		(ii)								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

19

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization Zcash Foundation Employer identification number 82-0707962

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	
1	Art - Works of art			, , ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Cryptocurrenc)	X	3					
26	Other (Trademark)	X	1	889,026.	FMV			
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for c	contributions				
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be ι	ised for			
	exempt purposes for the entire holding period	l?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	utions?	31		X
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash				
	contributions?					32a		<u>X</u>
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in	column (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

Schedule M	1 (Form 990) 2019 Zcash Foundation	82-0707962	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a conthis part for any additional information.	3, and whether the organizanbination of both. Also com	ation

SCHEDULE O

Internal Revenue Service

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

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 **2019**Open to Public

Open to Public Inspection

Name of the organization

Zcash Foundation

Employer identification number 82-0707962

Form 990, Part VI, Section A, line 7a:

The Members elect the Board at the annual meeting of the Members.

Form 990, Part VI, Section A, line 8b:

The Organization had no other committees in 2018.

Form 990, Part VI, Section B, line 11b:

The Form 990 is to be submitted to the board and reviewed by each member.

Form 990, Part VI, Section B, Line 12c:

Whenever a Director or officer has a financial or personal interest in any matter coming before the Board of Directors, the affected person shall a) fully disclose the nature of the interest and b) withdraw from discussion, lobbying, and voting on the matter. Any transaction or vote involving a potential conflict of interest shall be approved only when a majority of disinterested Directors determine that it is in the best interest of the Corporation to do so. The minutes of meetings at which such votes are taken shall record such disclosure, abstention, and rationale for approval. The Chairman and any officers they deem necessary shall maintain a list of potential conflicts of interest on file with existing Directors, who will be required to submit and update this information as soon as a conflict arises. Additionally, prospective Directors will be required to submit their potential conflicts of interest prior to their election and the information will be made available to all members of the existing Board, in a manner determined at the Chairman's discretion.

Zcash Foundation	82-0707962
Form 990, Part VI, Section B, Line 15:	
The Organization conducted research on non-profit organization	ations with a
similar budget, and the Executive Director's salary was o	reated based on
the research.	
Form 990, Part VI, Section C, Line 19:	
These documents are available on the Organization's websi	te.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	ts, for which an extension request must be sent to the this form, visit www.irs.gov/e-file-providers/e-file-for-ch.		,	details on	the electronic	
	, ,		•			
	natic 6-Month Extension of Time. Only sub		, ,			
•	orations required to file an income tax return other than		· · · · · · · · · · · · · · · · · · ·	ps, REMIC	s, and trusts	
must us	e Form 7004 to request an extension of time to file inco	me tax retui	rns.			
Type or	Name of exempt organization or other filer, see inst		Taxpayer identification number (TIN)			
print				' '	. ,	
File by the	Zcash Foundation				82-0707962	
due date fo	for Number, street, and room or suite no. If a P.O. box, see instructions.					
filing your return. See instructions						
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
Enter th	e Return Code for the return that this application is for	(file a separa	ate application for each return)			011
Application			Application			Return
Is For			Is For			Code
Form 990 or Form 990-EZ		Code 01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above)			Form 8870			12
	Antonie Hodge					
	oooks are in the care of					
	phone No.		Fax No.			
	organization does not have an office or place of busine is is for a Group Return, enter the organization's four dig					► L
box >	. If it is for part of the group, check this box		emption Number (GEN) sch a list with the names and TINs o			
DOX -	. If it is for part of the group, check this box	and atta	terra list with the harnes and finds t	n an memb	ers the extension	13 101.
1 Ir	I request an automatic 6-month extension of time until November 16, 2020, to file the exempt organization return for					
	the organization named above. The extension is for the organization's return for:					
>	calendar year 2019 or					
>	tax year beginning	, and ending				
	<u> </u>					
2 If	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return					
L	Change in accounting period					
- 11						
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less					0.
_	any nonrefundable credits. See instructions. 3a \$					
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$					0.
_	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by					
	sing EFTPS (Electronic Federal Tax Payment System). S			3с	\$	0.
	: If you are going to make an electronic funds withdraw				<u> </u>	
instructi			<i>,</i>			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)